

# PREA Facility Audit Report: Final

**Name of Facility:** Baltimore City Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 06/04/2021

**Date Final Report Submitted:** 08/13/2021

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"/>
<b>Auditor Full Name as Signed:</b> Debra D. Dawson	<b>Date of Signature:</b> 08/13/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Dawson, Debra
<b>Email:</b>	dddawsonprofessionalaudits@gmail.com
<b>Start Date of On-Site Audit:</b>	04/18/2021
<b>End Date of On-Site Audit:</b>	04/20/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Baltimore City Correctional Center
<b>Facility physical address:</b>	901 Greenmount Avenue, Baltimore, Maryland - 21202
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Damilare Adisa
<b>Email Address:</b>	damilare.adisa@maryland.gov
<b>Telephone Number:</b>	410-332-4343

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Damilare Adisa
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<b>Telephone Number:</b>	410-332-4343

Facility PREA Compliance Manager	
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Facility Health Service Administrator On-site	
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Facility Characteristics	
<b>Designed facility capacity:</b>	508
<b>Current population of facility:</b>	228
<b>Average daily population for the past 12 months:</b>	220
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	19-65
<b>Facility security levels/inmate custody levels:</b>	Minimum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	111
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	12
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	26

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

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	David Wolinski	<b>Email Address:</b>	david.wolinski@maryland.gov

## AUDIT FINDINGS

### Narrative:

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

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Baltimore City Correctional Center (BCCC) on-site visit was scheduled for April 18 – 20, 2021. The PREA Audit was coordinated through the Maryland Department of Public Safety and Correctional Services (DPSCS) and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor, Debra Dawson was assigned as the PREA Auditor. Ms. Margena Myrick was assigned as the PREA Auditor's support staff to assist in conducting on-site interviews and tour of the facility. A line of communication was developed between the DSPCS PREA Coordinator Mr. David Wolinski, Assistant PREA Coordinator Funsho S. Oparinde and Ms. Dawson through phone calls and emails. It was determined the facility would utilize the Automatic On-line System (OAS) for the audit. The on-site visit was previously scheduled for three days prior to the confirmation of a support staff accommodating the auditor. The auditor elected to continue with the 3-day on-site visit.

### Pre-Audit Process

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

A line of communication began between the auditor and the BCCC PREA Compliance Manager Sergeant Evette Neaves through emails and telephone calls on February 16, 2021, regarding the posting of the audit notice at a minimum of six weeks prior to the on-site visit and logistics of the audit process. The audit notice was confirmed as posted on February 18, 2021. Confirmation of the audit posting and access to viewing by the staff and inmate population was delivered through photographs via email with identified locations. The postings were well over the six-week requirement.

The PREA audit review period was determined as March 1, 2020 – March 1, 2021. The auditor utilized resources within the PREA Auditor Portal for submission to the BCCC PCM on February 28, 2021. The BCCC PCM was advised the forms would be discussed during the scheduled goggle team meeting on March 1, 2021. The auditor also would discuss the utilization of the On-line Automatic System, the completion and submission of the first 5 pages of the PAQ that contained the facility information and the documentation that would be required to be uploaded in the OAS and timeliness in the submission.

The following packets were forward to the BCCC PCM for completion and return to the auditor via email: PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms and PREA Audit Specialized Staff Identification Form. The auditor's request of the completed packets was to assist the auditor in advance of the on-site visit with the following: identify specialized staff, awareness of inmates within targeted groups, the selection of staff background checks, staff promotions, investigative files and to identify inmates who arrived during the review period for confirmation of PREA education within 30 days, initial risk assessment screenings and 30-day follow-ups upon their arrival.

The auditor, DPSCS PREA Coordinators, and BCCC PCM maintained an open line of communication throughout the pre-audit through emails, phone calls and conference calls. However, the auditor experienced a delay in having accessibility to OAS for review of submitted documentation.

The auditor reviewed the Department's website and observed the Annual PREA Reports dated 2015 – 2019, and the prior PREA Audit Report for BCCC PCM. The auditor contacted Just Detention International (JDI) regarding any PREA allegations submitted by the inmate population. JDI indicated the agency had not received any correspondence from an inmate at BCCC during the 12-month review period.

The auditor conducted an interview with the Office Manager at TurnAround regarding the available services to the inmate population in the reporting PREA allegations and providing victim advocate services.

The auditor, DPSCS PREA Coordinators and BCCC PCM PREA Compliance Manager communicated during the pre-audit process. However, during the pre-audit process, it was necessary for the BCCC PCM to take an unexpected extensive leave of absence from the facility. The on-site visit continued as scheduled.

The on-site visit began on Sunday, April 18, 2021, at approximately 11.00 a.m. An entrance meeting for an introduction and to discuss the audit process. The following were in attendance: DOJ PREA Auditor Debra Dawson; PREA Auditor Support Staff Margena Myrick; BCCC Warden Margaret Chippendale; BCCC Facility Administrator Darmilare Adisa; Funsho S. Oparinde DPSCS Assistant PREA Coordinator; and Security Captain Malcolm Redd Captain and Audit Back-up Mechelle Johnson. The auditor requested the inmate count which was identified as 237. It was previously determined by the PREA Auditor, DPSCS PREA Coordinators, Warden and Facility Administrator that the first day of the on-site visit would consist of an opening meeting and tour of the facility with informal inmate interviews.

The attending individuals conducted a tour of the facility lead by the Security Captain. The facility consists of one building with a total of 16 housing units as identified by the PREA Resource Center Work Group and all programs and operations offices and services within. The tour included all areas of the facility to include classrooms, library, dietary, all inmate housing, outside recreation yard, traffic office and case management office areas, dietary dining areas, chaplain office, control center, and medical area.

Upon entering the housing units, the opposite gender announcements were made each time by the escorting staff. Logbooks were reviewed by the auditing team during the tour in all housing units and custody assignment posts. Documentation of security supervisory rounds were noted in red ink daily on the three custody shifts by custody supervisors. Assigned staff confirmed there is no specific time that supervisory staff conduct rounds, and they are only aware of their presence upon their entry. Upper-level management staff also conduct rounds in the housing units and these rounds are documented in the housing unit visitors' log. Signs were posted as a reminder for opposite staff gender to make announcements of their presence in all housing units.

The auditing team confirmed adequate staff supervision was provided throughout all shifts during the on-site visit. Confirmation of adequate staff supervision was based on a review of the staffing plan. Although COVID-19 has affected the operation of facility non-essential programs, there appeared to be no shortage of staff on those post assignments identified as critical. Vacate critical post are filled by correctional staff working overtime.

The facility has 86 cameras which are strategically located throughout the inside of the facility and addition cameras are located outside. All existing cameras were identified and pointed out throughout the facility during the tour by the escorting staff and the auditing team. It was determined the video monitoring had been strategically installed in a manner that provided proper coverage of the housing units and over areas throughout the facility with the limited cameras. There was no camera footage that allowed a direct viewing into the inmate's cells, toilet areas, and/or shower areas.

The auditing team was observant to the video monitoring, and mirrors installed throughout the facility that allowed viewing of areas from a distance and the prevention of blind spots during staffing monitoring in housing units, program areas, hallways, dietary, corridors, recreation, medical, and case management, that aided in the security of staff, inmate population and the prevention of sexual abuse. The auditing team also identified the mirrors within the housing units were not angled in a manner that allowed the observation into the inmate cells.

The auditing team also identified all storage areas, janitor closets, program areas and offices not occupied were secured during the walk throughout.

The dietary has reduced the number of inmates assigned to the detail due to COVID-19 and all inmate meals are grab and go. The auditor recommended a mirror to be installed in the dietary dish room that would provide viewing by supervisory staff from a distance. The recommended mirror was installed on the second day of the on-site visit.

Continuous PREA information to include the PREA hotline number was clear and neatly posted throughout on walls and bulletin boards in all areas in both English and Spanish. The PREA information included the DPSCS zero-tolerance policy, methods of reporting, the inmates right to be free from sexual abuse, sexual harassment, and retaliation from reporting sexual abuse and sexual harassment. The PREA Hotline #410-585-3177 is stenciled on the walls throughout the facility accessible to staff and the inmate and population to include housing units, all department areas, inmate dining hall, education, intake area, dietary, corridors, visiting room, medical, inmate and staff dining areas, and front entry. The auditor initiated a test call via the PREA Hotline with no discrepancies noted.

A tour into the master control center and other areas with video monitoring capabilities was conducted by the auditing team. The facility has 86 cameras which are strategically located throughout the facility. All existing cameras were identified and pointed out throughout the facility during the tour by the escorting staff and the auditing team. It was determined the video monitoring had been strategically installed in a manner that provided proper coverage of the housing units and over areas throughout the facility with the limited cameras. There was no camera footage that allowed a direct viewing into the inmate's cells, toilet areas, and/or shower areas.

The facility does not have a designated Intake area. Upon an inmate's transfer arrival, they are placed in holding cells. The inmates are processed within the inmate's visiting room. Mobile dividers serve as barriers that award privacy during the visual searches. An orientation case manager was designated to conduct the initial 72 hours risk assessment screening. The following 30-day risk assessments are completed by the inmate's assigned case manager.

The facility does not have a segregation unit. Those inmates who commit an inmate rule violation and or can no longer be housed at BCCC are held in a holding cell less than 24-hours pending transfer to the Maryland Correctional Institution Jessup, Maryland Regional Diagnostic Correctional Center (MRDCC), and/or other DPSCS facilities.

DPSCS facilities to include staff the inmate population was severely affected by COVID-19 beginning March 2020. restricted, there were severe staff shortages in all departments in addition to non-security staff assigned to perform telework numerous days of each week. The Governor of Maryland declared a state emergency in response to COVID-19. He outlined numerous guidelines, limitations, and restrictions throughout the State. Additionally, an Internal and External Inmate Movement During COVID-19 Standard Operating Procedures was issued on July 17, 2020. Inmates were and continue to place in a fourteen (14) quarantine status during the on-site visit. These quarantines requirements were an important step in controlling the spread of COVID throughout the DPSCS facilities. Inmates assigned in housing units identified as quarantine for COVID-19 was not selected for interviews due to medical health concerns. Incoming inmate traffic

was ceased from November 12, 2020, through February 3, 2021. On the first day of the on-site visit, 32 inmates were on quarantine and /or isolation due to positive COVID-19 cases. Staff was required to add additional layers of clothing protection when entering these housing units. Effective January 2020, throughout the on-site visit, Volunteers, and Keefe contract workers were not allowed entry into the facility due to COVID-19. Additionally, education classes and religious services programs were cancelled.

The tour was concluded in approximately 4 ½ hours.

Second and third day of on-site:

The auditing team reported to the facility at 8:00 a.m. to continue with the on-site visit phase of the audit. A request for private offices to conduct the interviews was requested and identified. The auditor advised staff based on the inmate count, a minimum of 20 inmates to include (10 targeted and 10 random), was required to be interviewed while stating this amount would be exceeded. Inmates would be selected from each of the housing units with the exception for inmates currently on isolation and/or quarantine status due to COVID-19 for health safety reasons. BCCC does not have a segregation unit. The physical layout of the facility, security level of the inmate population and accessibility of the office area identified for conducting interviews, identified staff and inmates reported to the identified location for interviews.

BCCC employed 108 security and non-security staff employees at BCCC on the first day of the on-site visit. Eight medical staff are contacted through CORIZON, however, only 5 reports to the facility on a regular basis. Per the PRE -Release Mental Health Supervisor, mental health services are provided to the inmate population via telehealth from staff assigned at the Maryland Reception, Diagnostic and Classification Center. There were 11 new hires during the review period. Prior to COVI-D-19, there were 26 active volunteers. Two contract staff are employed through Keefe. However, these employees do not have direct contact with the inmate population and are escorted by BCCC staff upon entry into the facility.

The auditing team conducted 12 random staff interviews and 21 specialized staff interviews. Random staff interviews included security staff from the various shifts of, a variety of non-security staff that included security and non-security staff. Specialized staff was selected based on their position and their duty assignment. The 21 specialized staff interviews included: (1) Agency Head; (1) Warden; (1) Facility Administrator; (1) Medical Doctor (contract); ( 1) Mental Health Professional (contract); (1) IID Investigator; (1) Human Resource Manager; (1) DPSCS PREA Coordinator; (1) JUST Detention International Representative; (1) Incident Review Team Member; (1) Designated staff member charged with monitoring retaliation; (1) TurnAround Inc. Victim Advocate; (1) Mercy Medical Center (SAFE); (1) Agency Contract Administrator; (2) Intermediate or higher supervisors; (4) Staff who perform risk screening; (1) Intake Staff.

BCCC reported a designated facility capacity as 508. The average daily inmate population during the past 12 months of the audit was reported as 220. The inmate count on the first day of the on-site visit was 237. The auditor utilized a current day roster by housing units for the selection of random inmate interviews. Inmates within the targeted groups where selected based on their identified status.

Twenty-eight inmates were on isolation and 14 inmates were on quarantine hold during the on-site visit. Twenty inmate interviews were required, (10 random and 10 target). The auditing team conducted 37 inmate interviews during the 3-day on-site visit. The audit notice was posted well in advance of the on-site visit; however, the auditor did not receive any correspondence from the inmate population throughout the audit process. BCCC does not house youthful offenders under the age of 18 years old and/or female inmates. Additionally, there were no inmates housed at BCCC during the on-site visit within the following targeted groups: intersex; blind; lesbian; cognitive disabled; placed in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse; gay; Limited English Proficient (LEP).

Current daily inmate rosters were utilized by the auditor for the selection of inmates for interviews. The auditing team conducted 29 random inmate interviews and 8 target group inmate interviews. The 8 inmates identified for the targeted group categories was selected based on their identified category. These were as the following: (1) inmate who reported prior sexual victimization during risk screening; (2) physical disabled; (3) vision impaired (glasses only); (1) hearing aid; (1) Transgender. All inmates interviewed were aware of various ways to report allegations of sexual abuse and /or sexual harassment and most reference the PREA signage posted throughout the facility and in their housing units.

All inmates interviewed acknowledged that the female staff announce their presence when entering the housing units. No inmates identified any concern of being observed by the female staff while performing bodily functions to include showering, use of toilets, exchange of clothing and not doing a visual body search by male officers. The one inmate identified as transgender stated she was and is given the opportunity to shower alone. However, she stated due to the showers being in individual stalls, she had no concerns with showering doing the regular time as other inmates in her unit. She was issued a search preference card identifying her preference of being searched by female staff for both frisk and visual searches.

Continuous PREA information to include the PREA hotline number was clear and neatly posted throughout the facility on walls and bulletin boards in both English and Spanish. The PREA Hotline #410-585-3177 is stenciled on the walls throughout the facility accessible to the inmate and population. The auditor initiated a test call via the PREA Hotline with no discrepancies noted.

An exit briefing was conducted on Tuesday, April 20, 2021, with the following in attendance: Debra Dawson DOJ PREA Auditor; Margena Myrick PREA Auditor Support Staff; Damilare Adisa, Facility Administrator; Funsho S. Oparinde DPSCS Assistant PREA Coordinator; Demeck Rucker Correctional Case Management Supervisor; Corporal Mechelle Johnson Audit Back-up; and Genieve Groodall, Major. The Official BCCC PCM remained on extended leave. The PREA auditor provided an overview of the pre-audit and on-site visit while acknowledging the essential staff members who assisted throughout the on-site visit. Based on interviews with staff assigned to conduct

risk screening, in where a discussion of the PREA auditor's general observations and preliminary findings, and the post-audit phase that included the timeliness for submitting the additional documentation was delivered to staff in attendance.

The DPSCS PREA Coordinators and the PREA auditor continued an open level of communication throughout the post-audit phase via phone calls and emails regarding the circumstances of the limited access to documentation and incomplete interviews remaining due to the unfortunate required absence of the BCCC PCM. The BCCC PCM held additional duties that required the completion of interviews identified by various standards. These interviews were unobtainable prior to the submission of the interim report. The auditor and DPSCS PREA Coordinators, was not notified of an anticipated date of return for the BCCC PCM.

The auditor and was granted excess to the various links for to DPSCS Directives facility policies, inmate orientation handbook, training curriculums, organizational charts, background checks, confirmation of staff and inmate PREA education, DPSCS and facility policies in addition to PREA risk screenings, specialized training for investigators, medical and mental health, and a variety of other PREA related material. However, the auditor later identified the facility was created in the OAS as a Community Confinement Facility rather than a Prison/Jail Facility. This awareness was discussed with the DPSCS PREA Coordinators and later to the PREA Resource Center and Tech Support with the OAS for guidance as the Standards provisions variety in the reports. OAS Tech Support staff created an additional audit for the facility in the proper format of Prison/Jail Facility and labelled the audit previously identified as Community Confinement as "Review Only." This service was provided on June 1, 2021. Documentation would be uploaded in the correct audit format by the DPSCS PREA Coordinator and the BCCC PCM upon her anticipated return to work.

In an effort to develop a solution, it was determined by the DPSCS PREA Coordinators and PREA auditor that due to the two unfortunate circumstances of an extended leave of absence by the BCCC PCM and the incorrect loading of the facility type as a Community Confinement rather than a Prison/Jail, a suspension of the report would be required as the facility was not prepared for the audit. The facility would go into a corrective action period not to exceed 60 days. This would allow the facility staff and the DPSCS Assistant PREA Coordinator to upload the documentation in the supplemental files while identifying each standard provision for Prison/Jail. The discovery of the incorrect identity in the creation of the audit as a Community Confinement was not identified prior to the on-site visit.

Additionally, the BCCC PCM who maintains possession of the entered data within designated computer files, and she have been on an extended unscheduled leave of absence from the facility since during the pre-audit phase. In response to the unusual circumstances surrounding this audit, it was agreed upon by the DPSCS PREA Coordinators, facility and assigned PREA auditor that the completion of the audit report would be suspended and placed in corrective action as the facility was not prepared for the audit under the standard requirements of Prison/Jail. BCCC was placed on corrective action status as of June 3, 2021, not to exceed 60 days. The allotted time is based on the anticipated return date of the BCCC PCM, completion of interviews, submission of requested material and the upload of all supporting documentation that meets the provisions of each standard for Prison/Jail in the OAS.

#### Corrective Action Applied:

A replacement BCCC PREA Compliance Manager was assigned during the 60-day corrective action period, Corporal Mechelle Johnson. The newly assigned BCCC PCM and the Assistant DPSCS PREA Coordinator worked diligently in the submission and upload of required documentation in the OAS for review by the auditor.

The auditor utilized inmate rosters to make a random selection of 39 inmates' PREA education, 72-hour initial risk screening and 30-day follow-up risk screenings. There were no discrepancies noted in the PREA screening being conducted within 72 hours of the inmate's arrival by Intake Staff/Traffic and the completion of the 30-day reassessments by Case Management Staff. The review confirmed 100% of the assessments were conducted timely. In addition to the 72-hour assessment being conducted on the day of the inmates' arrival, the 30-day risk reassessments were conducted prior to the 30th date after then 14th day and never not later than 30 days of the inmates' arrival. The staff assigned to conduct risk assessments demonstrated their knowledge, practice, and the procedure of conducting risk assessments in accordance with DPSCS policy and provisions of standard 115.41.

Staff PREA training documentation was provided for 2019 and 2021.

The auditor utilized a roster identifying new hires to select random personnel files for confirmation of completed background checks prior to hiring.

There were no discrepancies noted in the specialized training for the Intelligence and Investigative Division (IID) investigators who are sworn law enforcement officers and conduct both administrative and criminal investigations. Investigative files were presented to the auditor for review and appeared to thoroughly document the investigative process per the Department procedures and provisions of PREA standards.

The auditor confirmed the completion of intermediate and higher-level staff conducting unannounced rounds to deter staff sexual abuse and sexual harassment while identifying the requested days and weeks separately for odd and even months throughout the review period. The auditor also reviewed housing unit logbooks during the on-site visit.

The auditor conducted a review of the one PREA reported allegation that was determined as Unfounded by the IID Investigator. There were 0 Substantiated and/or Unsubstantiated PREA allegations during the review period.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Maryland Department of Public Safety and Correctional Services Baltimore City Correctional Center (BCCC) was open in 1984. It is located at 901 Greenmount Ave in Baltimore, Maryland 21202. The facility is designated as a minimum, security male prison with an inmate capacity rate of 580. Inmates housed at BCCC include inmates who are eligible for per-release and work release. The facility has a comprehensive pre-release program to assist inmates with housing and employment upon their release.

The average daily inmate population during the 12-month review period was 220. Because of COVID-19, there were no incoming inmate traffic from November 13, 2020, through February 2, 2021. The inmate work assignments within the local community were suspended due to COVID-19 as of the on-site visit. The age range of the inmate population is 19 through 65 years. BCCC does not house youthful offenders. The average length of inmate stay at the facility is 24 months and the inmate custody levels are minimum, pre-release and work release.

BCCC employed 100 uniformed employees, 8 non-uniform staff, and 8 contract medical staff. The medical department is contracted through CORIZON and employees the 8-contract staff. Mental Health services are provided by staff assigned to other DPSCS facilities under the organization operations for DPSCS PREA -Release System/Centers. Inmates are transport to the facility and/or are seen virtually due to COVID-19.

Eight medical staff are contracted through CORIZON. Mental Health services are provided by staff assigned by mental health staff assigned at the Maryland Reception and Diagnostic Correctional Center (MRDCC) via video.

The core of the structure primarily contains the common and administrative areas. Access gained through a safety vestibule entering a small lobby with lockers for visitors, public lavatories, and storage room. Adjacent to the lobby on the left is a door leading to the officers' dining room and several administrative offices. On the other side is the master control center containing security equipment and audio/video monitoring apparatus. The lieutenant's office is adjacent to this center. Another safety vestibule leads to a large visiting/multipurpose room with an access to the main corridor. Nearby is a well-equipped kitchen, inmate dining room and several food storage areas. In the general vicinity are the traffic office, case management offices, mechanical and electrical rooms, maintenance shop, supply room and lavatories. Also located off this main corridor are two small classrooms, a large gymnasium, library, and two medical examination offices with a closet for storage of medical supplies. An area across the hall from the lieutenant's office has contraband/urinalysis room, inmate property storage and two holding cells, each containing a bed attached to the floor, a combination stainless steel toilet/wash basin unit and a sliding solid door with a view window. A shower is in this general area with a shower curtain for privacy.

The housing units, have two main floors with two tiers on each. The North wing lower and South Wing Lower has thirty-two double-bunked cells on each of the four tiers. One of the cells converted to an inmate barbershop. The North wing has 32 double-bunked cells on each of the four tiers. One of the cells converted to an inmate barber shop. The cells contain two metal unattached beds with two drawers beneath for property storage, two stools, a drop-leaf table mounted to the wall, two shelves, two upright lockers, wall-mounted lights, swinging solid doors with a view window an exterior louvered window with security screens. A lavatory is in each housing unit equipped with three stainless steel toilets, 4 urinals, seven washbasins and 4 showers. Stainless steel mirrors mounted above each washbasin. Water fountains are located outside each lavatory. Across for the lavatory is a dayroom consisting of 2 small rooms containing a television, 3 inmate telephones and unattached tables and chairs. The primary entrance to these units is through a satellite control station that surrounded by 3 electrically operated doors controlled by a correctional officer or by master control. A laundry room with two washers and dryers is also in this general area, as well as a janitorial supply room and the correctional standards file room. Three collect call telephones are located on each tier. The South wing has the same configuration and furnishings. Key-operated elevators are located outside the North and South wings. A mechanical room is above the gymnasium and on the second floor of each wing.

There were 4 cameras with 1 in each corner in the gymnasium. This area is an open space. This space is also utilized for the issuing of inmate commissary, security staff shift briefing, and religious service programs. The inmate restroom is in the hallway where custody staff are always assigned as this location is the central movement area. The PREA hotline information is on the wall in the inmate restroom. The restroom has a full-size door for entry that does not have a locking device and a barrier provides privacy during toilet use. A maintenance office is located across from the gymnasium.

The library is a small open area with full view. This area does not have mirrors and/or cameras. This area is operated by the facility Chaplain. Inmates are not allowed entry except for the one inmate assigned to fill book and material request submitted by the inmate population.

The two classrooms are structured the same to include a window on the entry door. Each of these classrooms are in a small open area that offers full view due to the size and layout. No cameras and /or video monitoring are in these areas.



