

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility:	Brockbridge Correctional Facility		
Physical address:	7930 Brockbridge Road, Jessup, MD 20794		
Date report submitted:	September 20, 2015		
Auditor