A large installed mirror provides viewing from the center hall desk where staff are assigned 24/7 of those inmates and staff entering the hallways from a distance.

The recreation hall has 3 inmate phones on the upper tier and 3 on the lower tier. The PREA Hotline number is located on the wall.

Each housing unit has and lower and upper tier with 16 cells. The lower tier has allotted one cell as an inmate barbershop. Due to COVID-19, the barbershops were closed. A full side door is at the entry of the inmate community restrooms. The restrooms are equipped with 4 urinals, 3 toilets, and 4 individual showers. Shower curtains provide privacy at each toilet and shower.

There are 4 cameras and 4 mirrors in each level corridor stairway that provides excellent coverage viewing. Current day video monitoring is accessible for control center officer. Recorded sessions accessibility is awarded to the Major and Facility Administrator.

Cameras and extremely large mirrors award the control center office included viewing of the sallyport and outer front entry door.

The facility has one elevator that is inoperable.

The outside recreation yard has 7 cameras providing full coverage of the outside areas, to include weight pile, basketball court, volleyball court and sitting area.

Four cameras are located in the dietary dining area two in the kitchen area. The auditor recommended the installation of a mirror in the dish room that would provide coverage of the area to supervisory staff from over locations within the kitchen.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	45
<b>Number of standards not met:</b>	0

It was determined by the auditor that BCCC does not meet 44 Standards. The facility did not provided documentation to support the Standards of a Prison/Jail. The audit was created as a Community Confinement that does not contain all standard and/or standard provisions. The facility was placed in 60-day corrective action period to submit documentation correctly that will meet all provisions standards for a prison.

#### Corrective Action Applied:

The BCCC facility submitted all required documentation in the correct format as Prison/Jail Facility within the OAS during the 60-day review period and upon review, the facility was determined as "Meets Standard" for all 45 standards.

Standards Exceeded = 0

Meet Standards = 45

Standards Not Met = 0

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

115.12, Contracting with other entities for the confinement of inmates - Meets Standard

115.13, Supervision and monitoring - Meets Standard

115.14, Youthful inmates - Meets Standard

115.15, Limits to cross-gender viewing and searches - Meets Standard

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

115.17, Hiring and promotion decisions- Meets Standard

115.18, Upgrades to facilities and technologies - Meets Standard

115.21, Evidence protocol and forensic medical examinations - Meets Standard

115.22, Evidence protocol and forensic medical examinations - Meets Standard

115.31, Employee training - Meets Standard

115.32, Volunteer and contractor training - Meets Standard

115.33, Inmate education - Meets Standard

115.34, Specialized training: Investigations - Meets Standard

115.35, Specialized training: Medical and mental health care - Meets Standard

115.41, Screening for risk of victimization and abusiveness - Meets Standard

115.42, Use of screening information - Meets Standard

115.43, Protective Custody - Meets Standard

115.51, Resident reporting - Meets Standard

115.52, Exhaustion of administrative remedies - Meets Standard

115.53, Inmate access to outside confidential support services - Meets Standard

115.54, Third-party reporting- Meets Standard

115.61, Staff and agency reporting duties - Meets Standard

115.62, Agency protection duties - Meets Standard

115.63, Reporting to other confinement facilities - Meets Standard

115.64, Staff first responder duties - Meets Standard

115.65, Coordinated Response - Meets Standard

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

115.67, Agency protection against retaliation- Meets Standard

115.68, Post-allegation protective custody - Meets Standard

115.71, Criminal and administrative agency investigations - Meets Standard

115.72, Evidentiary standard for administrative investigations - Meets Standard

115.73, Reporting to inmates - Meets Standard

115.76, Disciplinary sanctions for staff - Meets Standard

115.77, Corrective action for contractors and volunteers - Meets Standard

115.78, Disciplinary sanctions for inmates - Meets Standard

115.81, Medical and mental health screenings, history of sexual abuse - Meets Standard

115.82, Access to emergency medical and mental health services - Meets Standard

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

115.86, Sexual abuse incident reviews - Meets Standard

115.87, Data collection - Meets Standard

115.88, Date review for corrective action - Meets Standard

115.89, Data storage, publication, and destruction - Meets Standard

115.401 Frequency and scope of audits - Meets Standard

115.403 Audit contents and findings – Meets Standard

<b>Standards</b>
<b>Auditor Overall Determination Definitions</b>
<ul style="list-style-type: none"><li>• Exceeds Standard (Substantially exceeds requirement of standard)</li><li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li><li>• Does Not Meet Standard (requires corrective actions)</li></ul>
<b>Auditor Discussion Instructions</b>
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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 432">BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.</p> <p data-bbox="244 463 504 490">Corrective Action Applied:</p> <p data-bbox="244 519 818 546">Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol data-bbox="244 575 1075 1003" style="list-style-type: none"> <li>1. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited</li> <li>2. Facility Directive BCCC. 020.0026.0 1PREA Standards Compliance</li> <li>3. DPSCS 020.0026 PREA – Federal Standards Compliance</li> <li>4. Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited</li> <li>5. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited</li> <li>6. MD Criminal Law Code Ann § 3-314</li> <li>7. DPSCS Organizational Chart</li> <li>8. BCCC Organizational Chart</li> </ol> <p data-bbox="244 1034 347 1061">Interviews</p> <ol data-bbox="244 1090 539 1176" style="list-style-type: none"> <li>a. DPSCS PREA Coordinator</li> <li>b. BCCC PCM</li> </ol> <p data-bbox="244 1207 1485 1301">115.11(a) DPSCS 020.0026 identify the Department does not tolerate sexual abuse or sexual harassment of an inmate. The Department requires an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge according to Department procedures for reporting employee misconduct or inmate rule violation.</p> <p data-bbox="244 1308 1485 1536">DPSCS.020.0026 states The Department does not tolerate sexual abuse or sexual harassment of an inmate. The policy identifies sexual abuse of an inmate by another inmate to include the following acts, if the victim inmate does or does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse: (i) Acts listed under §§ .04B(3)(a)(i) and (ii) of this directive; (ii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and (iii) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin breast, inner thigh, or the buttocks of another inmate, excluding contact incidental to a physical altercation.</p> <p data-bbox="244 1565 1485 1794">Facility Directive BCCC.020.0026.1 stated BCCC has zero tolerance for any acts of sexual abuse, assault, misconduct, or harassment. Sexual activity between inmates and staff, volunteers or contract personnel is prohibited are subject to administrative and criminal disciplinary sanctions. All employees, contractors, and volunteers are expected to have a clear understanding that the BCCC strictly prohibits any type of sexual relationship with an individual under Department supervision and considers such a relationship a serious breach of the standards of employee conduct and these relationships will not be tolerated. Engaging in a romantic relationship, sexual relationship, or acts of sexual gratification may result in employment termination and termination of a contractual volunteer status, and imposition of criminal charges.</p> <p data-bbox="244 1825 1485 1919">Criminal Law Title 3 Other Crimes Against the Person Subtitle 3. Sexual Crimes MD Criminal Law Code Ann. (§ 3-34(2013) E 3-3214 identifies sexual conduct between correctional of Department of Juvenile Services employee and inmate or confined child.</p> <p data-bbox="244 1951 1485 2009">MD COMAR 12.03.01.04 Inmate Rule Violation Summary identified- any manner, arrange, commit, perform, or engage in a sex act or sexual conduct to be a violation of inmate disciplinary code 117.</p> <p data-bbox="244 2040 1485 2134">DPSCS. 020.0026 Prison Rape Elimination Act-Federal Standards Compliance section .03 states, "The Department does not tolerate sexual abuse or sexual harassment of an inmate." The Directive clearly outlines the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in the Department</p>

facilities.

Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited section .03 B. states "the Department shall ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual misconduct comply with applicable federal standards (28 CFR Part 115.11 - August 20, 2012) established under the authority of the Prison Rape elimination Act (PREA) of 2003 (P.L. 108 -79). The Directive identify sanctions to be imposed on staff who participate in outlined prohibited acts regarding the zero-tolerance consistent with PREA standards include up to termination. Sanctions for those that have participated in prohibited behaviors in the facility is outlined in the Directive.

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

115.11(b) In accordance with a review of the DPSCS organizational chart, the Department has designated an upper-level Special Assistant who reports directly to the Deputy Secretary of Operations as the DPSCS PREA Coordinator. An Assistant DPSCS PREA Coordinator is also employed to assist the DPSCS PREA Coordinator in overseeing the agency's efforts regarding PREA in all its facilities. The Assistant DPSCS reports directly to the DPSCS PREA Coordinator. The auditor interviewed the DPSCS PREA Coordinator who confirmed he absolutely has sufficient time and authority to develop, implement, and oversight of the Department's efforts to comply with the PREA standards in all its facilities. The addition of an Assistant PREA Coordinator has increased the ability to perform such duties. He added there are 21 PREA PCM with one being assigned at each of the Department's facilities. He and his assistant provide assistance to the facility PCM weekly by forwarding a PREA Tip for the Week, the best practice of various standards, changes due to and revised policy, review of all facilities PREA reports, providing various training opportunities, communicating via telephone and forwarding remainders to the PCM of the notification of findings to the alleged victim at the conclusion of the investigation as several methods of interacting with the facilities PCM.

115.11(c) The facility's organizational chart identify staff in the position of BCCC PCM reports directly to the Facility Administrator. The auditor interviewed the PCM and confirmed she has sufficient time to complete her duties as the PCM. Any areas of concerns in meeting compliance of the PREA standards would be addressed with the Facility Administrator.

Based on the review of policies, organization charts, and interviews it is determined that BCCC and DPSCS meet the mandate of all provisions within this Standard.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p data-bbox="244 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 1492 434">BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.</p> <p data-bbox="244 465 504 492">Corrective Action Applied:</p> <p data-bbox="244 524 735 551">Evidence Reviewed, (documents, and interviews)</p> <ol data-bbox="244 577 847 837" style="list-style-type: none"> <li>1. BCCC Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. Contract DPSCS Q00B9400025 for Pre-Release Services</li> <li>3. PREA audit reports of Threshold, Inc.</li> <li>4. Interview with the following: <ul data-bbox="244 810 799 837" style="list-style-type: none"> <li>a. DPSCS PREA Coordinator/ Agency Contract Monitor</li> </ul> </li> </ol> <p data-bbox="244 869 1492 1093">The DPSCS has entered into one contract for the confinement of inmates. The contract is with Threshold, Inc. for pre-release services. Threshold Inc. is a private non-profit agency incorporated under the Laws of the State of Maryland to provide community-based treatment and work release services for persons incarcerated in the State Prison System. A copy of the contract was provided for review and contained language that the facility is to comply with the requirements of the Prison Rape Elimination Act. In compliance with laws – the contract states “It shall fully comply with the standards set forth in the Prison Rape Elimination Act 2003 PREA Audit Act of 2003, and with all applicable regulations issued by the U.S. Department of Justice.”</p> <p data-bbox="244 1124 1461 1218">The auditor also reviewed the 2015 and 2018 PREA reports for Threshold on the DPSCS website @ Maryland.gov. BCCC does not contract for the confinement of inmates. Interview with the DPSCS PREA Coordinator indicated the agency does monitor compliance with the contract and he serves as the Agency Contract Monitor for this contract.</p> <p data-bbox="244 1249 1477 1478">An interview with the Agency Contract Monitor/DPSCS PREA Coordinator, indicated due to results of COVID-19, the facility has not been operated in several months. Currently there are no staff assigned nor inmates assigned to the Threshold facility. Residents were released due to the expiration of their sentence, placed on home detention as applicable and/or returned to the DPSCS facilities. A copy of the most recent contract between the IDOC and contracting agency was signed by the DPSCS Secretary, Assistant Attorney General and Executive Director of the Contracting Agency on October 1, 2020. However, the facility remains vacant of staff and residents at the completion of this report and an unknown date of return remained due to the current ongoing status of COVID-19.</p> <p data-bbox="244 1509 1477 1568">Based on the review of the contract, audit reports and interview, the facility has demonstrated compliance with all provisions of this Standard.</p>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.</p> <p>Corrective Action Applied:</p> <p>Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> <li>1.BCCC Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. DPSCS Secretary Directive OPS.115.0001Correctional Officer Staffing Analysis and Overtime Management</li> <li>3. DPSCS Staffing Analysis and Overtime Management Manual</li> <li>4. BCCC Staffing Plan Summary of Authorized Positions</li> <li>5. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited</li> <li>6. Supervisory Unannounced Log Entries</li> <li>7. BCCC Staffing Plan Annual Review</li> <li>8. Observation while on-site, physical plant</li> <li>9. Documentation request for additional cameras</li> <li>10. Interviews with: <ol style="list-style-type: none"> <li>a. Warden</li> <li>b. Intermediate or Higher-Level Staff</li> <li>c. DPSCS PREA Coordinator</li> </ol> </li> </ol> <p>115.13(a) Directive OPS.115.0001 states the requirements of a facility staffing plan. The requirements contain the eleven requirements stated in this provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels and requirements and the documentation of any deviations to these requirements. Per the PAQ, the facility designated capacity at 508 inmates. The average daily number inmates during the review period were 220. The inmate population on the first day of the on-site was 237. The FY2021 Staffing Plan was reviewed at the facility level on February 24, 2021 and noted by signatures of the Facility Representative and DPSCS PREA Coordinator. The BCCC Staffing Plan addresses the eleven numerated requirements as indicated in this provision.</p> <p>Interviews with the Warden, Facility Administrator and DPSCS PREA Coordinator indicated the facility does develop and comply with a staffing plan as outlined in The Staffing Analysis and Overtime Management Manual. Per an interview with the Warden, staff are assigned to various post assignments to monitor inmates and roving officers are assigned to provide additional supervisory coverage.</p> <p>115.13(b) Directive OPS.115.0001 states the requirements of a facility staffing plan. The Overtime Manuel provides guidance regarding minimum operational staffing levels and requirements for documenting any deviations with these requirements. The facility staffing plan is developed with these requirements in mind and a daily Post Assignment Worksheet (PAW) is developed to deploy staff in accordance with the stated staffing plan. The PAW identifies positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. A review of selected daily PAW for each month was reviewed and no deviations were noted in post assignments that were equivalent to the facility being non-compliance of the Staffing Plan.</p> <p>The Warden stated during an interview, he reviews the Post Assignment Worksheet (PAW) daily for each shift and security supervisory staff are required to document any collapsed post on the PAW. All vacated posted are required to be justified on the PAW. There have not been any instances of non-compliance with the Staffing Plan during the 12-month review period. The reassignment of collapsible post and/or overtime is always authorized to ensure proper security coverage is maintained that meets that Staffing Plan. The Warden added any instances of non-compliance with the staffing plan would require the</p>



submission of a non-compliance email notification document to support security operations to meet the needs of the facility. Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution. Furthermore, it was observed that staff deployment is increased during shifts where inmate activity is increased.

115.13(c) Directive OPS.115.0001 states, "At least annually, or on an as needed basis, consulting with the Department PREA Coordinator to review, assess, determine, and document if adjustments are necessary to the facility's: (a) Staffing plan based on topics identified under §.05C(2)(d) of this directive; (b) Use and deployment of video monitoring system and other surveillance technology; and (c) Resources available to commit to ensure compliance with the established staffing plan." The staffing plan review is documented on an agency-wide standardized form. BCCC provided a copy of the Staffing Plan Review dated February 23, 2021, signed by the BCCC Facility Administrator and the DPSCS PREA Coordinator. The Staffing Plan Review form considers all the criteria required for a staffing plan review as required in this Standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility administrator and agency wide coordinator. The review documented that no adjustments to the plan was recommended. However, the facility continued to await approval for 7 cameras previously requested. Meanwhile, BCCC has a sister facility, Maryland Reception, Diagnostic and Classification Center (MRDCC) directly next to it that assist with monitoring of inmate activities while on the BCCC recreation yard and outer perimeter through video monitoring and staff observation through office windows.

115.13(d) Directive OPS.050.0001 states "Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: (i) Randomly on all shifts; (ii) Except when necessary to prevent prohibited cross gender viewing of an inmate or as part of a legitimate facility operation, unannounced in order to prohibit staff from alerting other staff that the rounds are being conducted; and (iii) At a frequency established by the managing official" regarding the conduct of unannounced rounds.

BCCC.020.0026.1 require housing unit staff and supervisory staff to conduct unannounced security rounds to identify and deter staff sexual abuse and sexual harassment. Each unannounced round shall be recorded in the post logbook. Security supervisory unannounced round must be conducted on all shifts and in all areas of the facility. Interviews with intermediate or higher levels staff indicated unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted each shift by security supervisory staff and at least weekly by upper-management staff. Review of various logbooks in all housing units confirmed supervisory shift conduct rounds during each shift and document such rounds in red ink. Upper-level management staff document their rounds in the visitor's logbook. These rounds were noted throughout the facility. Security supervisory staff indicated they do not complete their rounds in one setting, and they are not conducted in a pattern that allow other to become aware of their anticipated arrival.

During the pre-audit process, the auditor submitted a request to the BCCC PCM identifying the weeks for both even and odd months of logbook entries for documentation of completed unannounced rounds made in all housing units. Additionally, the auditor reviewed logbooks during the on-site visit for confirmation of unannounced rounds being conducted regularly and documented in red ink. Documented rounds were completed in all areas on the 3 shifts consisting of 7:00 a.m.- 3:00 p.m. 3:00 p.m. - 11:00 p.m. and 11:00 p.m. – 7:00 a.m.

The DPSCS and BCCC has developed policies that outlines the responsibilities of intermediate, mid-level and higher management staff to conduct daily, and/or weekly rounds in which all rounds are documented, and the confirmation of completion are reviewed by other supervisory staff. The submission of the random selected monthly/daily documentation of rounds and random daily review of logbooks during the on-site visit, the BCCC has demonstrated their success in meeting the provisions of this standard.

Based on the review of the contract, audit reports and interview, the facility has demonstrated compliance with all provisions of this Standard.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.</p> <p>Corrective Action Applied:</p> <p>115.14 Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> <li>1. BCCC Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. Observation during onsite visit</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Warden</li> <li>b. DPSCS PREA Coordinator</li> <li>c. Inmate population</li> </ol> <p>Interviews with the Warden, Facility Administrator and DPSCS PREA Coordinator indicated BCCC does not house youthful offenders (under the age of 18) at BCCC. Per the DPSCS PREA Coordinator, offenders under the age of 18 years old are designated to the DPSCS Youth Detention Center located at 926 Greenmount Avenue Baltimore, Maryland 21202. At midnight on the day of the offender's 18th birthday, they are transferred at this time to an adult facility. If transportation cannot be made for the midnight hour, the offender will be removed from the general population and housed alone in the medical department until transported. Observation during the on-site visit and interviews with staff and random inmate population revealed their unawareness of any inmates housed at BCCC under the age of 18 years old.</p>

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.</p> <p>Correctional Action Applied:</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. BCCC Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. Power Point Lesson Plan Risk Body Searches – Restraints and Scanning Devices</li> <li>3. Executive Directive OPS.200.0006 Assessment for Risk of Victimization</li> <li>4. DPSCS Executive Directive OPS.110.0047 Personal Search Protocols-Inmates</li> <li>5. The Maryland Police and Correctional Training Commissions Lesson Plan Title LGBTI</li> <li>6. The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices</li> <li>7. DPSCS Search exception cards</li> <li>8. BCCC 020.0026.01 PREA Federal Compliance Standards</li> <li>9. Observation while on-site</li> <li>10. Opposite Gender Announcement Stop Sign</li> <li>11. Staff Training Roster</li> <li>12. Interviews with: <ol style="list-style-type: none"> <li>a. BCCC PCM</li> <li>b. Random Selected staff</li> <li>c. Random and Targeted Group Inmates</li> </ol> </li> </ol> <p>115.15(a) The Maryland Police and Correctional Training Commissions Lesson Plan Title LGBTI and The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices states male inmates may be searched by both male and female staff however a female staff person may not touch the genital area of the male inmate. If there is reason to believe that the inmate to be searched is transgender or intersex, a frisk search is to be conducted by a female staff member.</p> <p>Directive OPS.110.0047, states that an inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer. Section .05F(3)(b) states that 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. Section .05H(2) states, "Only a certified medical professional may perform a body cavity search of an inmate and only the certified medical professional and the inmate being searched may be present during the procedure. Executive Directive OPS. 110.0047 indicates if search and detection equipment indicate that suspected contraband has been ingested or inserted within the inmate's body, the inmate will be strip searched in accordance with the provisions of the directive that includes placing the inmate in a single dry cell or room until such time as the inmate has excreted or disgorged the contraband in accordance with the dry cell procedures status or transported to an off-site medical facility for a body cavity search in accordance. Therefore, a body cavity check will not be conducted at the facility.</p> <p>BCCC.020.0026.1 states staff shall not conduct cross-gender strip searches, cross-gender, visual body cavity searches of cross-gender pat-down searches except in emergency circumstances or when such viewing is incidental to routine cell</p>

check. All cross-gender visual body cavity searches of female inmates are documented. The facility prohibits staff from searching or physically examining a transgender and/or intersex inmate for the sole purpose of determining the inmate's genital status; it may be determined by reviewing medical records or obtaining information from a medical examination conducted in private a medical practitioner. Cross-gender, transgender and intersex searches of inmates will be conducted in a professional and respectful manner consistent with security needs.

Staff and inmate interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. Interviews conducted with the 1 transgender inmate and random inmates did not reference any cross-gender searches and/or negative concerns while showering, performing bodily functions, dressing, etc. In accordance with the BCCC PAQ, and interview the BCCC PCM, random staff, and inmate population, there were zero cross-gender visual strips and/or zero cross-gender visual body cavity searches at BCCC during the 12-month review period.

115.15(b) Directive OPS.110.0047, Section .05E(3)(a) and(c) states, "(a) Except under provisions of §.05E(3)(c) of this directive, a frisk search of a female inmate shall be conducted by female correctional officer. (c) 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." Discussion with staff and on-site observations verified that BCCC is designated as a male only facility.

115.15(c) Directive OPS.110.0047, Visual body cavities checks are not conducted at DPSCS facilities. The inmate would be placed on dry cell observation and/or transported to a licensed medical facility. Section .05F(6)(b) each inmate search is (a) Documented on forms approved by the Deputy Secretary of Operations, or designee; Each correctional officer is responsible for compliance with the procedures established in the directive. Correctional Officers shall be the same sex as the inmate being searched, unless the inmate presents a Person Search Exception Card which specifies a different protocol for the search being performed. Section E. Unless a Personal Search Exception Card has been granted by the Warden, an inmate will be searched in accordance with the policies applicable to searches of the gender associate with the institution or housing assignment in which the inmate is assigned. The inmate is responsible to always carry the Personal Search Exception card and to present this card to the correctional officer prior to the start of a personal search. A male inmate search may be conducted by either a male or female correctional officer provided that a female officer does not touch the genital area of the inmate being searched. Female inmates shall be conducted by a female e correctional officer. BCCC only houses male inmates. Therefore, cross gender pat down searches of female inmates does not apply at BCCC. The facility reported 0 cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12-month review period. Thus, there are no written reports or incidents of cross-gender strip searches or cross-gender body cavity searches as there have not been any occurrences of such. An interview with the 1 transgender inmate identified she was issued a DPSCS Search Exception Identifier Card that authorizes her to be searched by female staff.

115.15(d) Executive Directive OPS.050.0001 identifies voyeurism meaning that an employee invades the privacy of an inmate for reasons unrelated of official duties that include but not limited to: (i) peering at an inmate who is using the toilet in the inmate's cell to perform bodily functions; (ii) requiring an inmate to expose the inmates' buttocks, genitals, or breast; (iii) recording images of an inmate's naked body or of an inmate performing bodily functions.

Facility Directive BCCC.020.0026.01 states, all female staff must announce themselves prior to conducting security rounds. Signage of "Opposite Gender Must Announce Their Presence When Entering." This signage is located at each entry upon entering housing units and on each tier as a reminder to opposite gender (female) staff prior to entering. Interviews conducted with 37 inmates who identified most female staff announce themselves upon entering the housing units.

The Facility Director further states inmates will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances. Observation during the on-site visit confirmed the privacy is provided to the inmate population by doors, and/or shower curtains. Housing unit camera coverage was noted as not having viewing capabilities into the inmates' cells, showers and/or toilet areas in the various housing units, program areas and/or work assignment areas.

An interview with the 1 inmate identified as transgender confirmed she is given the opportunity to shower at separate times from other inmates within the housing unit. She stated due to all showers being in individual stalls that awards privacy, she did not feel a need to shower at a separate time from other inmates. Shower curtains are provided at each shower stall.

All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status.

All inmate interviews indicated that opposite gender staff announce their presence when entering a housing unit. This practice was also observed by the auditor and support staff during the on-site tour. Inmates indicated there were no instances in where they were observed by staff of the opposite gender during visual searches, showering, change of clothes and/or while performing bodily functions. Random staff interviews indicated that opposite gender staff announcements are made prior to entering the housing units.

115.15(e) Directive OPS.110.0047, Section .05F(3)(a) regarding strip searches of transgender and intersex inmate's states, "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 status is unknown, it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. Facility Directive BCCC. 020.0026.01 indicates transgender strip searches are to be documented and performed in accordance with the proper directives pertaining to search as stated indicated previous in OPS 110.0047, Personal Search Protocol-Inmates. Interviews were conducted with 1 inmate who were identified as transgender. She stated she was issued a Personal Search Exception card, and her searches are conducted by female staff.

115.15(f) The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices is provided to staff during the pre-service and in-service training. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The training includes instructing staff on conducting transgender and intersex inmate pat-down searches in a professional and respectful manner by female staff. The Pre-Audit Questionnaire noted 100% of staff have receive training on conducting cross-gender pat down searches. The term "Frisk Search" is defined as a search not requiring the removal of all clothing. It is conducted by running your hands across clothing to detect hidden objects." Policy notes that frisk searches may be conducted by females on males, but it is not permissible for female staff to search the groin area of male inmates. Likewise, policy also states, "Males shall not conduct searches of females" except during exigent circumstances a managing official or a designee may 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. Strip searches are performed exclusively by two staff of the same gender this including a provision for transgender or intersex inmates who prefer to be searched by a specific gender of staff. Directive OPS.110.0047, Section.05F(3)(b) states, "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." Section .05F(3) speaks to searches of transgender and intersex inmates stating, "The inmate is responsible for carrying the Search Exception Card at all times and shall present the card to the correctional officer prior to the start of a personal search. Failure to present the card may result in the inmate being searched in accordance with the gender associated with the institution." Random staff interviews indicate they received training regarding cross gender, transgender, and intersex search procedures. Current day rosters indicated 1 inmate identified as transgender housed at the facility. She indicated she has been issued a DPSCS Search Exception Identifier Card that identifies her choice of being searched by female staff and have not been required to submit to a frisk search and/or visual body search by a male staff member.

Staff's confirmation of search protocol was provided as completed in 2019 during in-service training on DAY 2 through Security/Custody/Control Training. A computer-generated copy of all assigned staff's completion and staff's signatures on attendance rosters was provided. Frisk/Body Searches, Restraints, and Scanning Devices is the lesson plan utilized in conducting the frisk search protocol for transgender/intersex inmates, and transgender strip searches. Due to COVID-19, in-service training was postponed in 2020 throughout the on-site. Staff resume in-service training during the corrective action period. Although, as the submission of the final report all staff have yet to complete the 2021 in-service training. The Frisk/Body Searches, Restraints, and Scanning Devices lesson plan was/is used during DAY 3 Security/Custody/Control Training. Confirmation of staff's completion of the in-service 2021 training by attendance rosters documenting their signatures and/or through computer-generated rosters.

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

115.16	Inmates with disabilities and inmates who are limited English proficient
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  <p>BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed</p> <p>Corrective Action Applied:</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. BCCC Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. DPSCS. 200.0007 Americans with Disabilities Act (ADA) Title II Non-Discrimination and Accommodations for Persons with Disabilities</li> <li>3. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy</li> <li>4. Information Bulletin ADA Coordinator</li> <li>5. Statewide Foreign Language Interpretation and Translation Services Contract Redated</li> <li>6. Overview of Contract Services</li> <li>7. Maryland Coalition Against Sexual Assault (English &amp; Spanish Pamphlets)</li> <li>8. Correction Entrance Level Training title "Special Management Issues Corrections."</li> <li>9. Executive Directive OEO Limited English Proficiency</li> <li>10. BCCC 020.0026.1 PREA Federal Standards Compliance</li> <li>11. DPSCS Executive Directive OSPS.050.0011 American with Disabilities Act of 1990, Titles I and II</li> <li>12. Observation while on-site</li> <li>13. Interviews with: <ol style="list-style-type: none"> <li>a. Agency Head/Designee</li> <li>b. Random staff</li> <li>c. Inmates</li> <li>d. Staff Who Conduct Risk Screening</li> </ol> </li> </ol> <p>115.16(a)(b) Agency policy OSPS.050.0011 and OEO.020.0032 requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP). Agency policy also requires the head of the facility (or designee) that is responsible for the custody and security of an inmate shall ensure that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates. DPSCS has a contract with Ad Astra for all their interpreter needs. Ad Astra services are available in-person, or via phone call and email. They also provide services for the hearing impaired. Part of the intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This brochure covers the zero-tolerance policy and reporting information and is available in both English and Spanish. At orientation inmates are provided a copy of the Inmate Handbook that covers the agency's zero-tolerance policy. Additionally, inmates also participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. All PREA posters, PREA Orientation packets, inmate handbooks, to include information for outside resources to report PREA allegations are available in English and Spanish as they are the most common languages spoken. Staff identified upon the arrival of an inmate that speaks a language other than English and Spanish, services would be provide through the Ad Astra, or an available staff translator. Sign language services are available through Statewide Visual Communication Services. Staff were aware of</p>

flyers that provide instructions for use of Ad Astra language line that include contacting their supervisor if translation services are needed.

In addition to providing appropriate translation services for those inmates identified as LEP, the agency also provides a training to staff during the Correction Entrance Level Training title "Special Management Issues Corrections." The training performance objectives include (1) identify the processes for managing inmates with special needs; (2) Identify the issues surrounding the management of inmates with physical challenges; (3) Identify the issues surrounding management to transgender inmates; (5) Identify the issues created by sexual behavior in the correctional setting; (6) Identify the issues created by homosexual behavior in the correctional setting; (7) Identify the process for managing sexual predators. Students are tested on the course and are required to receive a passing score of 75% or better.

An interview with the Agency Head Designee indicated the Department employees an ADA Coordinator who assigned at each DPSCS facility and an ADA Coordinator in the Central Office has oversight of efforts of all facilities while serving as the Subject Matter Expert for the Agency. Documents are translated into the language spoken by various inmates (mostly Spanish). The Department has established a contract with Ad Astra for all their interpreter needs. Services are also available for inmates who are deaf. Documents are printed in large print for vision impaired inmates. Inmates identified as deaf have access to electronic message boards and are assigned appropriate cellmates after proper screening. Deaf inmates are issued devices that alert them of various activities.

BCCC 020.0026.1 identify disabled inmate will have the same opportunity to participate in or benefit from all aspects of the facility's effort to prevent, detect, and respond to sexual abuse and sexual harassment. (2) Inmates with limited English proficiency have access to the use of or interpreters or inmate assistants to ensure inmate's benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. (a) Translation of documents - Schreiber Translation, Inc. 1(301) 424-7737; (b) Onsite Ad Astra, Inc 301-408-4242. (c) Language Line – 886-874-3972. The facility shall document all circumstances in individual cases where inmate interpreters, readers, other types of inmate assistants are used.

Two inmates identified as vision impaired, two with physical disabilities and one with a hearing aid, were interviewed in regard to their receipt of PREA education at BCCC in a manner they were able to understand. All inmates acknowledged they were provided PREA education in a manner they could understand without difficulty. There were 0 inmates assigned at BCCC identified as cognitive disability, blind, deaf, limited English Proficient (LEP), during the on-site visit.

115.16(c) Directive OPS 050.0001 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Directive OPS.200.0005 states, "Except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation, inmate interpreters, inmate readers, or other inmates." Per the PAQ, and staff who conduct risk screening indicated there were no instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

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

115.17	<b>Hiring and promotion decisions</b>
	<p data-bbox="244 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 1485 432">BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.</p> <p data-bbox="244 463 504 490">Corrective Action Applied:</p> <p data-bbox="244 521 812 548">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="244 577 1051 1178" style="list-style-type: none"> <li>1. BCCC Pre-Audit Questionnaire (PAQ)</li> <li>2. DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance</li> <li>3. Criminal History Records Check – Non-Mandate Employees ADM.050.0041</li> <li>4. COMAR 12.10.01.05 Correctional Training Commission</li> <li>5. COMAR 17.04.03.10 Employment Background Checks</li> <li>6. Code of Maryland COMAR 12.15.01.19 State Rap Back Program</li> <li>7. Code of Maryland COMAR 17.04.14.10</li> <li>8. Hiring and Promotional Records</li> <li>9. Criminal History Background Records Check Documentation</li> <li>10. Interview with: <ol style="list-style-type: none"> <li>a. Human Resource Manager</li> </ol> </li> </ol> <p data-bbox="244 1209 1485 1702">115.17(a) Directive DPSCS.020.0026, section .05F(1) regarding the Human Resources Services Division (HRSD) states, "shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B(3) of this directive. (2) The HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with to a service provider if the individual may have contact with an inmate. (3) Before hiring a new employee to perform duties involving contact with nan inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse. (c) Before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background record check of the contractor's employees who may have contact with an inmate.</p> <p data-bbox="244 1733 1485 2128">Criminal History Records Check – Non-Mandate Employees ADM.050.0041 identifies the Department responsibility and procedure as (a) A hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history record check is performed in order to determine the existence of criminal convictions that my specifically impact performance as an employee. (B) A hiring authority shall ensure that a criminal history record check is performed for a mandated employee as required under COMAR 12.10.01.05 (C) A hiring authority shall ensure that a criminal history records check is performed for a non-mandated employee as follows: (1) At a minimum, the hiring authority shall ensure that a State and federal criminal history records check is conducted based on the individual's full name and date of birth. (2) A hiring authority may conduct a State and federal criminal history records check base on fingerprint identification if the hiring authority has reason to believe that the name and date of birth criminal history records check may not reflect the individual's complete criminal history. (D) The criminal conviction information discovered as the result o f a criminal history records check under this directive shall be used in conjunction with other information available as part of the hiring process to determine the individual's suitability for employment with the Department.</p>



The BCCC PCM presented a letter submitted to the Assistant Secretary/Chief of Staff DPSCS Correctional on August 18, 2014 by the Executive Director of office of Personnel Services and Benefits acknowledging the Office of Personnel Services and Benefits approval to not hire and/or promote employees with a "sexual abuse" criminal history if the person may have contact with inmates. The letter also spoke on the obligation to meet the provision of conducting criminal background checks on all agency employees at a minimally every 5 years on basis that any DPSCS employee could potentially come into contact with inmates. Lastly the approval for the request to make all DPSCS positions for which the conviction question can be asked on the application was approved while prohibiting the hiring of individuals with certain criminal convictions.

The applicants select the general geographic area in where they would like to be assigned if selected for employment. The determined location is made by the Centralized Hiring Unit which is section of the Human Resource services Division. The background investigation consists of a 38-page personal history of and utilized a variety of 10 criminal history checks programs during the background investigation prior to determining an applicant is eligible for employment. If one of the 10 criminal history checks ran return with a negative finding, the applicant would be disqualified for hiring. The background investigation is extensive in the collection of data regarding applicants that includes but not limited to: consideration of the applicant's' criminal background; previous employment history; review of current tattoos for possible gang affiliation; through identification of tattoos; psychological examination; physical examination; completion of a polygraph examination; wanted person check; RAPS (MD CJIS); National Crime Information Center (NCIC ) query; civil and criminal record check; consumer credit check; Interview with Background Investigator; reference checks with neighbors and others known by the applicant and more. Polygraph test for new hire applicants is completed at the Central Hiring Unit.

115.17(b) Directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, which was effective August 7, 2015 notes the Department shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate. Applicants are required to complete a PREA Self-Declaration of Sexual Abuse/Sexual Harassment form that is included in the application packet and the response can determine any future consideration for employment. The Self-Declaration of Sexual Abuse/Sexual Harassment form require all applicants to include those for promotions to respond to questions of having engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile, or other institutions, have they ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercions, or if the victim did not consent or was unable to consent or refuse; have they ever been civilly or administratively adjudicated to have engaged in sexual activity, sexual abuse or sexual harassment. A response of yes to any one of these questions would automatically disqualify an applicant for the DPSCS and/or as a contract worker within the DPSCS.

The Human Resource Manager reported Investigators within the IID Unit conduct the vetting process on all DPSCS individuals who apply for promotions. The investigative IID Unit conduct a thorough review of the staff's work history, evaluations, pending investigations, and information obtained since employed and/or last background check. Prior to staffing entering the office for an interview, they are required to complete a PREA self-declaration form.

The Human Resource Manager reported all incidents of sexual harassment and sexual abuse are considered during the application, interview, and background investigation for all DPSCS applicants and contract staff. She stated if it were discovered any one of the 10 background checks returned with a negative result such as misdemeanor offense to include numerous years prior, human resource would contact the contracting agency human resource staff advising them of the findings. The contract agency has the option to hire or not hire the applicant. However, the discovery of a felony charge and/or offenses any history of sexual abuse and/or sexual harassment would result in the applicant being disqualified for employment. She stated if a substantiated allegation of sexual abuse and/or sexual harassment is identified during the background check, the contract applicant would not be considered for hire.

115.17(c) Directive DPSCS.020.0026, section .05F(3) states, "Before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) Consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse."

COMAR 17.04.03.10 Employment Background Checks indicates the appointing authority shall determine the necessity of investigation the background of an eligible individual for purposes of verification of suitability for employment. When appropriate and job-related, areas of investigation may include but are limited to employment history, academic credentials, military records, criminal conviction records, and personal references (2) In conducting the background investigation, the appointing authority shall (a) Provide written notification to the eligible individual that (a) a background investigation may be conducted, and (ii) Consequences for fraudulent or false information may include bur are not limited nonelection, decertification, termination of employment in situation where employment has begun, notification to the Secretary, and criminal prosecution: (b) Obtain a release of information from signed by the eligible individual' (c) Take any other appropriate action appropriate. Human resources staff reported that the centralized hiring unit performs all administrative and criminal background checks and efforts to contact all prior institutional employers of new employees.

Per an interview with the DPSCS Human Resource Manager, the hiring process is centralized, and applicants must submit

their application on-line through the Department's website. Upon receipt of the application and the Background Investigation Unit that consists of 22 Investigators throughout the State conduct thorough life history background checks of all new applicants. The department can only release the former employee's history if he/she sign a release of information form authorizing the release. As far as a new hire for the facility and DPSCS, the applicants are required to sign a release of information authorization form in which a copy of the release is forwarded to all previous employees for completion. If the applicant refuses to authorize the release of their employment history, the applicant cannot be considered for hiring. The Central Hiring Unit conducts the polygraph testing for new hires.

Per the BCCC PCM and the PAQ identified 11 new hires (correctional officers) and 0 promotions during the 12-month period. The auditor conducted a review of the 11 background checks for confirmation of completion prior to hiring. The review confirmed a thorough background investigation check was completed for all applicants prior to the applicant being offered the position. Records indicated that applicants were asked about behavior described in 115.17(a) (1-3). Documentation indicates that all applicants were asked again during a polygraph examination. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who do not meet the requirements of this provision.

115.17(d) Directive DPSCS.020.0026, section .05F(3)(c) states, before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background records check of the contractor's employees who may have contact with an inmate." Per the Human Resource Manager. The DPSCS includes in the contracts with of other agencies such as CORIZON, Centurion and Keefe that all background checks are required to be completed by the DPSCS Human Resource Services Division.

The IID Background Investigations Unit conducts all background checks to include new hires and contract staff. There were no new contract staff hired within the review period. However, per the Human Resource Manager, backgrounds are completed on contract staff in the same manner as Department staff. If any of the 10 background checks return with negative results of a felony, the contract applicant would be disqualified. The human resource staff would contact the vendor, advise them of the findings and discuss if the vendor would like to continue to hire them. However, a contractor would not be eligible for hiring if/when discovered that PREA related issues were committed. There were 0 new hires for the medical (CORIZON), or Keefe during the review period. However, the auditor did request 2 previous background investigation for the Keefe contract staff.

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

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

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

COMAR 17.04.03.00 identifies if the Secretary or the appointing authority discovers that the individual provided fraudulent information in taking an examination or in any part of the appointment process, the Secretary or appointing authority may take any of the following actions: (a) Revoke the person's eligibility' (b) Withdraw the offer; (c) Take another action the Secretary deems appropriate.

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

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

## 115.18 Upgrades to facilities and technologies

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corective Action Applied:

Evidence Reviewed, (documents, interviews, on-site visit)

1. BCCC Completed Pre-Audit Questionnaire (PAQ)

2. Observation

3. Interviews with:

a. Agency Head Designee

b. Warden

c. Facility Administrator

115.18(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect inmates from sexual abuse. The Pre-Audit Questionnaire and Warden indicated there has not been any substantial renovated, expansion or modification of the existing facility since the August 2012. An interview with the Agency Head Designee indicates that when designing, acquiring, or planning substantial modifications to facilities the agency considers PREA requirements relevant blind spots in building plans regarding camera placement. She continued in stating due to the age and condition of several of the Department facilities to include BCCC, protection of inmates from sexual abuse is given great consideration. Additionally, the placement of juvenile offenders was determined by the DPSCS to be at a new location rather than one of the existing older facilities in an effort to meet the requirements of housing juvenile offenders.

115.18(b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department's ability to protect inmates from sexual abuse." The Agency Head Designee indicated video monitoring supports staff in the supervision of inmates. Recently a survey project of substantiation and unsubstantiated cases were conducted to identify areas of reported allegations to install additional video to increase monitoring while providing an increase level of safety for staff and the inmate population.

Per an interview with the Warden, there has not been any modifications at the facility since the previous PREA audit. The Warden also stated DPSCS was approved for camera projects that will include enhancing inmate safety from sexual abuse.

Per the Facility Administrator, the facility underwent an upgrade of the camera system in 2020 and one camera was added. However, since the last PREA audit, 10 new cameras have been installed. He has submitted a request for an additional 7 cameras. The approval for the additional 7 cameras remain pending. He indicated the additional cameras assist staff in protecting inmates from sexual abuse through monitoring inmate activities.

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

## 115.21 Evidence protocol and forensic medical examinations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
3. DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses
4. PREA Event Guideline
5. Executive Directive Number: OPS. 050.0001 Sexual Misconduct - Prohibited
6. Agency Websites for MCASA and TurnAround Inc.
7. National Protocol Overview, Protocol Adaptation
8. Maryland Violence Against Women Act (VAWA) 2005
9. COMAR 10.12.03 Patient Care
10. SAFE Program, SANE Resources
11. COMAR 10.27.21 Forensic Examination Qualifications
12. Investigation Files
13. Interviews with:
  - a. IID Investigator
  - b. Warden
  - c. Mercy Medical Center Emergency Room Charge Nurse
  - d. TurnAround Inc. Clinic Director and Victim Advocate
  - e. Random Staff

115.21 (a) Confirmation of the DPSCS responsibility to meet the requirements of this standard is outlined in the IIU.110.0011 that states the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sexual related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. An 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. Per an interview with a IIU Investigator, DPSCS PREA Coordinator, and Agency Head Designee, detectives with the IIU are sworn law enforcement officers by the Attorney General in Baltimore and are authorized under Maryland law to conduct both administrative and criminal investigations. These investigators are assigned to the Internal Investigative Unit/Division. All reported PREA allegations are initially identified as criminal. However, upon the conclusion that no criminal acts committed, and/or the victim elect to not pursue criminal prosecution, the investigative case is closed as an administrative case. All investigations criminal or administrative are tracked and conducted by and IIU.

A reported allegation of PREA is categorized as a Priority #2 on the Serious Incident Category Descriptions and is the part of beginning stage of the investigation by the on-duty security shift supervisor. The shift supervisor is responsible for contacting the IIU Duty Officer for a case number. Interviews with random staff indicated they were aware and understood DPSCS

protocol for obtaining usable physical evidence if an inmate alleged sexual abuse. All indicated they would utilize the first responder's duties that include securing the area, separating the alleged victim from the alleged abuser, contacting their supervisor, and attempting to prevent those involved from destroying any and all physical evidence on their person and the identified area. DPSCS Internal Investigative Unit Procedures A01.A.09.006.001/IIU.220.002 titled Evidence and Personal Property Collection, Storage, and Disposition established procedures for collection, storage and disposition of evidence and other property seized or otherwise under the control of the DPSCS IIU.

115.21(b) The protocol was adapted from and/or otherwise based on the most recent edition of the DOJ'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. BCCC does not house youthful offenders under the age of 18 years old. However, the protocol is developmentally appropriate for youth. The Maryland Violence Against Women Act (VAWA) 2005 reauthorization mandates that States certify that they meet the forensic requirements, it does not articulate to States the method of compliance. As a result, the Governor's Office of Crime Control and Prevention (GOCCP) in close partnership with the Maryland Coalition Against Sexual Assault (MCASA) convened a statewide workgroup and hosted a series of stakeholder meetings comprised of law enforcement professionals, prosecutors, victim advocates and forensic nurse examiners in order to develop statewide recommendations regarding the local jurisdictional implementation of VAWA compliance forensic exam policies and protocols in Maryland. Guidance for compliance has been developed to walk stakeholders through the process thereby ensuring their collective success. Comprehensive steps are outlined in the Maryland VAWA Forensic Compliance Guidelines. The Agency provided a copy of the Revised OSPS. 200.0004 Inmate on Inmate Sexual Conduct Prohibited dated November 13, 2015, the National Protocol "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," overview and the Protocol Conformity.

115.21(c) A review of the PAQ and PREA Tracking Log and investigative PREA casefile, zero inmates received forensic medical examination via SANE or/SAFE and/or qualified medical staff.

Executive Directive Number: OPS.050.0001 states If medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by (i) A Sexual Assault Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); (iii) If after documented attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examination.

Per interviews with the BCCC PCM and Facility Administrator, review of the BCCC PREA Tracking Log and 1 reported allegation of sexual abuse, there were 0 reported allegations sexual penetration and therefore, 0 forensic medical examinations. They reported forensic medical examination would be conducted by SAFEs or SANEs at Mercy Medical Center in Baltimore MD. The auditor conducted an interview with the Emergency Room Charge Nurse at the Mercy Medical center regarding inmates being provided forensic examinations and access to a victim advocate. She explained the medical center does not have a SANE/SAFE at the hospital 24/7. However, she explained once the Charge Nurse on duty make notification to the SANE, who is required to report to the medical center within one hour. Duval notification and respond are required to the SANE and Victim Advocate for services. The medical center with SAFE Programs has specially trained Forensic Nurse Examiners (FNE) or physicians available to provide both medical attention and evidence collection services. Medical care provided during SAFE includes acute injury care and medication for the prevention of sexual transmitted infections (STIs), and HIV. BCCC does not house female inmates, therefore medication for the prevention of pregnancy was not applicable. All services and medical care, including HIV prevention medication (nPEP), are provided at free of cost to the inmates.

There were 0 reported allegations of sexual abuse that included penetration and/or required a forensic medical examination during the review period.

115.21(d) DPSCS has a paid contract with the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. However, the DPSCS PREA Coordinator and DPSCS Assistant PREA Coordinator are in the developmental stage in developing procedures and practices to be utilized in providing some of the services to and within the various State facilities. It was determined the two agencies began the services through a Memorandum of Understanding (MOU) with the Western part of Maryland prior to continuing throughout the DPSCS. The purpose of the MOU is to assure a unified effort between the entities involved to provide victim-inmates with confidential emotional support, crisis intervention, information and referrals related to sexual violence as required by PREA standards 28 C.F.R. 115.21 and 115.53.A copy of the draft MOU was presented for review.

Although the DPSCS PREA Coordinators continue to develop procedures during the development of a MOU with the individual facilities, DPSCS and the MCASA has a contract to provide the services. The contract is an agreement to accept phone calls from victims of sexual abuse and victim advocate services are also available upon request. Advocacy services include, but are not limited to accompaniment during the exam, safety planning, and referrals for long-term services.

Per an interview with the BCCC PCM and observation during the tour, the hotline number for MACASA 410-585-3177 is stenciled on the walls throughout the facility accessible to the inmate population, visitors and staff. During the orientation

process, inmates receive a PREA Intake and Reception Sheet that provides a list of outside confidential support services to include: These available services include TurnAround Inc. 1800 N. Charles Street Suite 404 Baltimore, MD 21201 (443) 279-0379; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring, MD 20907 (301) 328-7023/ 800-939.7273; Sexual Assault Legal Institute P.O. Box 8782 Silver Spring, MD 20907 (301) 564-2277/877-496-SALI; JUST Detention International 1900 L St, NW, Suite 601 Washington DC, 20036 202-506-3333; RAINN Rape, Abuse & Incest National Network No Written Correspondence 800.656.4673.

TurnAround Inc. provides a 24-hour hotline as well victim advocate serves and counseling sessions for victims of sexual assault. The 24-hour hotline provides a safe and secure connection to a trained advocate who can assist with the emotion and resource needs of individuals who are victims of sexual assault. This may include arranging for counseling, referral for legal assistance, accompaniment to the hospital for an exam, or simply a committed individual who understands and will listen without judgement.

A phone interview was conducted with the TurnAround Inc. Clinical Director. She explained the facility has received calls from other DPSCS facilities but have not received a call from BCCC during her tenure. However, the Crisis Center is available to provide victim advocate services and/or emotional support services. The services are available via phone upon being contacted by the inmate. Mercy Medical Center has a Sexual Assault Response Team that provides all services to victims of sexual abuse upon the victim's arrival to the emergency room. The victim advocates have received proper training to serve in the capacity of a victim advocate to meet with clients. She continued in stating the agency and the DPSCS have established an agreement to provide these services through MACASA to provide victim advocate services. She added because of COVID-19, follow-up services would be offered to the victim through zoom or via phone rather than entering the correctional facilities.

The auditor conducted an interview with the Maryland Correctional Pre-Release System (MCPRS) Mental Health Professional Counselor/ Mental Health Supervisor who is a license mental health professional with the state of Maryland. He is also the supervisor of the mental health department and meets the requirements of a qualified agency staff member to serve as a victim advocate. He acknowledges that he provides services as the victim advocate for the DPSCS PRE-Release System that includes BCCC. In addition to his advance education and experience as a mental health professional, he also completed the PREA: Behavior Health Care for Sexual Assault Victims in a Confinement Setting through the National Institute of Corrections. He acknowledged upon being notified of a sexual abuse allegation to include the completion of a forensic medical examination, he would meet with the alleged victim upon his return to the facility on the next scheduled workday and continue with follow-up services as needed. He would also provide the inmate on methods on how to request for additional services between sessions as needed. Additionally, an on-call psychiatrist is available 24/7 as needed. There were 0 reported allegations of sexual abuse that was applicable for the completion of a forensic medical examination. Therefore, he had not served as a victim advocate at BCCC.

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

115.21 (g) Not applicable

115.21(h) Interviews with a Victim Advocate and Clinical Director at the TurnAround Inc., (Crisis Center) indicated a Victim Advocate is available to provide services to the inmate population upon notification. Additionally, the Maryland Correctional Pre-Release System (MCPRS) Mental Health Professional Counselor who is license with the state of Maryland, serve as a victim advocate for BCCC. His education and state license exceeds the provision of this standard. An interview with the assigned facility victim advocate confirmed his availability and training to serve in the role as needed. He has not served as a victim advocate at BCCC in recent time due to there were 0 reported allegations of sexual abuse that included a forensic medical examination. Per an interview with the Mercy Medical Center who operates a Sexual Assault Response Team (SART), victim advocate services are offered by the Mercy Medical Center as part of the forensic medical examination. Medical staff makes notification to the Sexual Assault Response Team that includes a victim advocate.

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

## 115.22 Policies to ensure referrals of allegations for investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence reviewed to include documents and interviews.

1. IIU Investigators Training Documentation
2. Executive Directive IIU110.0011 Investigating Sex Related Offenses
3. Correctional Services Title 10. State Correctional Services Subtitle 7.
4. Executive Directive OPS.200.0005 - Inmate on Inmate Sexual Conduct – Prohibited
5. Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited
6. Procedure Number: A01.A.09.003.001/IIU.020.0002 Complaint Receipt, Documenting, and Processing
7. PREA Investigative Casefile
8. Interview
- a. IIU Investigator

115.22 (a) Directive IIU.110.0011, section .03 states, "The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator." Directive OPS.050.0001 and Directive OPS.200.0005 states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct." The agency head reported that every allegation of sexual abuse or sexual harassment goes through IID. All investigations criminal or administrative are tracked by the facility and IID.

One allegation of staff-on-inmate sexual abuse was reported as occurring at BCCC during the 12-month review period. However, the incident did not involve BCCC staff. Specifically, an inmate reported an allegation of sexual abuse by a member of the DPSCS Contraband Interdiction Team (CIT) during the search for contraband while at BCCC. The CIT is composed of correctional staff from various DPSCS facilities and regions to conduct searches in all DPSCS correctional facilities for contraband. The investigation was conducted by the IID Unit with an investigative finding of unfounded.

115.22(b) (c) (d) (e) Directive IIU.110.0011, section .03 states, "The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator."

Correctional Services Title 10. State Correctional Services Subtitle 7. Internal Investigative Unit established a (1) Internal Investigative Unit in the Department. (2) The Secretary shall appoint the Director of the IIU. (3) Subject to the authority of the Secretary, the IIU shall (i) Investigate: (1) alleged criminal violations committed by employees of the Department while on duty; (2) alleged criminal violations committed by inmates, visitors, and other individuals that affect the safety or security of the Department's facilities or programs; and (3) alleged professional misconduct by employees of the Department; and (ii) adopt regulations for the conduct of its investigations. (b) Powers of investigator – Property owned, leased operated by or under the control of the Department. An investigator in the IIU may exercise the powers of a peace or police officer in the State on property that is owned, leased, operated by, or under the control of the Department.

Procedure Number: A01.A.09.003.001/IIU.020.0002 states the directive applies to all IIU personnel and field investigator. The Director shall establish and maintain a system for receiving, documenting, and processing complaints of alleged violations for State and Department policy and procedures, criminal law, and administrative investigations communicated to the IIU. The Director shall ensure that alleged violations reported to or discovered by the IIU are appropriately investigated



and resolved to the extent possible.

Directive OPS.050.0001 identifies 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

An interview with an IIU Investigator indicated the IIU conducts all allegations of sexual abuse and/or sexual harassment. Upon the receipt of reported PREA allegations, the cases are identified as criminal. The case may be reclassified as administrative if the alleged victim chooses to not pursue criminal charges against the aggressor and/or if there is not sufficient evidence to support criminal activity.

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

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

## 115.31 Employee training

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence reviewed to include documents and interviews.

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. Facility Directive BCCC.020.0026.1 PREA Federal Standards Compliance
2. DPSCS Correctional Entrance Level and In-Service Training
3. DPSCS 020.0026 PREA Federal Standards Compliance
4. DPSCS 200.0005 Inmate on Inmate Sexual Conduct - Prohibited
5. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
6. COMAR 12.10.01.16 Correctional Training Commission requires annual training.
7. Special Management Offenders Lesson Plan
8. Sexual Harassment Lesson Plan
11. PREA Training Documentation
12. Interviews with:
  - a. Random Staff

115.31(a)(b) (c) Directive OPS.050.0001 states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: (1) Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;" A similar requirement is included in Directive OPS.200.0005 which states, "the head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that (1) An employee attends approved training related to preventing, detecting, and responding to acts of inmate on inmate sexual conduct."

DPSCS 020.0026 indicates the Secretary shall designate a Department PREA Coordinator who shall have sufficient time and appropriate authority to develop, implement, and oversee Department activities taken to comply with PREA standards in Department correctional and detention facilities that include training and education.

BCCC.020.0026.01 states the facility ensures all staff (custody, professional, and support) who have contact with inmates received PREA, sexual harassment, sexual abuse, assault intervention and sexual misconduct training. Training is tailored to the gender of the inmate housed at the facility. Reassigned employees from other facilities housing the opposite gender are given additional training. Custody staff will receive training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates. Although the policy states the aforementioned, the review of the Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices provides detailed training for working with both male and female inmates. Therefore, additional training is not required.

The pre-service and in-service training programs identify romantic relationships between an inmate and a staff, volunteer, or contractor cannot be consensual, must be reported, and will result in disciplinary action, and wherever possible will be fully prosecuted of the law. Completed, attempted, threatened, or requested sexual acts by a staff member, volunteer, or contractor will result in disciplinary action and wherever possible will be prosecuted to the fullest extent of the law. The

training includes (1) recognize the signs /identification of problems of such vulnerable inmate and characteristics of inmates at risk of assault for inmates at risk for assault; (2) Characteristic of inmates at risk of sexual assault; (3)Warning signs of victimization; (4) Definition of a predatory inmate; (5) Areas most sexual assault can and will occur; (6) What staff can do to prevent sexual assaults; (7) Breakdown on most important details; and; (8) Staff responsibilities in reporting; (9) Staff responsibility in responding. In addition to all interaction with inmates should be of a professional nature communication with inmate include lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates should be no different. PREA required that individuals identifying as LGBTI be treated in a respectful, professional manner, Individuals making offensive remarks or gestures are subject to charges relating to sexual harassment.

DPSCS uses a variety of PREA training sessions during training in addition to a Correctional Entrance Level Training Program (for new employees) and a Correctional In-Service Training Program (for current employees Both lesson plans are similar in content. Training is two hours, lecture based with a slide presentation, and followed by a test. Staff must score 75% or better to successful pass the training. The lesson plans cover the 10 topics specified in this provision.

Additional PREA Lesson Plan are Special Management of Offenders, Sexual Harassment and PREA Correctional Supervisor's In-Service Training. The various curriculums outline sections of training regarding sexual harassment and misconduct that include Identify sexual harassment, Consequences of allegations to the institution. Identify the consequences of sustained allegations of sexual harassment to the institution; Consequences of Allegations to the perpetrator and identify the consequences of substantiated allegations of sexual harassment to the perpetrator; Identify way(s) to Prevent Sexual Harassment from occurring. The topic of Cross Culture Relations includes Strategies for Working with Female Offenders – identify the most effective strategies for working with female offenders in the correctional setting; Potential problems with cross-gender supervision such as identify problems that may occur during cross-gender supervision of inmates. Crime Scene: Identify tasks involved upon discovery of a crime scene in a correctional institution; Identify the procedures for handling a crime scene. In addition to Special Management Issues that includes Identify the process for managing inmates with specials needs; Identify the issues created by sexual behavior in corrections; PREA – Identify how the Prison Rape Elimination Act (PREA) impacts a correction facility.

The DPSCS training curriculums are not gender specific to working with male or female inmates. The curriculum include training that meets the requirement of working with both male and female Inmates. Therefore, staff are not required to 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 training provided to staff is designed for those to be able to function in both female and male facilities. BCCC houses male inmates only.

A DPSCS Purchase Request dated July 15, 2020, was submitted for the description of services that included 250 hours of consulting and coordination services to support the PREA with respect to standards 115.21; 115.31, and 115.53. The specific objective for MCASA will be (1) Continue effort to set up agreement with Rape Crisis Clinic to provide services required by PREA standard 115.53. (2) Provide training to sexual assault victim advocates who provide services relating to 115.21 and 115.53.

115.31(d) The review of numerous DPSCS PREA Lesson Plans require the staff member to submit to testing upon the completion of training requiring a minimum score of 75%. Staff completed PREA training during in-service training in 2019. Confirmation of the completed training was provided through a computer generated 2019 Employee Training Report noting PREA Training during DAY 2 Training. Due to COVID-19, in-service training was postponed in 2020 throughout the on-site visit. However, the BCCC PCM provided PREA refresher training to staff within all departments during the review period as they were required to complete the written PREA test from the PREA Lesson Plan. All staff acknowledged their signature on the 2021 PREA Sign In- Sheet for In-House Training that noted "By my signature, I acknowledge that I have attended training." Staff was granted 1 hour of course training for the completion and was noted as receiving a testing score of 100%. DPSCS and BCCC staff resumed in-service training during the corrective action period.

DPSCS and BCCC staff resumed in-service training during the corrective action period. Although, as of the submission of the final report all staff had yet to complete the 2021 in-service training. PREA education is conducted during DAY 3 via the PREA Lesson Plan. Confirmation of staff's completion of the in-service 2021 training through attendance rosters documenting their signatures and computer-generated rosters.

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

## 115.32 Volunteer and contractor training

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed, (documents, interviews, on-site visit)

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPSP.050.0001 Sexual Misconduct
3. BCCC PREA Education for Contractors
4. DPSCS Volunteer Services Orientation Manual Insert
5. DPSCS Guide for Contractor, Vendors, and Volunteers
6. Certification of PREA Training for Contractors
7. DPSCS A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders for Volunteer and Contractor
8. DPSCS Website
9. Interviews with:
  - a. BCCC PCM
  - b. Medical and Mental Health Staff
  - c. Chaplain

115.32 (a), (b) Directive OPSP.050.0001 states an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools thus, these identified groups are subject to the same type of training as employees. Directive OPS.050.0001 states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee complete approved training related to preventing, detecting, and responding to acts of sexual misconduct." The Volunteer Program Administrative Manual states during orientation a volunteer shall complete approved orientation, which may be tailored to the classification of the volunteer, prior to beginning an assignment. Volunteer orientation shall be a minimum of 2 hours, approved by the Director, and, at a minimum, include Department and unit policy and procedures that address the offenders 'rights if the volunteer has contact with the offenders. Specifically, the volunteer will receive responsibilities related to preventing, detecting and responding to sexual abuse or sexual harassment of an offender that include the Department's zero tolerance for such behavior, how to report allegations of sexual abuse or sexual harassment of an offender. The contractors and volunteers are also issued a DPSCS A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders for Volunteer and Contractor. Each are required to acknowledged of receipt for the booklet with their signature.

Volunteers complete an application to become a volunteer on-line through the DPSCS website. The auditor verified an informative page on the DPSCS website specifically for volunteers, with contacts for further information as well as other convenient links. The Volunteer Orientation Manual on the DPSCS website provide training material to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per the Department policy and procedures. The DPSCS .020.0026, Prison Rape Elimination Act Federal Standards Compliance and OSPSP. 050.0001 Sexual Misconduct - Prohibited are included for review on the under-Volunteer Forms: Additional Material. Per an interview with the Volunteer Secretary assigned to the Volunteer Activity Coordinator she provides training to all volunteers. The most recent training session was in 2019 due to COVID-19. The refresher training presented by the Volunteer Activity Coordinator is conducted throughout every year and is based on the initial training period provided to the volunteers and recertification of the volunteer. The volunteers are given training material in literature and lecture format during the in-person training sessions. All required paperwork is completed during the training sessions while ensuring the volunteers

understanding of the DPSCS zero tolerance of sexual abuse and sexual harassment in addition to how to report it. She concluded in stating, the last entry date of volunteers into the facility was March 2020 prior to the on-site visit.

The Volunteer Guide includes PREA education of the Department's Zero Tolerance Policy, Sexual Misconduct, Sexual Harassment, Volunteer Responsibilities, Retaliation and Sanctions for violations of such acts. Volunteer document their initials and signature as an agreement to comply with facility and agency rules and policies.

Each volunteer is issued a Volunteer Agreement and Acknowledgement of Orientation form and acknowledge receipt of the following: DPSCS Orientation Video; Volunteer's Orientation Guidebook; DPSCS PREA Brochure. Volunteers also acknowledge receipt of the PREA Acknowledgement form. As of the on-site visit to BCCC, volunteers have not been allowed to enter the facility since March 2020 throughout the on-site visit due to COVID-19. The PAQ identified 26 previously approved volunteers. The auditor requested a random selection of 7 for confirmation of PREA training.

BCCC identified 8 medical staff who are contracted through CORIZON. However, the medical staff identified 5 medical contract staff are assigned at the facility. The auditor requested confirmation of the 5 contract medical staff PREA training. The medical staff completed the PREA Lesson Plan test from the PREA Lesson Plan issued by the BCCC PCM for 2021 PREA training. Mental health staff are not assigned at BCCC. However, the BCCC PCM presented confirmation of PREA training for two mental health staff who provides services to the inmate population virtually and/or upon the inmates being escorted to their based facility. Permanent contract staff such as medical and medical health who has direct contact with the inmate population attend the Non-Academy Pre-service Orientation training for new employees in addition to bi-annual in-service training. Medical staff indicated they attend PREA training before contract with the inmate after the hiring process and during in-service through Learning Management System – CORIZON (contracting agency) University on -line training. Those interviewed stated they were notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report it. Each stated they would report to the shift supervisor and their immediate supervisor.

There are 2 Keefe contract workers approved for entry and both completed 2021 PREA training presented by the BCCC PCM. As of March 2020, Keefe contract workers were restricted from entering the facility until May 2021 due to COVID-19. Keefe employees does not have direct contact with the inmate population. These workers are escorted and remain with DPSCS security staff. DPSCS staff distributed the commissary items to the inmate population.

115.32 (b) Per the training specialist (Sergeant), contractors attend pre-employment using the department's PREA lesson plan and on-line for in-service through their contracting agency. Volunteers and contractors who have minimal inmate contact are trained using the volunteer manual. Contractors who come in one time only are given a PREA sign off information sheet. Review of documentation indicated the volunteers and contractors have received training based on the services they provide and level of contact they have with inmates. Per an interview with the BCCC Chaplain, all volunteers are assigned the same volunteer level and are required to complete training every two years. However, their refresher training is based on the date of their initial training. Prior to the return of the volunteers, all will be required to complete a background check and volunteer training. As of the final report, volunteers had not return to the facility.

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

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

## 115.33 Inmate education

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed, (documents, interviews, on-site visit)

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
3. DPSCS Executive Directive OPS.200.00005 Inmate on Inmate Sexual Conduct - Prohibited
4. BCCC. 020.0026.01 PREA Compliance Standards
5. BCCC Inmate Orientation Packet
6. PREA Brochure in English and Spanish
7. PREA Education Video
8. PREA Training Acknowledgement Inmate Education Forms
9. Inmate PREA Orientation Receipt
10. PREA Hotline signs (English and Spanish)
11. Observation on site
12. Interviews with:
  - a. BCCC PCM
  - b. Orientation Specialist
  - c. Traffic Officer
  - d. Inmate population

115.33(a)(b) (c) OPS.050.0001 and OPS.200.0005 states the head of a unit, or a designee, responsible for the custody, and security of an inmate, in addition to the responsibilities under §.05B of this directive, shall ensure that: 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.

BCCC.020.0026.01 indicates at intake, inmates will view the PREA video and sign off on the PREA Acknowledgement Form which will be placed in the inmate's base file in Case Management. Additionally, each inmate will be given a handbook, which includes information about sexual abuse/assault which includes prevention, intervention, self-protection, reporting, treatment, and counseling.

The PAQ and interview with the BCCC PCM identified 392 inmates was admitted during the past 12 months whose length of stay in the facility was for 30 days or more. The Center Hall Post Officer explained all inmates are given a copy of the Maryland DPSCS Prison Rape Elimination Act and Sexual Assault Awareness and Sexual Assault is a Crime Not a Punishment - What Every Inmate Needs to Know" on the day of arrival after the completion of the initial risk assessment with the Traffic Officer prior to the inmate reporting to their cell assignment. Per interviews with 37 inmates, all acknowledged receiving the PREA brochure on the day of their arrival.

Per an interview with the Orientation Specialist all inmates receive comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents in addition to agency policies and procedures for responding to such incidents within 30 days of intake. Prior to COVID-19 inmates received the comprehensive education within 7 days of intake. However, since COVID-19, inmates are required to be placed on quarantine and/or isolation

status at a minimum of 14 days upon intake. Inmates are issued a BCCC Inmate Orientation Handbook during orientation and one is available in their housing unit and the library upon request. The handbook lists various methods of reporting PREA allegations that include the PREA Hotline #410-585-3177; Rape Abuse and Incest National Network (RAINN) at 1220 L. Street, NW Suite 505 Washington, DC 20005, (202)544-1034; National Sex Abuse Hotline (800) 656-HOPE; and Maryland Coalition Against Sexual Assault (MCASA) P.B. Box 8782 Silver, Spring MD 20907 phone (301) 328-7023. The handbook notes the "DPSCS has a zero tolerance for sexual abuse of inmates. The PREA is used to report incidents of inmate-on-inmate or staff-on inmate sexual misconduct and harassment, related retaliation or staff neglect that resulted in acts that occurred or are occurring in a DPSCS Facility.

The BCCC Inmate Orientation Packet is a 15-page packet that includes the facility's operational procedures, rules, regulations, PREA education and the Administrative Remedy Procedures. The packets inform inmates of the DPSCS zero tolerance for sexual abuse, sexual harassment, related retaliation or staff neglect that results in such act, in addition to various outside resources to report events of sexual assault.

Inmate orientations include the PREA video Inmates receiving an Intake and Reception that provides inmates a list of various outside the facility confidential resources for reporting sexual abuse and/or sexual harassment in addition to victim advocate services, a chance to ask questions, and advisement that an inmate handbook is available in the housing and library. An individual copy of the inmate handbook is available upon request. Inmates signed the PREA Training Acknowledgement Inmate Education form that they have participated in a PREA education session as required by 28 C.F.R. Part 115.31. During the education session information was provided regarding my 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.

Inmates acknowledged various methods in which they received PREA education since their arrival at BCCC during the intake process and /or orientation within days of their arrival. Inmates also acknowledged their awareness of the PREA Hotline and PREA posters on the walls and bulletin boards posted throughout the facility. The auditor randomly selected 45 inmates for review for confirmation of PREA education during the review period. The review confirmed inmates signed the acknowledgement forms while initiating the various methods of which they received PREA education to include Receiving and Intake and Reception Sheet upon entering the facility; (2) Receiving a PREA Brochure; (3) Watching a video (PREA and You: Preventing, Reporting and Treating Sexual Abuse and Harassment); (4) Receiving an inmate handbook containing PREA information; (6) A chance to have question answered. Inmates document the date of received training and the form is signed by the presenter. Not all inmates acknowledged receiving all methods of education, but all did acknowledge receiving at a minimum one method of PREA education. The inmate acknowledgement forms indicated the 45 inmates the inmate signature that during the education session information was provided regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation of reporting such incidents, and regarding agency policies and procedures for responding to such incidents. During the interview process with inmates, they acknowledged an understanding of PREA and was aware of various methods they could report it while most stated they would report to staff and/or the PREA Hotline.

115.33(d) The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Directive OPS.050.0001 section .05C(5) states, "Procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under §.05E(4) of this directive." When necessary, telephone interpretation services are needed, the available services are through the Language Line. The auditor conducted interviews with three inmates identified as vision impaired (glasses only), two inmates with physical disabilities and 1 with a hearing aid. All inmates identified they were provided PREA education in formats accessible to their need. There were 0 inmate identified at BCCC as limited English proficient, deaf, blind, cognitive disabled, limited reading skills who indicated they were unable to read and understand PREA and/or see and hear the PREA video during orientation.

PREA information is readily and continually visible throughout the facility in various forms such as: signs, posters, brochures, videos, and the Inmate Handbook. The auditing team observed numerous and variety of PREA posters on walls and bulletin boards throughout every department, and all inmate housing units, program areas and work assignments in both English and Spanish. The PREA Hotline # is also and stenciled on the walls in both Spanish and English.

115.33 (e) The auditor requested a random selection of 45 inmates' documentation of PREA education. They also acknowledged receiving an orientation packet that included material such as the DPSCS PREA and Sexual Assault Awareness brochure and a copy of the Intake and Reception Sheet. The PREA brochure, inmate handbook, and Intake and Reception are informative on various ways to report PREA allegations: talk to any staff member that you feel comfortable with. This can be a correctional officer, teacher, nurse, chaplain – ANYONE. Report the incident to the PREA Hotline at the toll-free number (410) 585-3177 while giving instruction on doing so. Inmates are also informed they may report the incident through the Administrative Remedy Process (ARP).

115.33 (f) PREA information was observed to be readily available to the inmate population throughout the facility. A massive amount of PREA education was posted throughout the facility on all walls, bulletin boards, corridors, classrooms, gymnasium, library, and medical area, inmate dining, dietary, lobby entry, entry lobby, visitation area, intake process area. The PREA education was presented in both English and Spanish. The Maryland DPSCS PREA Brochures are available throughout the facility in the halls, library, visiting area, inmate housing units, and Center Hall Post where all inmates are required to report to for daily inmate movement.

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



## 115.34 Specialized training: Investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed, (documents, interviews, on-site visit)

1. IIU Investigators Orientation Training
2. OSPS.200.0004 Inmate Sexual Misconduct
3. IID Investigators Field Training Schedule
4. OSPS.050.0030 Sexual Conduct
5. MD Correctional Services Article 10-701
6. Police Entry Level Objectives
7. IID Unit Investigative Staff Training Record
8. Interview
- a. IID Investigator

115.34(a) Directive OPS.050.0001 states in part, "To the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations." Directive OSPS. 200.0004 states 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 be 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.

OSPS.050.0030 and OSPS. 200.0004 states to the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that at a minimum, specifically address: (a) Interviewing sexual abused victims; (b) Using Miranda and Garrity warnings; (c) Sexual abuse evidence collection; (d) Criteria and evidence necessary to substantiate administrative action and, if appropriate referral for criminal prosecution. Directive IIU.110.0011, section .03B states, "Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting." IID has jurisdiction over both administrative and criminal investigations. IID investigators are required to meet training standards in order to maintain law enforcement certification and are sworn officers. IID Investigators training Organization Principle and Law -01 training includes but not limited to: Identifying the basic element of a Rape Crime; Identifying the basic elements of Sex Offenses; Identifying the various styles of attack in Rapes; and defining the terms most often used in dealing with various sex offenses. IID handles all allegations of sexual abuse and sexual harassment. All investigations of sexual abuse and sexual harassment, criminal and administrative, are initially forwarded to the IID unit. IID will subsequently determine if the allegation will be investigated locally by facility staff or investigated by an IID investigator. The Maryland Police and Correctional Training Commission Lesson Plan – Specialized Training: Investigations which is required of all IID detectives before conducting sexual abuse and sexual harassment investigations was reviewed and covers the requirements of this standard. Upon completion of training, the IID detectives are issued a certificate of completion indicating that the detective has successfully completed training in conducting PREA investigations. An interview was conducted with an IID Investigator whom training exceeds that required via the standard or PREA Specialized Training.

The DPSCS employ 36 IID Investigators who are assigned to the different Regions through Maryland to conduct facility investigations. Confirmation of the completed specialized training is maintained, and computer-generated roster was

provided that documented completion, date completed, hours created and test scoring.

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

## 115.35 Specialized training: Medical and mental health care

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed, (documents, interviews, on-site visit)

1. CORIZON Health Site Orientation
2. Nursing Encounter Tools Support Document PREA Recommended Interventions
3. Patient Information Fact Sheet
- 4 CORIZON General Health Services Policy and Procedures
5. DPSCS Directive Number 020.0026 PREA – Federal Standards Compliance
6. PREA- CHSSO eLearning Module
7. Training Certificates for Medical and Mental Health Staff
8. Interviews:
  - a. Medical Doctor
  - b. Mental Health Supervisor

115.35(a) DPSCS.020.0026 states The Coordinator shall, on PREA related matters, have the authority of the Secretary and at a minimum, is responsible for: Ensure that Department PREA related activities comply with federal PREA standards to include in medical and mental health. Directive OPS.050.0001 defines "employee" as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C (1) states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;" The DPSCS Medical and Mental Health staff complete a variety of specialized PREA related training. The CORIZON Health CHSSO Clinical Module dated November 2016 is an 18-page lesson plan that details What PREA Is, custody staff responsibilities, health care role and responsibilities, detecting and accessing, preservation of evidence, key components to evidence preservation, response, reporting, and follow-up care while identifying immediate respond is of the utmost importance. The medical and psychological trauma of sexual abuse can be minimized by prompt and appropriate health intervention. The training coursed is followed by the required completion is a 19-page examination that challenges the knowledge of clinical staff through a test they must score 90% or better. The CORIZON Health Nursing Encounter Tools Support Document PREA Recommended Interventions detailing the Do's and Do Not as an immediate response to sexual abuse as it is of the utmost importance.

Additional training is provided through Centurion referencing a PREA overview consisting of 57 pages with the learning objectives: (1) Increase understanding of the goals of PREA; (2) Review general expectation of PREA National Standards; (3) Review expectations of PREA National Standards for medical and mental health staff and (4) Encourage familiarity with local policies related to PREA and responsibilities under the policies. Confidentiality with the learning objectives of: Confidentiality in Correctional Healthcare; HIPAA and PREA Requirements. Medical and some mental health staff are contract employees who must complete the agency's PREA training and specialized training received from the contractor (CORIZON or Centurion). The training curriculums for both Medical and Mental Health Training Presentations was reviewed. This training is lecture based accompanied by a slide presentation and followed by a test.

BCCC has 8 mental health and medical staff that consist of both DPSCS and contract employees. The auditor randomly confirmation of the 5 medical and mental health staff who have regular contact with the inmate population. Confirmation of their completed training was provided through certificates.

There are 0 mental health staff assigned to BCCC. Prior to the DPSCS operational re-structuring of the Department Pre-Release Centers during the audit review period, inmates were seen by mental health staff at the nearby Maryland Reception, Diagnostic and Classification Center. Upon the reconstruction of the PRE-Release Centers, inmates requiring mental health

services are transported to the DPSCS Dorsey Run Correctional Facility and/or seen virtually due to COVID-19. The auditor received confirmation of PREA training for the two off-site mental health staff who are assigned to provide services to the BCCC inmate population.

The contract medical staff receive PREA training through both DPSCS and their contract agency, CORIZON. Interviews conducted with medical staff and mental health staff. Confirmed receipt of PREA training during pre-service and in-service. Seven medical staff are assigned permanently at the facility to include medical records staff. Copies of PREA training for the 5 of the 7 medical staff assigned at BCCC were provided. Permanent contract staff such as medical and medical health who have direct contact with the inmate population attend the Non-Academy Pre-service Orientation training for new employees in addition to bi-annual in-service training.

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

115.35(c) The auditor reviewed training records showing all medical and mental health staff attended and passed the Agency PREA training. The auditor also reviewed training certificates indicating all medical and mental health staff completed specialized training.

115.35(d) Directive OPS.050.0001, section .04B(6) defines "employee" as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C(1) states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;" with regard to contractor training. As indicated in the provisions above all mental health and medical staff completed PREA training throughout 2020.

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

## 115.41 Screening for risk of victimization and abusiveness

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed, (documents, interviews, on-site visit)

1. Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
2. BCCC. 020.0026.01 PREA Federal Compliance Standards
3. Initial and 30-day Follow-up Risk Assessment Form
4. Interviews
  - a. Staff Who Conduct Risk Screening

115.41(a) (b) Directive OPS.200.0006 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the Department of Public Safety and Correctional Services to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Policy further states the Department shall use a screening instrument as part of the intake and facility transfer process and at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually abusive towards other inmates. The Department shall appropriately apply information obtained from assessing an inmate's risk related to sexual victimization and abusiveness to decisions concerning areas, such as inmate housing, programming, treatment, and work assignments in order to minimize circumstances that contribute to incidents of victimization or abusiveness. DPSCS uses the PREA Intake Screening form during the risk screenings. The DPSCS PREA Coordinator is responsible for ensuring the development and procedures for use of the approved screening instrument protocol identified in all provisions of this standard to include ensuring each managing official designated sufficient intake, custody, or case management staff to assess each inmate within 72 hours of arrival at the facility. The policy also dictate case management staff are to re-assess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential for abusiveness.

The BCCC .020.0026.01 section G. Screening for Risk of Victimization and Abusiveness. (1) Inmates are screened within 24 hours of arrival at the facility for potential vulnerabilities of acting out with sexually aggressive behavior, Housing assignments are made accordingly. The information shall be recorded on DPSCS PREA Screening Form by Case Management staff. (2) Upon admission to the facility, during the formal classification process, and no later than 72 hours within intake, inmates will be screened for risk of sexual victimization or risk of sexually abusing other inmates.

The PAQ identified 392 inmates reported to the facility who stayed was 72 hours or more during the review period of March 1, 2020 – March 1, 2021. Prior to the on-site visit, the initial risk screening was being completed by the Orientation Specialist as confirmed during an interview. She stated due to staff scheduling that was also contributed to COVID-19 and staff conducting telework, she was the only staff available to conduct the initial risk screening. She indicated the inmates' risk assessments are conducted within 72 hours and normally not later than the following day of the inmates' arrival.

After a thorough discussion between the auditor, Facility Administrator, Case Manager Supervisor, and Assistant DPSCS PREA Coordinator, the decision was made that the Traffic Officer would be assigned duties to conduct the inmates' initial risk screening. This decision was made in consideration that a Traffic Officer is on post 24/7 and the Orientation Specialist is not. The reassignment of duties decreased the opportunity of occurrences for non-compliance in the standard provision of conducting all inmate risk assessments within 72 hours. The new procedures were established during the corrective action period and the auditor conducted an interview with the Traffic Officer who confirmed she conducts the inmates' initial risk assessment on the day of his arrival at the facility. She added upon the completion of the inmate being given a visual search, the inmate reports to her office where she conducts the initial risk screening.

An interview with the Traffic Officer indicated the PREA Intake Screening is the one form utilized to conduct screening for the risk of sexual victimization and risk of sexually abusing other inmates during the initial risk screening. The PREA Intake Screening instrument is used to objectively assess an inmate's risk of victimization and/or an inmate being sexually abusive. Inmates are scored on their responses and are identified as at risk of victimization and/or risk of abusiveness and/or neutral. She indicated the screenings are confidential and, once completed she enters the date, inmate's time of arrival, inmate name,

his transferring institution and her signature as conducting the risk screening. The inmate also documents his signature as being screened. At the completion, she places the PREA Intake Screenings in a secured mailbox in the Traffic Office for collection by the case management staff.

An interview with the Orientation Specialist also confirmed the PREA Intake Screening is the one form utilized to conduct screening for the risk of sexual victimization and risk of sexually abusing other inmates during the initial risk screening. The screening instrument is used to objectively assess an inmate's risk of victimization and/or an inmate being sexually abusive. Inmates are scored on their responses and are identified as at risk of victimization and/or risk of abusiveness and/or neutral.

115.41(c) (d) Directive OPS.200.0006, section .05A requires the implementation of a screening instrument and cites the criteria utilized to perform the risk assessment. The PREA Intake Screening form is the agency-approved standardized screening instrument.

At the pre-audit phase, the auditor requested a roster of all inmates who arrived at BCCC during the review period. The auditor randomly selected 45 inmates risk assessment for review from March 1, 2020 – March 1, 2021. All risk assessments were conducted using an objective screening instrument. The PREA Intake Screening form is a one-page form that assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12 separate questions to determine a detainee being at risk of victimization factors and 6 additional questions to determine an inmate's risk of abusiveness factors. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the detainee history during the initial screening. The Department does not include a question of "whether the inmate is detained solely for immigration services," as the DPSCS does not house inmates solely for civil immigration purposes.

The Traffic Officers and Case Managers utilize the same (one) PREA Intake Screening form that allows staff to sign at the completion of each. Specifically, it is continuously sheet for both assessments. Interviews with staff who conduct risk screening (Case Manager and Case Manager Supervisor) identified numerous questions on the PREA Intake Screening as areas assist in determining the risk of the inmate such as his age, build, height, weight, current and past criminal history, prior acts of violence, sexual assault history. Staff continued in stating the Case Managers have access to computers with programs that allow them to retrieve some of the information prior to the inmate's arrival. Any adjustments needed are made by the Case Managers. Normally the only change would be the inmate's weight.

115.41(e) The PREA Intake Screening factors considered in the risk of abusiveness category include prior acts of sexual abuse, history of violent crimes including pending charges and current charge, prior convictions for violent offenses and a history of prior institutional violence or sexual misconduct. The instrument also considers a history of violent crimes pending and current charges and a history of domestic violence as a perpetrator including pending and current charges for sexual misconduct. Staff who conduct risk screening identified these factors are part of the PREA Intake Screening for both the initial risk screening assessment and 30-day follow-up risk screening assessment. A review of the PREA Intake Screening form revealed it does consider all the criteria required by this provision.

115.41(f) Directive OPS.200.0006, section .05B (2) and BCCC.020.0026.01 require case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility. The PAQ and BCCC PCM identified 392 inmates entered the facility within the past 12 months of the audit whose length of stay was 30 days or more. These inmates were identified as being reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. The auditor randomly selected 45 inmates for review of their initial PREA Intake Screening and 30-day follow-up PREA Intake Screening. There were zero discrepancies noted in the completion of the inmates receiving the initial PREA Intake Screening and/or the 30-day follow-up. An interview with a Case Manager Supervisor identified the set dates in scheduling inmates for their 30-day reassessments is between 15 and 25 days. An interview with a Case Manager stated she maintain a tracking system of all upcoming 30-day reassessment as to not exceed the required 30-day follow-up requirement and conducted the reassessments between 14- 30 days. Inmates provided various responses to the questions of being asked the following questions upon their arrival if they were asked whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify with being gay, lesbian, or bisexual, and whether they thought they might be in danger of sexual abuse at the facility? Responses range from yes, maybe I don't recall, I think so, no I don't remember being asked, no I wasn't asked, and I was asked by medical. However, during further interview, most inmates acknowledged they were asked the questions related to the PREA Intake Screening form and most inmates interviewed who arrived at the facility less than 12 months did recall being asked questions from the PREA Risk Screening during the reassessment during the intake process and/or Case Manager. Additionally, staff assigned to conduct risk assessments demonstrated their knowledge, practice, and the procedure of conducting risk assessments in accordance with DPSCS and provisions of this standard through the documentation of the initial risk assessment completion on the day of the inmate's arrival and within 30 days for the reassessments.

115.41(g) Directive OPS.200.0006, section .05B (4) requires case management staff to re-assess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. BCCC.020.0026.01 states an inmate's risk of victimization or abusiveness will be reassessed within 30 days after arrival at the facility, based upon any additional, relevant information received by the facility since the intake careening. The inmate's risk level will be reassessed when warranted due to a

referral, request, incident of sexual abuse, or receipt of additional information. Interviews with a case management staff identified an additional risk assessment is completed upon the receipt of new information, a referral from staff, and upon an inmate being identified as a victim and/or aggressor in a PREA investigation, disciplinary sanctions that could change their scoring, etc. Their responses coincided with the requirements for screening for risk of victimization/abusiveness outlined in BCCC.020.0026.1 and OPS.200.0006 as an inmate's risk level can be reassessed any time during incarceration and when new relevant information becomes available.

115.41(h) Directive OPS.200.0006, section .05B (5) states inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening reported the inmates are not disciplined for refusing to respond or for not disclosing complete information and stated most are cooperative and provide responses. Interviews staff assigned to conduct PREA risk assessment screening confirmed the inmates are never discipline for refusing to answer questions during the risk assessments. If an inmate refuses to response to any of the questions, screening staff document the inmate's refusal to answer.

115.41(i) Directive OPS.200.0006, section .05B(6) requires, "Appropriate controls to be in place for facility dissemination of information collected during screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates." Per an interview with the case management staff upon completion, the PREA Intake Screening forms are placed in the inmate's base file. Interviews with the case management staff and observation during on-site visit, the inmate base files are secured in a designated base file room with limited entry authorization.

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

## 115.42 Use of screening information

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed, (documents, interviews, on-site visit)

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
3. PREA Intake Screening Instrument
4. Interviews with:
  - a. BCCC PCM
  - b. Staff Who Conduct Risk Screening
  - c. Inmate identified as Transgender

115.42(a) Directive OPS.200.0006, section 5C(1)(a) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: (1) Screening information shall be considered: (a) When making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive. Relevant alerts shall also be placed on all facility and agency data systems by case management to assist in housing and programming decisions. Housing decisions should be made using the PREA Compatibility Rules.

OSPS.200.0005 Assessment for risk of sexual victimization and abusiveness indicate to deter prison rapes, only inmates with PREA compatible types should be housed in the same cell. Screening information shall be considered: (a) When assigning an inmate to housing, the traffic officer shall ensure that the cell mate and inmate are PREA type compatible. The PREA compatibility rules are identified as such:

PREA AP (Aggressor Potential): Inmates designated by the PREA screening as having characteristics of an inmate with a higher-than-normal likelihood of sexually aggressive towards other inmates inside an institution.

PREA VP (Victim Potential): Inmates designated by the PREA screening as having characteristics of an inmate with a higher-than-normal likelihood of being sexually assaulted inside an institution.

PREA MX (Mixed) Inmates designated by the PREA screening as having both an aggressor potential (AP) and victim potential (VP).

PREA ND (Scored with no designation): Inmates that did not fit into the criteria within the PREA screening score to be designated as a VP, AP, or MX.

PREA AP-May not be housed with PREA VP, MX

PREA VP- May not be housed with PREA AP, MX

PREA ND- May be housed with anyone

PREA MX-May not be housed with PREA VP

Per an interview with the Orientation Specialist and BCCC PCM, since COVID-19 upon the arrival of new inmates and completion of the intake process, the inmates are assigned to quarantine in one housing unit and are assigned single cells. Prior to COVID-19 upon the inmate's arrival and completion of the intake process they were assigned to the orientation housing unit until they have been classified by the case management team. Their cell assignment is completed by the Traffic Officer who review the information previously loaded in the Offender Case Management System (OCMS) and by the Intake



Staff during the initial risk screening. Inmates identified as abusers, or high risk of being an abuser are not assigned on the same wing as inmates identified as previous victims and/or at a high risk of victimization. If changes of the inmate's scoring are made, the Case Managers notify the Traffic Officers via phone, personally, or via email of required changes in bed assignments as the Traffic Officers are the only staff authorized to make housing and bed assignments. Traffic Officers are assigned each shift 24/7 and complete bed and unit assignments. The Traffic Officers has access to the PREA scoring have been trained on identifying the importance of inmate separation as required to provide safe housing for the inmates. Per an interview with a Traffic Officer, stated a Traffic Officer is scheduled 24/7 and are the only staff allowed to make cell and bed assignment moves. She indicated prior to the arrival of all inmates' arrival, he is pre-screened by the Case Manager for any special management needs to include whether the inmate is a prior victim of sexual abuse and/or identified as having a prior history of an abuser. She indicated inmates identified as such are never assigned housing together.

The auditor requested a roster of all inmates identified as prior victims and prior aggressor for confirmation for separation cell assignment. A review of the roster confirmed statements made by staff who conduct risk screening in that these inmates are not housed together in the same cell. Per staff who conduct risk screening and the BCCC PCM, inmates identified as prior victims are not assigned to housing units identified as prior aggressors.

115.42(b) Directive OPS.200.0006, section .05C(1)(b) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: When making individualized determinations as how to ensure the safety of each inmate." As indicated above, the information from each inmate's individual risk screening is reviewed and utilized to keep inmates safe. The Traffic Officers are responsible for maintaining an accurate and up-to-the-minute total institution population count. The Traffic Officer shall record all movement in and out of the institution on the Daily County Running Sheet. The Traffic Officers have access to the inmates' scoring result when housing and bed assignments are required.

115.42(c) Directive OPS.200.0006 states, "When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case-by-case basis, determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. OSPS.200.0005 states when making deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by basis determining if the placement or assignment: (i) ensures the inmate's health and safety; and presents management or security problems. Transgender or intersex inmate's own view with respect to personal safety shall be seriously considered. There was one inmate identified as transgender and 0 inmates identified as intersex during the review period. The auditor conducted an interview with the 1 transgender inmate during the on-site visit. The transgender spoke in high regards of facility staff, with special acknowledgment of the Facility Administrator in their regards to her safety at the facility and allowing her to express any concerns she has.

115.42(d) Directive OPS.200.0006,.05C (2) states, "Placement and programming assignments for each transgender or intersex inmate shall be re assessed at least twice each year to review threats to safety experienced by the inmate." Case management and medical staff perform bi-annual reassessments, case planning, and housing recommendations. A review of the PREA Intake Screening form revealed it does affirmatively inquire as to whether an inmate is transgender or intersex.

The auditor requested a roster of inmates identified as transgender and/or intersex for a random selection of reassessments conducted twice yearly. There were 0 inmates identified as intersex and 1 inmate identified as transgender during the on-site visit on May 18 – 20, 2021. A review of the transgender's traffic history indicated the transgender inmate arrived at BCCC on March 8, 2021. Therefore, the inmate had not been assigned at BCCC for a period that would require a bi-annual reassessment

115.42(e) Directive OPS.200.0006, section .05C (3) states, "A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered." The inmate's own views with respect to his safety shall be given serious consideration." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. Case Management Staff indicated that transgender and intersex inmate's views regarding his or her own safety are seriously considered. Transgender and intersex inmate can request a personal search exception card issued by the warden which allows the inmate to be searched by staff of a preferred gender. The auditor interviewed the 1 transgender who confirmed she was previously issued a search exception card identifying her preference to be searched by female staff.

115.42(f) Directive OPS.200.0006, section .05C (4) states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The 1 inmate identified as transgender stated she was given the opportunity to shower at separate times from the general population of male inmates. However, she declined the offer due to all showers are in individual stalls with showers curtains and privacy is available. There has not been an inmate identified as intersex at the facility during the audit review period and/or on-site visit.

115.42(g) Directive OPS.200.0006, section .05C (5) states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not

be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates." There was 1 inmate identified a transgender at BCCC during the on-site visit and 0 inmates identified as gay, intersex, bi-sexual. Therefore, there was no other inmates within these groups to review housing of dedicated units/wings.

The PREA Coordinator stated that the State of Maryland places gay, bisexual, transgender, or intersex inmates throughout their facilities throughout their agency. At the facilities they are placed in general population housing units. He also stated that the State of Maryland does not have a consent decree.

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

**Protective Custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

43 Evidence Reviewed, (documents, interviews, on-site visit)

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DOC.100.002 Case Management Manual
3. Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
4. Observation on-site
5. Interviews
  - a. Warden
  - b. Facility Administrator

115.43(a) OPS.200.0006 states Placement of an inmate in special confinement housing shall be in accord with provision s for special confinement housing established in the Case Management Manual. The DOC– Case Management Manual section .18E (1)(a)-(f) states, "Protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. Per the PAQ and interviews with the Warden and Facility Administrator and observation during the on-site visit, BCCC does not have a segregation unit. The alleged aggressor would be transferred to another DPSCS facility. During the 60-day corrective action period, an inmate-on-inmate sexual harassment allegation was reported. The alleged aggressor was immediately transferred to Maryland Correctional Institution Jessup (MCIJ) pending the investigation.

115.43(b) The DOC-Case Management Manual section .18F(1)-(17) states in part that an inmate assigned to administrative segregation or protective custody shall be subject to the conditions of confinement and those conditions of confinement outline opportunities that have been limited, and the duration of these limitations. BCCC does not have a segregation housing unit. Inmates would be transferred to Maryland Correction Institution Jessup and/or DPSCS facilities pending an investigation.

115.43(c) The PAQ noted 0 inmates were held in involuntary segregated housing for longer than 30 days during the review period of March 1, 2020 – March 1, 2021. Per the Warden, Facility Administrator, and observation during the on-site visit, BCCC does not have a segregation housing unit. Inmates would be transferred to Maryland Correction Institution Jessup pending an investigation.

115.43(d) The DOC– Case Management Manual section .18E requires the use of the Administrative Segregation Investigative Report and Notice of Assignment to Administrative Segregation to document the basis for concern and reasons why no alternative means of separation can be arranged. The Notice of Assignment to Administrative Segregation is provided to the inmate and provides the inmate a rationale for placement. Per the Warden, Facility Administrator, and observation during the on-site visit, BCCC does not have a segregation housing unit. Inmates would be transferred to Maryland Correction Institution Jessup pending an investigation.

115.43(e) The DOC – Case Management Manual section .18B(2)(c) requires a case management team review each case at least once every 30 days. As indicated in provision (c) above no inmates were held in involuntary segregated housing due to being at a high risk of victimization. Per the Warden, Facility Administrator, and observation during the on-site visit, BCCC does not have a segregation housing unit. Inmates would be transferred to Maryland Correction Institution Jessup pending an investigation.

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



## 115.51 Inmate reporting

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
4. Observation PREA Hotline Postings
5. Observation of PREA Posters
6. Observation of inmates' access to telephones and staff
7. Inmate Orientation Handbook
8. MD DPSCS Brochure
9. Intake and Reception Sheet
10. Interviews with:
  - a. Random staff
  - b. BCCC PCM
  - c. Inmates

115.51(a) Executive Directive OPS.050.0001, section .05E (1) and OPS.200.0005 section 5 (E) discusses methods on how a complaint of alleged sexual misconduct may be submitted in the following formats: (a) In writing (includes electronic documents); or (b) Verbally. A complaint of alleged inmate on inmate sexual conduct may be submitted by (a) the victim; (b) an individual with knowledge of an incident of alleged inmate on inmate sexual conduct; or (c) a third-party or other individual who has knowledge of the alleged inmate on inmate sexual conduct. Additionally, section E(4) states that to effectively reduce actual or implied barriers to filing a complaint, an individual may file a complaint of sexual misconduct with any one or all of the following without regard to chain of command or assignment: (a) Within the Department: (i) An employee; (ii) A supervisor, manager, or shift commander; (iii) The head of a unit; (iv) The Intelligence and Investigative Division (IID); (v) The Inmate Grievance Office, Inmate Handbook and the PREA and Sexual Assault Awareness brochure, PREA posters, and information on the inmate's housing units bulletin boards contain information on how to report sexual assault.

Upon arrival to BCCC during the intake process, inmates receive the DPSCS PREA and Sexual Assault Awareness, What Every Inmate Needs to Know brochure from the Traffic/Intake Officer. Internal methods of reporting are noted as talking to any staff member that you feel comfortable with. This can be a correctional officer, teacher, nurse, chaplain – ANYONE. It is also noted the inmate may report the incident through the Administrative Remedy Process (ARP). Reporting incidents to the PREA Hotline at (410) -585-3177 and instructions for usage and the option of reporting through the Administrative Remedy Process (ARP) which would be investigated promptly.

Inmates are issued a BCCC Inmate Orientation Handbook during orientation within 7 days of arrival at the facility. Additionally, an inmate handbook is available in each housing unit and in the inmate library upon request. The handbooks list various methods of reporting PREA allegations that include the PREA Hotline #410-585-3177; Rape Abuse and Incest National Network (RAINN), National Sex Abuse Hotline (800) 656-HOPE; and Maryland Coalition Against Sexual Assault (MCASA).

The auditing team observed the PREA Hotline 410-585-3177 and other PREA information stenciled on walls throughout the

facility. This information is accessible to staff, visitors, and the inmate population. All departments, and inmate housing provide continued PREA awareness, methods of reporting and the PREA Hotline number for reporting PREA allegations. Interviews with the staff and inmate population confirmed their awareness of methods to report PREA allegations while stating the hotline number is posted everywhere throughout the facility.

A review of the 1 PREA investigative case file revealed, the allegation of staff on inmate sexual assault was reported through a Request of Administrative Remedy (ARP) and was immediately forward to the IID Unit for an investigation. The investigation was determined as Unfounded. There were no other reported allegations of sexual abuse and/or sexual harassment since July 2019. However, an allegation of inmate-on-inmate sexual harassment was reported during the corrective action period. The allegation was reported directly to a staff member and submitted for investigation. The investigative case remained pending throughout the submission of the final PREA report.

Interviews with 12 random staff indicated each would immediately report any knowledge and suspicion of sexual abuse and/or sexual harassment. The most common method staff identified the inmate population could report PREA allegations was through the PREA hotline, verbally, in writing, anonymously, via third parties, and/or any staff member to include a staff member that the inmate feel comfortable reporting the incident too.

Inmate interviews indicated they had watched the PREA video and/or observed in writing to include stenciled information on the walls, bulletin boards various methods of how they could report sexual abuse and/or sexual harassment to include to staff verbally, in writing, or via third parties. Most inmates also indicated that they could report sexual abuse or sexual harassment anonymously through an unidentified note to staff.

115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 discusses methods that allow detainees to make a report of sexual abuse or sexual harassment outside the department to the Office of the Attorney General or any other private or public office. MCASA and TurnAround receives reports of sexual abuse and sexual harassment from inmates as an external reporting entity. Inmates receive as a part of their orientation packet an Intake & Reception Sheet that assist in supporting the provision of this standard. The Intake and Reception Sheet list various alternative for an inmate to report to outside agencies to include for emotional support services related to sexual abuse. These available services include TurnAround 1800 N. Charles Street Suite 404 Baltimore, MD 21201 (443) 279-0379; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring, MD 20907 (301) 328-7023/ 800-939.7273; Sexual Assault Legal Institute P.O. Box 8782 Silver Spring, MD 20907 (301) 564-2277/877-496-SALI; JUST Detention International 1900 L St, NW, Suite 601 Washington DC, 20036 202-506-3333; RAINN Rape, Abuse & Incest National Network No Written Correspondence 800.656.4673. The auditor contacted the CASA via phone and spoke with a representative. The CASA representative stated staff accept Hotline calls 24/7 and upon receiving a report of sexual abuse and/or sexual harassment, staff offer emotional support, further counseling and legal services if requested. Due to the confidentiality, staff are not allowed to release the information given outside the center without prior approval from the inmate/alleged victim.

BCCC does not house detainees solely for civil immigration.

115.51(c) Directive OPS.050.0001 and Directive OPS.200.0005 requires an employee receiving a complaint of sexual abuse or sexual harassment to immediately report the complaint to a supervisor, manager, shift commander, or head of the unit and subsequently document the report in a written format. Additionally, reports of sexual abuse or sexual harassment may be submitted verbally, in writing (including electronic documents), anonymously, and by third parties. Interviews with 12 random staff indicated they would immediately notify their supervisor and document any verbal reports of sexual abuse or sexual harassment as soon as possible and always prior to departing from their assigned shift. BCCC.0200026.01 states "Any staff member who fails to report or take immediate action regarding such incidents, or intentionally inflicts humiliation or retaliation toward the victim or informant or trivializes a report to alleged sexual crimes, sexual harassment, or sexual misconduct shall be subject to the appropriate level of discipline, up to and including termination."

115.51(d) Directive OPS.200.0005 states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice regarding privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. BCCC.020.0026.1 section J. Staff Reporting states staff can privately report sexual abuse and sexual harassment of inmates by calling the Employee Hotline (410-585-3288) which is posted throughout the facility. Bulletin Boards and the information is disseminated intermittently during roll call and in-service training. Most staff cited the PREA hotline, directly notifying their supervisor, Facility Administrator, and/or notifying the facility investigator as their primary ways to make a private report of sexual abuse or sexual harassment.

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

## 115.52 Exhaustion of administrative remedies

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. COMAR 12.02.28 DPSCS Administrative Remedy Procedures to Resolve Inmate Complaints
3. Interviews with:
  - a. BCCC Grievance Chairperson

Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title 12-DPSCS, Subtitle 02-Division of Correction, Chapter 28-Administrative Remedy Procedures (ARP) to Resolve Inmate Complaints, Section .04B), An inmate may not use the ARP to resolve a complaint concerning: (5) The following acts by staff or another inmate, which shall be addressed according to Department procedures for addressing complaints under the Prison Rape Elimination Act: (a) Rape; (b) Sexual assault, sexual harassment, sexual abuse; and (c) Other sexual misconduct. If a complaint is made through the ARP, it is treated as any other written form of reporting and forwarded directly to the supervisory correctional staff on duty, Grievance Chairperson and to IID to be processed for investigation.

DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this standard. All allegations of sexual abuse and/or sexual harassment are immediately reported to the Facility Administrator/Warden, BCCC PCM, Shift Commander and forward to the IID Unit for a thorough investigation in the same manner as all other reported PREA allegations.

Per the BCCC Grievance Coordinator, all reported allegations are addressed immediately and reported to the Facility Administrator and forwarded to the IID Investigators for a thorough investigation. She stated although she has not received any reported PREA allegations during her assigned as the Grievance Coordinator, she is aware of the procedures to follow upon receiving one. She continued in stating upon receipt of the ARP, it is stamped with the following: "Dismissed for procedural reason: Final per C.O.M.A.R 12.02.28.04.B. (5)(a) Inmates may not seek relief through the ARP regarding: 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 PREA and related Department procedures, which shall be addressed according to the Department procedures for reporting, investigating, resolving, and documentation PREA related incidents."

The 1 PREA allegation logged for BCCC was reported through the ARP by an inmate after his transfer to another DPSCS facility. The ARP was forward from the inmate's receiving institution to the IID Unit for investigation. BCCC was not involved in the reporting process.

Based on the review of policies, PREA investigative files, and interviews, the facility meets the provision mandate of this Standard.

## 115.53 Inmate access to outside confidential support services

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. Facility Directive BCCC. 020.0026.01 PREA – Federal Standards Compliance
3. Maryland Coalition Against Sexual Assault (MCASA) Information Packet
4. PREA Intake & Reception Sheet
5. Draft MOU Between DPSCS and MCASA
6. Interviews with:
  - a. DPSCS PREA Coordinator
  - b. Random Inmates

115.53(a) (b) BCCC.020.0026.01 section E. states the facility will attempt to make available to the victim a victim advocate from a rape crisis center, in person or by other means and these efforts will be documented. If a rape crisis center is unavailable the facility will provide access to a qualified staff member from a community-based organization, or access to qualified facility staff member. Confidential Access to Support Services states (1) Inmates shall be provided access to outside victim advocates for emotional support services including toll-free numbers, if possible, to local, state, and national victim advocacy or rape crisis organizations. (2) Individuals detained solely for civil immigration purposes can receive emotional support services from an immigrant service agency. (3) Inmates are advised of the mandatory reporting rules governing privacy and confidentiality including limitations under federal, state, and alternatively local law.

As part of the orientation packets, inmates also receive an Intake and Reception Sheet that informs inmates of services including victim advocates for emotional support services related to sexual abuse by giving the mailing addresses and telephone numbers, including toll-free hotline number where available, of local, State, or national victim advocacy or rape crisis organizations. The facility is responsible for enabling reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Telephone calls to the agencies may be monitored. Written communication will remain confidential. The following agencies are available to the inmate population: These available services include TurnAround 1800 N. Charles Street Suite 404 Baltimore, MD 21201 (443) 279-0379; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring, MD 20907 (301) 328-7023/ 800-939.7273; Sexual Assault Legal Institute P.O. Box 8782 Silver Spring, MD 20907 (301) 564-2277/877-496-SALI; JUST Detention International 1900 L St, NW, Suite 601 Washington DC, 20036 202-506-3333; RAINN Rape, Abuse & Incest National Network No Written Correspondence 800.656.4673.

Interviews with random inmates indicated they were unaware of outside services available to them as most stated they have had not encountered a reason to become knowledgeable of them. They did state they have seen various PREA information identifying such, but they had not taken an interest to become familiar with it. There were 0 inmates assigned at BCCC during the on-site visit that reported allegations of sexual abuse.

115.53 (c) DPSCS has a paid contract with the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. The DPSCS Purchase Request dated July 15, 2020 was submitted for the description of services that included 250 hours of consulting and coordination services to support the PREA with respect to standards 115.21; 115.31, and 115.53. The specific objective for MCASA will be (1) Continue effort to set up agreement with Rape Crisis Clinic to provide services required by PREA standard 115.53. (2) Provide training to sexual assault victim advocates who provide services relating to 115.21 and 115.53.

MCASA core members are the state's 17 rape crisis and recovery centers. Services provided through MCASA include legal



advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. The agreement specifically states, "MCASA will develop procedures to meet PREA Standard 115.53 in providing access to outside confidential services for Inmates. MCASA will provide technical assistance as needed, including researching, and developing policies to address problems and concerns related to provision of confidential emotional support services."

The DPSCS PREA Coordinator and DPSCS Assistant PREA Coordinator are in the developmental stage with the Director and other staff at MCASA on procedures and practices to be utilized in providing some of the services to and within the various State facilities. The purpose of the MOU is to assure a unified effort between the entities involved to provide victim-inmates with confidential emotional support, crisis intervention, information and referrals related to sexual violence as required by PREA stand 28 C.F.R. 115.21 and 115.53. A copy of the draft MOU was presented to the auditor for review.

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

## 115.54 Third-party reporting

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
3. Stenciled PREA Information of walls
4. DPSCS OPS.050.0001 Sexual Misconduct – Prohibited
5. DPSCS website

115.54(a) Directive OPS.050.0001 and Directive OPS.200.0005 states, "A complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals: A "third party" or other individual who has knowledge of the alleged inmate on inmate sexual conduct." Any employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. The incidents may be reported in writing, verbally, anonymous or from third parties. Additionally, the various methods of reporting PREA allegations is stenciled in large a font on the walls throughout the facility that include inmate housing, program areas, dietary, inmates' visiting rooms and the facility front entrance that is accessible to all visitors.

The auditor reviewed the agency's website. It contains the DPSCS PREA Coordinator contact information at the Office of the Chief of Staff 300 E. Joppa Road Suite 1000 Towson, MD 21286 with phone number listed as (410)-339-5091. The website also lists the contact information for the Internal Investigative Unit (<https://dpscs.maryland.gov/agencies/iid.shtml>) and Compliant Number (410) 724-5742. Interviews with staff indicated they were aware of their responsibility of reporting all PREA allegations to include those reported by a 3rd party. All indicated they would immediately report the information received to their higher-ranking supervisor, Warden and/or IID investigator.

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

## 115.61 Staff and agency reporting duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. Completed PREA Investigative Casefiles
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents
7. Md. Family Law Code Ann. § 5-704 (2013)
8. Maryland DPSCS PREA "An Overview and Reference Guide for Staff
9. Mental Health Limits of Confidentiality
10. Interviews with:
  - a. Warden
  - b. DPSCS PREA Coordinator
  - c. BCCC PCM
  - d. Medical and Mental Health Staff
  - e. Random staff
  - d. IID Investigator

115.61(a) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident." Directive OPS.050.0001 and Directive OPS.200.0005 requires employees who receive a complaint of or otherwise have knowledge of alleged sexual misconduct/sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document the incident. It also requires the supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct/sexual conduct occurred notify the managing official responsible for the facility receiving. If the incident occurred at another facility, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident, shall notify the managing official of the facility where the incident occurred. If the incident occurred at a facility that is not under the authority of the department the facility head or agency head responsible for the facility where the incident occurred and the IID regardless of the jurisdiction where the incident occurred. Directive OPS. 020.0003 identify PREA related incidents as a priority #2 within the serious incident category descriptions. The policy lists staff responsibility and procedures in reporting such incident. All reporting incidents are to be documented on an incident report (matter of record) by the initial reporting staff member. Interviews with 12 random staff indicated they were aware of their responsibility to report any knowledge of PREA allegations to include harassment, sexual abuse, and retaliation. All stated they would report to the correctional supervisor on the shift. Non-security staff also indicated they would report to their immediate supervisor in addition to the security supervising staff on duty. All reported they would document verbal reports of PREA allegations in a matter of record as soon as possible and always prior to the end of the shift. The requirement for the shift commander who receive PREA allegations during their shift

to report to the IID is also noted in OPS.020.0003.

The Maryland DPSCS PREA "An Overview and Reference Guide for Staff" booklet section Incident Response – Reporting Incidents states Inmates are encouraged, and staff are required to immediately report incidents of sexualized behavior and sexual misconduct. Upon witnessing an incident or upon notification by an inmate that he or she has experienced sexual misconduct, the staff member shall immediately report the incident to the Manager, Shift Commander or Unit Head, followed by the appropriate written format used to document misconduct.

The medical and mental health limits of confidentiality which is provided to the inmates for review and signature as acknowledgement states, Treatment providers must report any information that presents as a threat to you, others in the facility, safety of the institution, and/prior public safety. The following information cannot be kept confidential: (1) Risk of harm to yourself or others; (2) Risk of harm to an identified person; (3) Abuse of children, elders or disabled persons; (5) Concerns of the safety and security of the institution including potential riots or escapes plans; (6) Issues related to sexual abuse with the correctional setting.

Maryland requires that any person who suspects child abuse or neglect report it to the appropriate authorities. It does NOT require PROOF that abuse, or neglect has occurred before reporting. Incidents are to be reported as soon as they are suspected. Professionals such as social workers, health practitioners and educators who knowingly fail to report suspected abuse of a child may be subject to professional sanctions by their licensing boards. For those who do report, the law provides protection for person who make good faith reports are immune from civil liability and criminal penalty.

Md. Family Law Code Ann. § 5-704. Reporting of abuse or neglect – By health practitioner, police officer, educator, or human service worker (a) In general – Notwithstanding any other provision of law, including any law on privileged communications, each health practitioner, police officer, educator, or human service worker, acting in a professional capacity in this State: (1) who has reason to believe that a child has been subjected to abuse or neglect, shall notify the local department or the appropriate law enforcement agency; and (2) If acting as a staff member of a hospital, public health agency, child care institution, juvenile detention center, school, or similar institution, shall immediately notify and give all information required by this section to the head of the institution to the designee of the head. Oral and written reports; cooperation among departments, and agencies. An individual who notifies the appropriate authorities under subsection (a) of this section shall make: (i) an oral report, by telephone or direct communication, as soon as possible to the local department or appropriate law enforcement agency.

115.61(b) Directive OPS.050.0001 and Directive OPS.200.0005 identify information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of alleged inmate on inmate sexual misconduct and immediate and continued care of the victim. Interviews with random staff confirmed they would have a private conversation with supervisory staff, call the PREA Hotline, and only share the information with staff who are in an authority position who had a need to know such as BCCC PCM, investigative staff, and medical. Staff indicated they would not document the circumstances of the reported PREA allegation in their unit logbooks. Mental health staff are not assigned at the BCCC.

115.61(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with various medical and mental health staff confirmed they are aware of their duties required by this provision that includes their duty to report. Although mental health staff are not assigned at BCCC, the auditor conducted an interview with the Mental Health Supervisor in charge of the Pre-Release System. Medical and mental health staff indicated departmental staff are required to disclose their limitation of confidentiality and duty to report and as it is a requirement of their state license. Each inmate is provided a consent form annually while staff stress PREA and the requirement of release of information. BCCC medical staff indicated they would report to the shift supervisor, Medical Director for the Baltimore area, BCCC Facility Administrator, the appropriate mental health department. He also indicated he would contact the Mercy Medical Center emergency room to advise them of the inmate circumstances and approaching arrival for a completion of the forensic medical examination. The Mental Health Supervisor indicated his staff would report to the shift commander, Facility Administrator, and Facility Major.

115.61(d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." Child Abuse and Neglect, Maryland Family Law § 5-704 (2013) pertains to health practitioners, educators or human service workers, and police officers regarding reporting physical and sexual abuse of children and vulnerable adults. Per interviews with the Facility Administrator, Warden, DPSCS PREA Coordinator, BCCC staff and observation during the on-site visit, BCCC does not house youthful inmates under the age of 18 years old or an adult under a State or local vulnerable person statute. However, interviews with medical and mental health staff indicated they are required by law to report to family services, social services, and the county health department in accordance with the Licensing Board Professional Counseling and Therapy.

The DPSCS PREA Coordinator provided a response of when an allegation of sexual abuse or sexual harassment is made by

someone under the age of 18 or someone considered a vulnerable adult under state or local law. Under both circumstances the Department are required to report the allegations to the local Police Department and to the Department of Children and Family Services. The IID Unit will make the notifications.

115.61(e) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. OPS. 200.0005 indicate a complaint of alleged inmate on inmates sexual conduct may be submitted by the victim, an individual with knowledge of an incident of alleged inmate on inmate sexual conduct, or a "third party or other individual who has knowledge of the alleged inmate on inmate sexual conducted. It also notes a complainant of inmate-on-inmate sexual conduct received anonymously shall be accepted and processed the same as a compliant received from an identified and may remain anonymous. Interviews with the Warden, Facility Administrator and Assistant DPSCS PREA Coordinator and the review of the one reported PREA allegation casefile, confirmed that the reported allegation was referred to the IID Unit for investigation. As stated by the IID Investigator, all investigations are initially opened as a criminal case and are conducted the in the same manner no matter of how the allegation is reported to include those reported by third party, by the alleged victim, and anonymously. The 1 PREA allegation reported during the review period was submitted through an ARP and forward to the IID Unit for investigation. A second PREA allegation was reported during the corrective action period. The inmate-on-inmate sexual harassment allegation was reported verbally by the inmate to staff. This case remained pending during the corrective action period.

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

**Agency protection duties****Auditor Overall Determination:** Meets Standard**Auditor Discussion**

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed, (documents, interviews, on-site visit)

1. BCCC Complete Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
3. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
4. Interviews
  - a. Agency Head Designee
  - b. Warden
  - c. Facility Administrator
  - d. Random Staff

115.62 Executive Directive OPS.200.0005 .05 D. Responding to an Incident of Inmate on Inmate Sexual Conduct – 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 inmate on inmate sexual conduct, through a coordinated response to a complaint of inmate on inmate sexual conduct ensuring (i) Continued person protection is provided; (ii) Medical and mental health care follow up is conducted; and (iii) Non-medical or mental related counseling and support services are offered. This information is also covered in the PREA lesson plan. In accordance with OPS.200.0005, in Section 5C1a, staff are required to utilize information collected during the risk screening to properly separate inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.

Staff were provided a variety of scenarios during the interview process of incidents where an inmate may identify being at risk of sexual abuse. During each interview, staff identified they would take immediate actions in removing the inmate from the area of threat and/or not allow the inmate to report/return to an area in which the inmate expressed a risk of being sexually abused. Each staff continued in stating they would also immediately notify their supervisor or higher-ranking supervisor if the incident involved their immediate supervisor. All staff are issued a PREA response card that provides guidance upon becoming aware of an occurrence of sexual abuse and/or sexual harassment. The PAQ identified there were no instances where an inmate was identified subject to a substantial risk of imminent sexual abuse where immediate actions to protect the inmate were initiated. An interview with the Warden and Facility Administrator confirmed staff would take immediate actions to protect the inmate at risk of being sexually abused. Per the Facility Administrator, the victim will be moved to another housing tier that could be on a different floor as the facility has pre-release tiers and work release tiers. Additionally, if the alleged aggressor is identified, the aggressor would be transferred to another DPSCS facility pending an investigation. An interview with the Special Assistant to the Deputy Secretary of Operations confirmed an immediate action of separating the victim and all measures of protecting the victim will be utilized to include protective custody.

During the corrective action period, an inmate reported an allegation of inmate-on-inmate sexual harassment. The alleged aggressor was immediately transferred to the Maryland Correctional Institution Jessup pending an investigation. The investigation remained pending until completion of the final report.

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

## 115.63 Reporting to other confinement facilities

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

63 Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. DPSCS Executive Directive OPS.2000.0005 Inmate on Inmate Sexual Conduct Prohibited
4. Email notification
5. Interviews with:
  - a. Agency head
  - b. Warden

115.63 (a-d) Executive Directive OPS.050.0001 and Executive Directive OPS. 200.0005 states that If a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall notify: (i) If the incident occurred at another Department facility, the managing official of the facility where the incident occurred; (ii) If the incident occurred at a facility that is not under the authority of the Department, the facility head or agency head responsible for the facility where the incident occurred; and (iii) The IID, regardless of jurisdiction for the facility where the incident occurred and record the notifications made in accordance with this directive. An IID representative notified under this directive and the facility where the alleged sexual misconduct occurred (if it is a Department facility), shall follow up with the managing official responsible for the Department facility where the alleged sexual misconduct occurred to ensure that the complaint is addressed according to requirements established under this directive.

An interview with the Agency Designee indicated when allegations are reported to another facility that have occurred at the inmates' previous facility, the allegation is to be reported to affected institution with 72 hours of being reported. The information is then reported to the IID Duty Officer for the initiation of an investigation.

The PAQ indicated in the past 12 months, there was 0 reported allegations the facility received that an inmate was abused while confined at another facility. This information was confirmed during interviews with the BCCC PCM, Facility Administrator, Warden and Assistant DPSCS PREA Coordinator.

BCCC reported 1 PREA allegation occurred during the review period after the inmate had previously transferred from the facility. The inmate was transferred on September 2, 2020 and reported the alleged staff-on-inmate sexual abuse on September 4, 2020 through the submission of an APR, the PREA Hotline, and via third party (mother). All methods of reporting were received at the inmate's new facility. The alleged incident did not involve BCCC staff. The allegation was reported against a member of the DPSCS Contraband Interdiction Team (CIT) during a search for contraband at BCCC. The CIT is composed of correctional staff from various DPSCS facilities within different Regions who have received additional training in conducting area and inmate searches in all DPSCS facilities. During the search, the CIT member identified the inmate in possession of a cellphone. To gain possession of the cellphone, the alleged victim assaulted the CIT member and was transferred to a higher-security level facility immediately following the incident for his prohibited acts. A review of the investigative casefile confirmed the review of BCCC video footage and interviews with various members of the CIT. The investigation was completed by the IID Unit with an investigative finding of Unfounded. As the involved staff was not assigned to BCCC, the inmate was previously transferred prior to reporting the allegation of sexual abuse and BCCC staff was involved in the notification.

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

provisions of this Standard.



## 115.64 Staff first responder duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
3. DPSCS Executive Directive Investigating Sex Related Offenses
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. Review of PREA Investigations
6. Interviews with:
  - a. Staff

115.64(a) Directive OPS.050.0001, addresses the requirements of this standard. It indicates the first correctional officer responding to an incident of sexual misconduct shall respond by immediately stopping an incident in progress, if necessary arranging for separation of the victim from the abuser, immediately providing medical attention, if qualified, or arranging for appropriate medical attention, preserving the scene of the incident, and ensuring the victim and abuser are advised not to do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The same language is in Directive OPS 200.0005.

Directive IIU.110.0011 states When the IIU duty officer is notified of an incident involving an alleged sex related offense, the IIU duty officer shall: (1) If the incident is actively occurring ensure: (a) Immediate action is taken to stop the misconduct; (c) The victim is protected from further harm; (c) Appropriate medical attention is provided; and (d) The managing official or unit head is notified of the incident; (2) If the proximity of the occurrence to the reporting supports, ensure that : (a) The perpetrator is detained; (b) Witnesses are identified; (c) The scene is protected to preserve evidence; (d) The victim is advised against actions that would destroy evidence that may be present on the victims' body or clothing; and (e ) The managing official or unit head is notified of the incident.

There was 1 reported allegation of sexual abuse during the review period. However, there were 0 occurrences where security and/or non-security staff served as a first responder that included separating the alleged abuser from the alleged victim. The alleged victim had been previously transferred to another DPSCS facility when he reported his allegation. There were 0 reported sexual abuse allegations where a collection of physical evidence was preserved and/or collected for forensic medical examination.

115.64(b) Directive OPS.0050.0001 states, "that if the first employee responding to an incident of sexual misconduct is not a correctional officer, the employee shall immediately request that a correctional officer respond to the scene and take steps to ensure that the victim not do anything that might destroy physical evidence, i.e., brushing teeth, bathing, changing clothes, urinating, defecating, drinking, or eating. There were zero times in where an allegation of sexual abuse the incident was reported within a time period that allowed for the collection of physical evidence and the advisement of the alleged victim or abuser to not take any action that could destroy physical evidence including, washing, brushing teeth, changing clothes, urinating, defecation, drinking or eating. Staff were aware of their responsibilities as first responders. Each stated they would report immediately through their chain of command and the shift commander.

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

**Coordinated response**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. BCCC.020.0026.01 PREA Federal Compliance Standards
3. Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited
4. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited
5. Interviews with:
  - a. Warden
  - b. Facility Administrator

Interviews with the Warden and Facility Administrator identified DPSCS has written policies and each facility has its own written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is in the BCCC. 020.0026.01 details the responsibility and practices of staff to include once an allegation is received by the Custody (first responders), Custody Supervisors, Medical Department, Rape Crisis Center Advocate, Access to Emergency Medical and Mental Health services, Ongoing Medical Treatment, Inmate Notifications, Sexual Abuse Incident Review, Data collection, storage, and retention. In addition to the facility's written institutional plan, DPSCS has policies that coordinate actions taken after the report of sexual abuse. Executive Directive OPS.050.0001 and Executive Directive OPS.200.0005 require staff to ensure the safety of a victim of inmate-on-inmate sexual conduct, through a coordinated response to a complaint of sexual misconduct ensuring: (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.

Based on a review of the policy, interviews and analysis, the facility has demonstrated compliance with this standard.

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

66 Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland
3. AFSCMET MOU
4. Interview with:
  - a. Agency Head Designee

115.66(a) AFSCME Maryland Memorandum of Understanding between the American Federation of State County and Municipal Employees & the State of Maryland Effective January 1, 2018 through December 21, 2020 Article 3. Management rights indicated "The employer retains the sole and exclusive authority to for the management to its operation and may exercise all right, powers, duties, authority and responsibilities conferred upon and invested to it by all laws including, but no limited to, the Collective Bargaining Law (Title 3, State Personnel and Pensions Article). Maryland law requires that management retain all basic rights. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland regarding management's rights as provided by law was submitted for review. Items 1 through 8 documents specifically state that the Agency has the ability to manage their staff in the event that an issue were to occur related to many different issues, of which (3) states, hire, direct, supervise, and assign employees, and (4) states, promote, demote, discipline, discharge, retain, and lay off employees. The Agency Head designee reported that Maryland is a management rights state. DPSCS maintain its right to manage staff. It has discretion regarding the assignment, hiring and firing of staff and no limitations to the agency's ability to remove employee sexual abusers from contact with inmates.

Based on a review of the documents, interview and analysis, the facility has demonstrated compliance with this Standard.

## 115.67 Agency protection against retaliation

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. Retaliation Monitoring forms
5. Interviews with:
  - a. Agency Head
  - b. Warden
  - c. Facility Administrator/ Staff charged with monitoring retaliation.

115.67 (a) Executive Directive OPS.050.0001, states the head of a unit, or a designee, is responsible for ensuring an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual or feared retaliation. The Facility Administrator has assigned himself to conduct retaliation monitoring for both staff and the inmate population at the facility.

115.67(b) The Directive states that if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: Application of available medical or mental health services or counseling; Changes to inmate housing assignments, change in inmate work assignments, disciplinary actions, staff work assignments, staff write-ups, inmate and/or staff change in behavior. This was also described by the Facility Administrator during the interview. He continued in stating he would initiate meetings with the inmates who report allegations of sexual abuse at 30, 60 and 90 days and the meetings would be conducted privately to discuss any concerns staff/inmate may have. He added retaliation monitoring would continue beyond 90 days if deemed appropriate, however, there has not been any circumstances deemed necessary.

There was only one PREA allegation reported for BCCC since 2019 throughout the review period. The allegation was reported on September 7, 2020 and was alleged to have occurred on September 4, 2020 during search procedures by a member of the CIT. The inmate was transferred on September 4, 2020 due to being in possession of a cellphone and assaulting staff with injuries. The inmate's new DPSCS facility reported the allegation to the IID for investigation and completed the retaliation monitoring until the investigative findings was determined as Unfounded on October 14, 2020.

Per interviews with the Agency Head Designee, there are multiple ways to protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations, the actions taken would be depended on the situation but could be housing changed, transfer of the abuser provide protective custody, and provide emotional support. The Warden indicated an inmate or staff determined to be performing retaliation toward an individual would be discipline, transferred and/or the staff member would be terminated. The victim in receipt of retaliation would be moved to another area and/or could be transferred to another facility if necessary.

115.67(c) (d) (f) Executive Directive OPS.050.0001, identifies changes that may suggest possible retaliation by inmates or staff, which may include, but is not limited to unreasonable or unjustified: Discipline; Changes in work or program assignments; Transfers or placements; or Denial of privileges or services. These must be monitored. The facility presented Retaliation Monitoring forms, that includes inmate's name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a place for reporting within 2 weeks, within 30 days,

within 60 days, final 90 days, with addition space available for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates.

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

## 115.68 Post-allegation protective custody

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DOC 100.0002 Case Management Manual
3. Interviews with:
  - a. Warden
  - b. Facility Administrator

115.68 (a) DOC.100.0002 Case Management Manual, indicates that Protective Custody is appropriate when required for the protection of the inmate. It goes on to say, "every effort shall be made by Case Management Staff, and the managing official, to find suitable alternatives to protective custody housing." Suitable alternatives identified in the Case Management Manual include transfer of the inmate victim to another housing unit within the facility, a lateral transfer of the inmate victim to another facility of the same level, and transfer of the inmate's documented enemy, or enemies, to another facility. Every Protective Custody placement is, by policy reviewed every 30 days. Inmates housed in Protective Custody are allowed the same out-of-cell activity as in their regular housing unit, have the same access to Health Care and Case Management services, the same visiting opportunities, the same access to the library and legal reference materials, the same access to programming, including religious programming, and to educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations.

In accordance with the PAQ, interviews Warden, Facility Administrator, and facility observation, BCCC does not have a segregation Unit. The alleged aggressor would be transferred, and the alleged victim would remain at the facility. During the corrective action, period an inmate reported an inmate-on-inmate sexual harassment allegation. The alleged victim remained at the facility, and the alleged aggressor was immediately transferred to another DPSCS facility on the day of the reported allegation.

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

## 115.71 Criminal and administrative agency investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed, (documents, interviews, on-site visit)

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
5. Interviews with:
  - a. Warden
  - b. PREA Coordinator
  - c. BCCC PCM
  - d. IID Investigator
  - e. BCCC Facility Administrator

115.71(a) Directive IIU.110.0011 states, "The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator." Directive OPS.050.0001 and OPS.200.0005 states in part, "Investigating, Documenting, and Resolving a Complaint. 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 and inmate on inmate sexual conduct 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." Reports may be in writing, verbal anonymous or from third parties. Verbal reports shall be documented promptly but not later than the end of the shift. Inmates and staff also have access to the PREA hotline that shall refer any reports back to the facility for investigation. Staff can dial the number privately and anonymously from any facility phone."

An interview with the IID Investigator, indicated upon the affected facility notifying the IID Duty Officer, the case is assigned a case number upon receipt to the reported allegation. Allegations of alleged sexual assault that involves a forensic examination and/or crime scene, the on-call Detective will report to the hospital and facility immediately. Allegations that are reported to have occurred several months ago and/or at a previous institution where there is no physical evidence to collect and/or alleged participants have transferred and/or been released for example would come second to a more recent sexual assault case. The investigator indicated all reported allegations of sexual abuse and/or sexual harassment are investigated in the same manner regardless of how they are reported.

The PAQ identified 0 reported PREA allegations during the 12-month review, however this number is incorrect. Per the PREA tracking log, PREA investigative casefiles and interview with the BCCC PCM and Assistant DPSCS PREA Coordinator, there was 1 reported allegation of staff-on-inmate sexual abuse reported during the 12-month review period. The investigative finding was determined as Unfounded.

Documentation demonstrated the investigations were initiated shortly after an incident was reported and/or identified during the staff investigation and a thorough and objective investigation was conducted. This was verified via the supporting documents (i.e. investigation narrative, medical documentation, and witness statements, various records completed, available video footage) contained within the investigation files. An interview was conducted with an IID Investigator who is assigned to conduct sexual abuse and sexual harassment reported allegations. Investigative staff indicated the

investigations are typically initiated immediately, however, the amount of information received, when the incident was alleged to have occurred, and when it was reported compared to a more recent incident reported timely to collect circumstantial evidence and the circumstances surround the alleged incident is given consideration. All interviews are conducted privately. Investigators reported anonymous and third-party reports of sexual abuse and sexual harassment would be processed in the very same manner as any other reported verbally or in writing of sexual abuse and sexual harassment.

115.71(b) Directive OPS.050.0001 and Directive OPS.200.0005 states in part, "To the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations." Directive IIU.110.0011 states, "Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting." IID handles all allegations of sexual abuse and sexual harassment and has jurisdiction over both administrative and criminal investigations. Investigators reported having received specialized training in the conduct of sexual abuse and sexual harassment investigations that was confirmed by review of their training records in accordance with standard 115.34.IID Investigators are sworn peace officer and have received extensive training beyond that which is required by the provision of 115.34 of Conducting Sexual Abuse Investigations in a Confined Setting. Training records noted that all investigations completed by IID were completed by an investigator who had received specialized training.

115.71(c) Directive OPS.050.0001 and Directive OPS.200.0005 states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department or agency 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." Directive IIU.110.0011 addresses investigator responsibilities including interviews and the collection and preservation of evidence. Review of Investigation documents demonstrate that investigators do "gather and preserve direct and circumstantial evidence." Investigation documents contained such information as victim and witness interview statements, electronic case management information, physical evidence such as letters, and photographs. The facility did not report any cases where a forensic exam was conducted for the collection of DNA evidence. Per interviews the investigators they gather all physical evidence, review phone records, witness statements, search the crime scene, video review, prior history of inmates, ensure safety of alleged victim from the alleged aggressor, interview the alleged victim and alleged aggressor, develop a report and refer to the prosecutor for possible criminal charges as applicable. Each stated sometimes those allegations reported anonymously are investigated no difference than any other reported allegation. However, on occasions there is not enough information provided to continue with an investigation, but the investigators make every effort to complete a thorough investigation just as all other reported allegations. A review of the 1 completed PREA investigative file contained a variety of detailed supporting documentations that met the elements listed.

115.71(d) When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." Directive IIU.110.0011 states, "If appropriate, work with the prosecutor to develop the case for criminal prosecution." The IID investigator indicated they are sworn peace officers therefore, they communicate with prosecutors for presenting criminal charges, request of a search warrants to include body searches, but are not required to consult with the prosecutors prior to conducting compelled interviews. There were 0 Substantiated allegation of sexual abuse and 0 Substantiated allegation of sexual harassment determined during the review period.

115.71(e) Directive OPS.050.0001 and Directive OPS.200.0005 prohibits victims of alleged sexual misconduct or sexual conduct from being compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct. Directive IIU.110.001, section .05E states, "(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." Review of the 1 completed PREA investigation did not indicate the use of a polygraph or other truth-telling device or examination. Additionally, credibility assessments appear to be appropriate given the information contained within the investigation report. Investigators were able to articulate the main ideals of the standard stating that credibility of an alleged victim, suspect, or witness is considered on an individual basis. Additionally, the investigator indicated under no circumstances would an alleged victim of sexual abuse be required to submit to a polygraph examination.

There were 0 inmates who reported allegations of sexual abuse and/or sexual harassment at BCCC during the on-site visit for interview by the auditor. The one inmate who reported a staff-on-inmate sexual abuse allegation was previously transferred due to disciplinary action of possession of a cell phone and assaulting staff. A review of the completed investigative casefile did not reveal any documentation where the inmate was requested/required to submit to a polygraph or other truth telling device.

115.71(f) Directive OPS.050.0001 and Directive OPS.200.0005 requires agency investigators to thoroughly document all



aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution. Directive IIU.110.0011, section .05D(6) states, "Conduct post-incident investigative actions to complete a comprehensive investigation of the incident that intends to: (a) Identify the perpetrator; (b) Determine if employee action or lack of action contributed to the occurrence; and (c) Collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings. There were 0 substantiated allegations of sexual abuse and/or sexual harassment, however, there were 0 cases identified as criminal.

115.71(g) Directive OPS.050.0001 and Directive OPS.200.0005 requires agency investigators to thoroughly document all aspects of the investigation in a written report to best support subsequent administrative action and, if appropriate, referral for criminal prosecution. All criminal investigations are conducted by IID. IID is the investigative body, within the agency, with the authority to conduct criminal investigations. As a result, all criminal investigations are documented in accordance with the standard. A review of the investigation reports completed by IID noted complete descriptions of any physical evidence (when applicable) as well as testimonial evidence relied upon when making a final determination as to the merits of the investigation. The IID investigator reported that all aspects of an allegation are documented in the investigation report. Investigation reports include a description of all evidence gathered in the conduct of the investigation.

115.71(h) Md. Correctional Services Code Ann. §10-701 subject to the authority of the Secretary, the Internal Investigative Unit shall: Investigate: (1) alleged criminal violation committed by employee of the Department while on duty; (2) alleged criminal violations committed by inmates, visitors, and other individuals that are the safety of security of the Department 's facilities or programs; (3) alleged professional misconduct by employees of the Department; (ii) adopt regulations of the conduct of its investigations. (b) Powers of investigator – Property owned, leased, operated by or under the control of the Department. An investigator in the Internal Investigative Unit may exercise the powers of a peace officer in the State on property that is owned, leased, operated by, or under the control of the Department. (c) Powers of investigator – Other property (1) An investigator in the Internal Investigative Unit may exercise the powers of a peace or police officer in the State on property that is owned, leased, operated by, under the control of the Department when (i) engaged in fresh pursuit of a suspected offender; (ii) requested or authorized to do so by the chief executive officer or chief police officer. Directive OPS.050.0001 and Directive OPS.200.0005 states, "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." Directive IIU.110.0011, section .05H (6) states, "If appropriate, work with the prosecutor to develop the case for criminal prosecution."

There were 0 substantiated allegations of sexual harassment and/or sexual abuse during the review period and/or corrective action period. Therefore 0 cases appeared to be criminal and/or were referred for prosecution during the review period of March 1, 2020 – March 1, 2021.

115.71(i) Directive OPS.050.0001 and Executive Directive OPS.200.0005 requires the report of investigation to be filed and maintained in accordance with an established retention schedule. The agency retention schedule requires the report of investigation to be held for as long as the alleged perpetrator is incarcerated or employed by the DPSCS, plus an additional five years.

115.71(j) Directive OPS.050.0001 and Directive OPS.200.0005 sets the requirement for the continuation of an investigation. Per policy, the departure of an employee or inmate alleged to have committed sexual misconduct is not a basis for terminating an investigation of alleged sexual misconduct or alleged inmate on inmate sexual conduct. Also, the departure of the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct or alleged inmate on inmate sexual conduct. Investigator interviews indicate that, once initiated, investigations will proceed until completion. The investigation would continue for both staff and the inmate population whether the staff member resigned and if an inmate has been released and/or transferred.

115.71(k) (l) DPSCS conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Interviews with the DPSCS PREA Coordinators, Warden and IID Investigator confirmed the Intelligence and Investigation Division Investigators are sworn law enforcement peace officers and conducts all DPSCS investigations.

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

## 115.72 Evidentiary standard for administrative investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed, (documents, interviews, on-site visit)

1. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses

2. PREA Investigative Casefile

3. Interview

a. IID Investigator

115.72 (a) OPS. IIU. 110.0011 indicates upon conclusion an investigation involving an inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence. A review of the two completed investigative files to include one sexual abuse and one sexual harassment, confirmed the investigative findings were determined on the collection of evidence recovered during the investigative process, to include interviews conducted, and physical evidence collect, available video monitoring, review of inmate recorded telephone calls, and medical examinations. A review of the 1 completed investigative case file confirmed the IID Investigators does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse/sexual harassment is substantiated as confirmed by the IID Investigator. She confirmed the preponderance of evidence is the standard necessary to substantiate an allegation for sexual abuse/harassment through collected evidence and interviews.

Based on a review of the relevant policy, review of investigative files and interview, it is determined that BCCC is compliant with the applicable provision of this Standard.

## 115.73 Reporting to inmates

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed, (documents, interviews, on-site visit)

1. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
2. OPS.050.0001 Sexual Misconduct - Prohibited

115.73. (a) IIU.110.0011 states upon concluding an investigation involving an inmate as victim of sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation if the investigation resulted in the incident being Substantiated, Unsubstantiated, or Unfounded.

OPS.050.0001 section H - Victim Notification states (1) When notified by an investigator under §.05G((4)© of this directive, if the allegation was sexual abuse , the head of the unit responsible of 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 a the inmate's facility; (c) If aware, the employee is criminally charge 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 following information: (a) Case number; (b) Content of the notification; (c) Date of the notification; (d) Location where the notification was made; 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 the notification. "Refused to Sign" and the employee's signature.

The IID Investigator indicated there are occasions in where the inmates are notified of the investigative findings during the interview process based on the evidence previously collected prior to the interview. In other cases, the IID Investigator notifies the PCM upon determining an investigative conclusion of whether Substantiated, Unsubstantiated or Unfounded and the PCM makes notification to the inmate. The IID Investigator then documents all notifications in the summary of the investigative report. A review of the 1 reported completed PREA investigation casefile revealed the IID Investigator included in the summary of the investigation notification to the inmate during the interview process that based on the information/evidence he has collected and the inmate's refusal to make a statement or provide any specific information about the alleged PREA incident, would result the investigator concluding the investigation with a finding of unfounded. The investigative summary documents that the inmate acknowledged he understood and maintained his right to refuse making a statement. The BCCC Facility Administrator and Assistant Warden at the inmate's receiving facility Maryland Reception, Diagnostic and Classification Center (MRDCC) were documented as being notified.

115.73 (b) The PAQ identified there were 0 investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency during the 12-month review period. DPSCS conducts its own administrative and criminal investigations that includes all sexual harassment and sexual abuse reported allegations. The 1 PREA allegation reported during the review period was investigated by the IIU, a division of the DPSCS.

115.73 (c) Directive IIU.1100011 requires if an investigated incident involved an employee committing a sex related offense on an inmate and the incident was Substantiated or Unsubstantiated, the investigator will arrange for the inmate to be advised when the employee is no longer assigned to the inmate's housing unit, when the employee is no long employed at the facility, when, if known, the employee was indicted or charged with a sex related offense occurring at the facility, or if know, the employee was convicted of a charged related to a sexual related offense occurring at the facility. There were 0 substantiated reported sexual abuse findings and 0 substantiated sexual harassment allegation for staff during the review period of March 1, 2020 through March 1, 2021.

115.73 (d) Directive IIU.1100011 requires if an investigated incident involved an inmate committing a sex related offense on another inmate, the investigator will arrange for the victim detainee/inmate to be advised, if known that the perpetrator was

indicted or a charge related to as related offense occurring at the facility: and if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. There were zero substantiated allegations of inmate-on-inmate sexual abuse during the review period and/or corrective action period.

115.73 (e) IIU.110.0011 states the investigator shall document victim notification in the investigative report to include the name of the individual who notified the victim: the date, time, and location that the victim was notified and how the victim was notified. A review of the 1 reported completed PREA investigation casefile revealed the IID Investigator included in the summary of the investigation notification to the inmate on October 14, 2020 at the conclusion on the interview process based on previous evidence collected and the inmates' refusal to cooperate with the interview.

115.73 (f) IIU.110.001 states the victim reporting requirements under this standard shall terminate at the time the victim inmate is released for the DPSCS custody. A review of the audit period PREA investigative casefiles and reported allegations, zero inmates were released from DPSCS custody during the reporting and/or investigations of such cases.

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

## 115.76 Disciplinary sanctions for staff

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, investigative files, interviews, and on-site visit)

1. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited

2. Review of Investigative PREA casefiles

3. Standards of Conduct & Internal Administrative Disciplinary Process

115.76 (a) (b) (c) and (d) Executive Directive OPS. 050.0001.05 notes the Department does not tolerate sexual misconduct by an employee, by either omission or commission; and consider alleged or actual consent as a defense to an allegation of sexual misconduct. An employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee, except under exigent circumstances, did not perform responsibilities established under the directive or neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct. The directive further states an employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to a penalty under the Standards of Conduct, up to including termination of employment with the Department; Criminal prosecution; and if applicable, notification to a relevant licensing authority. The Standards of Conduct & Internal Administrative Disciplinary Process list the Category of Infractions /Type of Discipline while identifying unacceptable behavior is divided into three categories, according to severity. The third category infractions include Unprofessional personal relationship or contracts with inmate, offender, client or criminal history records or information.

There were 0 substantiated PREA allegations involving staff during the review period of March 1, 2020 – March 1, 2021 nor during the corrective action period.

Based on the review of policy, interviews, and review of PREA investigative files, the facility meets the provision of this Standard.

## 115.77 Corrective action for contractors and volunteers

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. PREA Investigative Casefiles
4. Interviews with:
  - a. Warden
  - b. BCCC Facility Administrator

115.77(a) Executive Directive OPS.050.0001 notes 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; (d) If applicable, notification of a relevant licensing authority.

115.77 (b) Executive Directive OPS.050.0001 identifies "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 (iv) An employee of the Maryland Department of education, Maryland Department of Labor, Licensing and Regulation and Baltimore City Public Schools.

Per an interview with the Warden and Facility Administrator, all volunteers and contractors accused of sexual misconduct with an inmate shall be prohibited from any further contact with the inmate population, denied entry into the facility and all other DPSCS facilities immediately until an investigation is completed. If the accusation is substantiated the individual's volunteer and/or contractual status shall be terminated, and the individual shall be subject to criminal prosecution if the behavior is deemed to be criminal in nature. There were 0 PREA allegations reported regarding contract and/or volunteers during the review period of March 1, 2020 - March 1, 2021. Due to COVID-19, volunteers have not been allowed entry into the facility since March 2020 throughout the corrective action period.

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

## 115.78 Disciplinary sanctions for inmates

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, on-site visit)

1. OPS.050.0001 Sexual Misconduct - Prohibited
2. OPS. 200.0005 Inmate on Inmate Sexual Conduct - Prohibited
3. COMAR 12.02.27
4. COMAR 12.03.01.4 Inmate Rule Violation Summary
5. Interviews:
  - a. Warden
  - b. Facility Administrator

5. PREA Investigative Casefiles 115.78(a) DSPCS.020.0026 states The Department does not tolerate sexual abuse or sexual harassment of an inmate. The policy identifies sexual abuse of an inmate by another inmate to include the following acts, if the victim inmate does or does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse: (i) Acts listed under §§ .04B(3)(a)(i) and (ii) of this directive; (ii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and (iii) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin breast, inner thigh, or the buttocks of another inmate, excluding contact incidental to a physical altercation. OPS.200.0005 states: The Department does not (1) Tolerate inmate on inmate sexual conduct; (2) Consider alleged or actual consent as a defense to an allegation of inmate-on-inmate sexual conduct. COMAR 12.03.01.4 identify the inmate violation summary code has 117 – An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act. Per the review of the 1 PREA investigative casefile, the sexual abuse allegation was made against staff. There were 0 reported PREA allegations made against an inmate during the review period.

115.78(b) & (c) COMAR 12.02.27 states that the hearing officer before imposing a sanction would consider mitigating factor such as the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories and the inmate's mental health status at the time the rule violation occurred. COMAR 12.03.01.8 states whether or not the defendant is currently under the care of mental health staff, if there is cause to believe that the defendant may not be mentally competent and is unable to participate in the inmate disciplinary process, the hearing officer shall postpone the disciplinary proceeding and the facility representative or other facility staff shall refer the defendant to the Department's mental health staff to: (1) Assess the defendant's mental health status; and (2) Determine whether the defendant is competent to participate in the disciplinary process, the: E. If mental health staff determines the defendant is not competent to participate in the inmate disciplinary process, the: (1) Disciplinary proceeding shall be held in absentia; and (2) Hearing officer shall enter a disposition of "Not Competent" and conclude the disciplinary proceeding.

An interview the Warden indicated an Independent Discipline Hearing Officer who is DPSCS employee within a different division and is not assigned to the facility. She indicated an inmate would be subject to segregated confinement, loss of good conduct time credit, subject to transfer and could lose privileges such as commissary, and visits. If criminal charges were determined, the inmate would receive disciplinary sanctions prior to appearing in court. However, BCCC does not have a segregation, therefore, the aggressor would have been transferred to another DPSCS facility upon the allegation being reported.

115.78(d) OPS.200.0005 state: If therapy, counseling, or other intervention designed to address and correct underlying reasons or motivation for sexual conduct is available, may be required to participate in available therapy, counselling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process. Mental Health are not assigned at BCCC. Mental health services are

provided by staff at Dorsey Run Correctional Center prior to COVID-19, inmates were transported to there for counseling services. Since COVID-19 inmates receive individual counseling services via video. However, the available intervention services are provided to the inmate upon the inmate volunteering to attend the programs.

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

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

115.78(g) OPS.200.0005 states, "An inmate may not commit, participate in, support, or otherwise condone sexual conduct." COMAR 12.03.01.4 Inmate Rule Violation Summary identify "In any manner, arrange, commit, perform, or engage in a sex act or sexual conduct as a violation of code 117." Per an interview with the Warden, and Facility Administrator, the facility does not consider consensual sexual activity between inmates to be sexual abuse. Per the PAQ and the review of the PREA investigative casefile, there were zero reported PREA allegation against inmates and therefore, 0 inmates received disciplinary sanctions for participating in sexual conduct activities that was not determined to be sexual abuse.

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



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

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

81 Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness
4. CORION Guidelines for Sexual Assault
5. Mental Health Referral Forms
6. Interviews with:
  - a. Mental Health staff
  - b. Staff who conduct risk screening
  - c. Inmates who disclosed prior victimization during risk screening

115.81 (a) (b) OPS.050.0001 and OPS.200.006 states, "whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening. It also indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a copy of the intake screening will be referred to the mental health department.

The PREA Intake Screening forms listed questions that aid screening staff on whether the inmate shall be referred for a mental health follow-up. Specific questions are: Were you ever sexually assaulted or abused as a child or adult; Have you ever been sexually assaulted while incarcerated; Do you have a criminal history of sex offenses with adults; Have you ever sexually assaulted another inmate while incarcerated. Those inmates who response yes to either of these questions are required to be offered a mental health referral. However, all inmates have the option to accept and/or decline. Once the PREA Follow-Up form is completed by staff, the form is forward to mental health staff. The instruction to screeners notes: The Prison Rape Information Act (115.81) requires that inmate identified as victims of perpetrators of sexual abuse be offered a follow up meeting with medical or mental health practitioner within 14 days of intake screening. If an inmate must be offered a follow-up meeting, assist the inmate with filling out this request form and forward it to our facility's psychology department via the institution mail."

Per the PRE-Release System Mental Health Supervisor, mental health services are provided to the inmates at BCCC by telehealth. The mental health staff are contacted by staff who conduct risk screening via email of an inmate's request to be seen. Mental health staff document notes within their electronic system accessible only to mental health staff. The original PREA Follow-up form is maintained in the inmate's medical record file.

Three inmates arrived at BCCC were identified as prior victims of sexual abuse during the review period. All were offered a PREA follow-up with mental health. One inmate refused, upon further interview with the medical doctor on the day of risk screening, the inmate was identified already been seen by psychology staff and his request was for his medication. The third inmate who requested a PREA follow-up was transferred on the 11th day of his arrival and was not seen by mental health prior to his departure.

Interviews with staff who perform screening for risk of victimization confirmed if a screening indicates that an inmate has experienced prior sexual victimization whether in an institutional setting or in the community, the inmate is offered a follow-up meeting with mental health. Those inmates that are identified as previously perpetrated sexual abuse are also offered a

follow-up meeting with a mental health practitioner. Per staff who conduct risk screening, and the PRE-Release Mental Health Supervisor, all incoming inmates who have previously perpetrated sexual abuse are offered a follow-up with mental health. However, these inmates have the option to decline the mental health services that is also documented on the PREA Follow-up forms by marking "No, I would not like to be seen for mental follow-up to discuss the results of my PREA screening."

115.81(c) BCCC is not a jail.

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

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

Based on a review of policies, interviews with staff and inmates, review of mental health logs, inmates 'acceptance and declined offer for follow-up mental health referrals, BCCC is determined to be compliant with all provisions of this standard.

## 115.82 Access to emergency medical and mental health services

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed .

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness
4. DPSCS Office of Clinical Services/Inmate Health Medical 'Evaluations Manual Chapter 13 Sexual Assault on an Inmate
5. Interviews with:
  - a. Medical/ Mental Health Staff

115.82(a) OPS.050.0001 states supervisors, managers, and shift commanders are responsible for ensuring the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes referral for medical and mental health care follow up and non-medical or mental health related counseling services. In addition to appropriate medical and mental health services and support services are made available to a victim of sexual misconduct.

Directive OPS.200.005 states if the alleged inmate on inmate sexual conduct involves sexual abuse, the assigned investigator shall: (a) If evidentiarily 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 document attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examinations.

DPSCS Office of Clinical Services/Inmate Health Medical Evaluations Manual Chapter 13 Sexual Assault on an Inmate states, a detainee/inmate reporting to have been sexually assaulted while in DOSCS custody shall be managed using guidelines consistent with the 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 examination. Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination. Interviews with the Doctor and Pre-Release Mental Health Supervisor verified victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical staff are scheduled 24/7 therefore, is always on duty to provide medical care. The inmate would receive emergency medical treatment as soon as medical staff are notified. Medical screening is limited to HIV and Hepatitis C. Additional testing is conducted at the local hospital for sexually transmitted infections and if the test results are positive, medical care services would be provided by facility medical staff. Staff would retrieve a consent form from the inmate and provide necessary treatment to include collecting clothing and in accordance with policy. Facility medical staff would call the hospital prior to the inmate and escorting staff departure and advise hospital staff that an inmate is in route for a forensic medical examination. There were no inmates who were provided forensic medical examinations during the review period.

Per the mental health supervisor, staff are available Monday – Friday and the inmate would be seen not later than the following day. However, psychiatrist services are available as needed and are scheduled for on-call 24/7. Both mental health and medical staff stated their belief is the medical care and mental health care provided to the inmate population is equal to that in the community, their professional judgement while ensuring the state requirements are followed.

115.82(b) OPS.050.0001 states, "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. Interviews with random staff confirm they were aware of the first responder duties. All stated they would separate the victim from the abuser, keep victim safe, contact the shift commander and the inmates would be escorted to medical. One inmate reported an allegation of sexual abuse occurring at BCCC during the review period. The reported allegation did not include first responder duties due to the allegation reported. Additionally, staff aided due to the alleged victim assault on staff. The allegation of sexual abuse was reported by the inmate after his arrival at his new designated facility. Therefore, there were no instances where security and/or non-security staff served as first responder that required separation and/or preservation of evidence.

115.82(c) CORIZON Health has a policy which addresses the requirement of this provision which states, "prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases." Inmate victims of sexual abuse while incarcerated shall be offered timely information about timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There were 0 inmates at BCCC who reported an allegation of sexual abuse during the review period. The one inmate who reported an allegation of sexual abuse was transferred for disciplinary actions prior to reporting the allegation. The investigative finding was unfounded. Therefore, there were 0 forensic medical examination committed and/or testing related to for sexually transmitted or other communicable diseases as there was no evidence collected by the SAFE to support sexual activity as alleged by the inmates.

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

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

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

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed .

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault DPSCS Executive Directive
4. DPSCS Office of Clinical Services/Inmate Health, Administrative Manual Chapter 9 Continuity of Care
5. CORIZON Health Policy on Federal Sexual Abuse Regulations
6. BCCC.020.0026.1 PREA Federal Standards Compliance
6. Interviews with:
  - a. Medical and Mental Health Staff

115.83(a) DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault addresses the requirements of this standard. Per Section I, Detainees/inmates reporting to have been sexually assaulted while in DPSCS custody shall be managed using guidelines consistent with the Prison Rape Elimination Act (PREA). An initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted." The policy also provides procedures to follow in event of sexual abuse. In an interview with medical staff, indicated they would ensure the victim is stable and then provided follow up treatment plans per the physician or local hospital.

In accordance with BCCC.020.0026.1 the facility will offer medical and mental health evaluation, when appropriate treatment to all inmate who have been victimized by sexual abuse while confined.

Per Chapter 13, Section F of the Manual, within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room notes, and write appropriate orders for care in the patient's medical record. If the provider is off site, the emergency room protocol for review will be conducted and the disposition of care executed. Medical staff is assigned at the facility 24/7. Therefore, the inmates are seen by facility medical staff upon their return to the facility following the initial offsite medical visit regarding the allegations of sexual assault. Per the mental health supervisor, staff are available Monday – Friday and the inmate would be seen not later than the following day. However, psychiatrist services are available as needed and are scheduled for on-call 24/7

115.83(b) The facility offers medical and mental health evaluation as appropriate treatment to all inmates who have been victimized by sexual abuse. Inmate sexual abuse casefiles confirmed inmates are seen by and follow-up services are conducted with medical and mental health staff through documentation of services. Confirmation of continued community follow-up services is arranged prior to the inmate's departure from the facility.

Per DPSCS Office of Clinical Services/Inmate Health Administrative Manual Chapter 9 Continuity of Care Section A General - Inmates leaving the DPSCS 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 process that was received while the inmate was incarcerated.

Per an interview with the Mental Health Supervisor of the PRE-Release Centers, his staff communicate with the Social Workers schedule after-care services for inmates who experience sexual abuse while incarcerated upon their release from incarceration. She stated upon being notified of a sexual abuse victim being released, follow-up appointments are scheduled

in the inmates' local community for mental health, medical and other available resources.

115.83(c) In an interview with the Facility Medical Doctor and the Mental Health Supervisor for the DPSCS PRE-Release Centers each indicated the level of care provided to the inmates are consistent with the community level of care.

115.83(d) & (e) BCCC houses male inmates only. Therefore, these provisions of the standard are not applicable.

115.83(f) Per Chapter 13, Section F of the Manual, all follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. Per Section M of the Manual, the patient and alleged abuser shall be offered follow-up STI testing within 60-90 days of initial testing to include HIV, HCV, and syphilis serology. Per Directive BCCC.020.0026.1 Provision is made for testing of sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, or other diseases) and counseling, as appropriate. There were zero forensic medical examination committed and/or testing related to sexually transmitted infections as there was no evidence collected by the SAFE to support sexual activity as alleged by the inmates. Medical documentation identifies the inmate who identified sexual abuse with penetration refused medical testing for STD and/or HIV.

115.83(g) Per Chapter 13, Section O, of the Manual, all treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Directive OPS.050.0001 If the alleged sexual misconduct involves sexual abuse, the assigned investigator shall: 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 document attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examinations. Per BCCC.020.0026.1 treatment services are proved to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This statement was confirmed by the Facility Medical Doctor.

115.83(h) Per Chapter 13, Section K, of the Manual, an alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse. An interview with mental health supervisor stated staff would offer an abuser counseling intervention on an individual basis. However, the Department does not offer group sessions for sex offenders that she is aware of.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. PREA Tracking Log
3. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
4. PREA Investigative Case File
5. Interviews with:
  - a. Incident Review Team Member/Facility Administrator

115.86(a)(b)(c) OSPS.S020.0027 states, "that except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded, review the incident. It also indicates the facility incident review team shall consist of upper-level facility management officials designated by the facility managing official after consultation with the facility PREA Compliance Manager and have input from or access to line supervisors, investigators, and medical or mental health practitioners concerning the incident being reviewed.

A review of the BCCC PREA Track Log and PREA casefile, the facility at a minimum reported one PREA allegation annually. There was one reported PREA allegation as of July 2019 throughout the on-site visit. On September 7, 2020, an inmate reported a staff - on-inmate allegation of sexual abuse as occurring on September 4, 2020. The investigative finding was determined as Unfounded. Therefore, an incident review was not applicable.

The auditor conducted an interview with the Facility Administrator who also serve as a member of the Incident Review Committee. He indicated the committee would meet within 30-days of the completed investigation and document the meeting. The committee would consist of upper-level management officials, the facility investigator, a line supervisor/major, and medical or mental health practitioners.

115.86(d) OSPS. 020.0027 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the location where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing in these areas. The team is required to prepare a report of findings for the managing official and BCCC PCM that identifies problem areas, necessary corrective action, and recommendation for improvement. The Facility Administrator indicated the committee would take all factors into consideration that would include identifying to determine if there are any blind spots, if additional mirrors or cameras are needed, or more staff is need. Also consider if policy and procedures were followed by staff. There were 0 incident reviews completed during the review period and/or 60 day corrective action period.

115.86(e) OSP.S020.0027 requires the managing official shall work with the PCM to implement the facility incident review team's recommendations for improvement from the review team; or if a recommendation is not implemented, document the reason for not adopting the recommendation. No incident reviews were completed and/or required as the reported allegation of staff-on-inmate sexual abuse was determined as Unfounded.

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

**Data collection**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
3. DPSCS Website
4. PREA Case Tracking Logs
5. Interviews with:
  - a. DPSCS PREA Coordinator

115.87(a) OSPS.020.0027 says that the Department's Internal Investigation Division, IID, is the primary investigative body for all PREA related allegations and is responsible for uniformly collecting and maintaining data regarding PREA related criminal and administrative investigations and for developing the forms to collect such data. Documentation provided included an information sheet entitled Incident-Based Data Collection. This outlines exactly what information is to be collected and reported on. The document identifies detailed information that must be collected regarding victim's information, perpetrator information, staff perpetrator information, medical and mental health information, and information from investigations that were conducted.

115.87(b) OSPS.002.0027, indicates that the DPSCS PREA Coordinator is responsible for aggregating the incident-based sexual abuse data annually. The DPSCS PREA Coordinator, said, in an interview, he receives the data from IID and prepares the report based on that data. He said that he collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. He added, he submits the DPSCS annual report at the end of fiscal year. Prior to submitting his 2020 report, 99% of the cases will be closed as he does not want to submit the report numerous cases pending. He and his assistant monitor the number of cases per the number of inmates at each facility while looking for patterns. Most reported allegations of sexual abuse have been alleged doing a staff on inmate frisk search. The proper procedure for conducting frisk and visual searches posted in areas where they are required to be conducted such as during Intake and visitation assist in the reduction of alleged sexual abuse allegations as both staff and inmates have the step-by-step procedures when conducting a visual search.

115.87(c) The DPSCS provided a copy of their most recent SSV-2 report that demonstrated that the data collected is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence.

115.87(d) Directive OSPS.020.0027 also holds the DPSCS PREA Coordinator responsible for collecting, maintaining, and reviewing the data from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. The DPSCS PREA Coordinator stated all reported PREA allegations go to the IID Unit where they are tracked. The IID Unit track all investigations, and statistics. The information is then forward to his office where they are monitored to detect is any higher level of patterns has developed. He and his Assistant PREA Coordinator read every investigation that assists them in monitoring the circumstances of the reported allegations throughout the year rather than not becoming aware until the end of the year. He added the review of the cases also provide awareness of how the DPSCS is doing in the prevention and responding to reported PREA allegations, that includes where there may be some problem areas and in determining what and or if any changes are needed.

115.87(e) Directive OSPS.020.0027, section .03B states, "The Department shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under the authority of the Department to assess and improve effectiveness of sexual abuse prevention, detection and responsiveness." The Maryland Department of Public Safety and Correctional Services contracts with "Threshold, Inc." for its pre-release services. The DPSCS does aggregate incident-based sexual abuse data for "Threshold, Inc." at least annually. The annual reports contained aggregated data for "Threshold, Inc." These annual reports are published online and can be found on the agency website.



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

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

## 115.88 Data review for corrective action

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
3. DPSCS Website
4. 2019 Annual PREA Report
5. Interviews
  - a. DPSCS PREA Coordinator
  - b. Agency Head

115.88 (a-d) Section .05 C of OSPS.020.0027 addresses the requirement of this standard. The Directive indicates the DPSCS PREA Coordinator, or a designee shall aggregate the incident-based sexual abuse data annually. Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Ensure that all aggregated sexual abuse data is included in an annual report that includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training; If applicable, identifies Department-wide problem areas or problems within specific correctional facilities; Is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available from previous years; Assess the Department's progress in addressing sexual abuse; and is approved by the Secretary and made available to the public through the Department's public and redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication.

Per an interview with the DPSCS PREA Coordinator, the data is collected, on all cases, by IID, every year, and forwarded to him. He aggregates the data and compares to previous years' data, looking for patterns or for anything unusual or noteworthy. He writes the annual report for the Secretary's review and signature. Upon the Secretary approval and signature, it is published on the agency web site. The DPSCS PREA Coordinator also indicated he does not include any information in the annual report that would require to be redated.

The auditor reviewed the website and verified the 2019 annual report was signed by the Secretary and published. A review of the report indicated a comparison of 2018 and 2019 data. The report is professionally written and addresses the requirement of this standard.

Based on a review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this Standard.

## 115.89 Data storage, publication, and destruction

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

BCCC was mistakenly created as a Community Confinement Facility in the OAS rather than a Prison/Jail Facility. Therefore, all provisions and standards were not included for completion. The original BCCC PREA Compliance Manager who maintained access to the facility's previously submitted documentation required an extended unscheduled leave of absence during the pre-audit phase. The facility was placed in a 60-day corrective action period to allow the proper creation and submission of documentation as a Prison/Jail Facility. The corrective action was completed.

Corrective Action Applied:

Evidence Reviewed (documents, interviews, site review):

1. BCCC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
3. Agency website
4. Annual PREA Report 2015 - 2019
5. Interviews with:
  - a. DPSCS PREA Coordinator

Section C of OSPS.020.0027 addresses the requirements of this standard. The directive indicates the DPSCS PREA Coordinator is responsible for completing an Annual Report and when approved by the Secretary it is made available to the public through the Department's public website. The report should redact information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information and related personal identifiers. Securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information. Maintain sexual abuse data for at least 10 years from the date received.

Per an interview with the DPSCS PREA Coordinator, he stated he develops the report that is published on the Department website. He does not include any information that presents a clear and specific threat to the safety and security of a correctional facility or personal identifiers in the report, so he does not have to redact anything. He also indicated the data is securely maintained for at least 10 years in computerized system and only authorized personnel has access. The auditor reviewed the agency website and verified the Annual PREA Reports were published from 2015 – 2019. A review of the most recent Annual PREA Report for 2019 indicated there were no personal identifiers were included.

Based on the review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this Standard.

## **115.401 Frequency and scope of audits**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

115.401.(a) (b) DPSCS 020.0026 PREA Federal Standards Compliance documents the PREA Coordinator is responsible for ensuring Department PREA related activities comply with federal PREA standards in area to include Audit and Auditing and Corrective Actions. This was the third PREA audit for BCCC. This is also the second year of the third audit cycle.

The auditor and support staff were provided access to all areas of the facility with the opportunity to observe practices and procedures in the various departments, in addition to inmate movement, activity in work assignments, medical, dietary, programs, recreation and inmate housing. The auditing team was provided office space to conduct staff and inmate interviews. Additionally, the auditor conducted informal interviews with staff and inmates during the tour of the facility. The BCCC facility created their audit in the OAS as a community confinement rather than a prison/jail. On June 1, 2021, a new creation was made by OAS Tech Support for an additional creation for BCCC as a prison/jail that would include all provisions and standards. Once the facility was identified properly, complications continued to exist in access to the previously loaded documentation in the community confinement files. Additionally, the BCCC PCM who maintains possession of the entered data within designated computer files, and she have been on an extended unscheduled leave of absence from the facility since during the pre-audit phase. The auditor was limited in the receipt of request made due to the extended absence of the BCCC PCM and no other staff identified as a point of contact. Although the Assistant DPSCS PREA Coordinator did aid the auditor in methods available to him. However, documentation requested by him during the post-audit phase, was not received. The auditor did not receive any correspondence from the staff and/or the inmate population. An interview with staff assigned to the mailroom confirmed the inmate's outgoing mail is sealed for by the inmates prior to placement in outgoing mail. This procedure allowed the inmate population confidentiality in communicating with the auditor just as communicating with a legal counselor.

## **115.403 Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

115.403 (f) Per DPSCS directives and standard requirements, all PREA final reports be published on the Department website and available to the public. A review of the DPSCS website at <https://dpscs.maryland.gov/prea/prea-audits.shtml> presented the completed PREA audits for 24 operational facilities. However, the Popular Hill Pre-Release Unit has been identified as closed since their last PREA audit conducted in 2017. The PREA audits posted included the one contract facility Threshold for 2015 and 2018. All posted PREA audits were posted on by the Department within 90 days of completion. The most recent posted PREA audit report was dated June 28, 2021.

## Appendix: Provision Findings

<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	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 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

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)?	na



**115.15 (d)****Limits to cross-gender viewing and searches**

Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? yes

Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? yes

Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? yes

**115.15 (e)****Limits to cross-gender viewing and searches**

Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? yes

If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? yes

**115.15 (f)****Limits to cross-gender viewing and searches**

Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

**115.16 (a)****Inmates with disabilities and inmates who are limited English proficient**

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

**115.16 (b)****Inmates with disabilities and inmates who are limited English proficient**

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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?	no
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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)?	no
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	no
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	no
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	no
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	no
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	no
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	no
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	no
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	no
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	no
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	no
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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?	no

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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?	no
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	no
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	no
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	no
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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.)	no
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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

<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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



<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (b)</b>	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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	yes
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<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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

<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	no
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	no
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	no
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	no
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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?	no
<b>115.43 (d)</b>	Does such an assignment not ordinarily exceed a period of 30 days?	no
	<b>Protective Custody</b>	
	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?	no
<b>115.43 (e)</b>	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?	no
	<b>Protective Custody</b>	
<b>115.51 (a)</b>	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?	no
	<b>Inmate reporting</b>	
	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

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes



<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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

<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

**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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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



<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

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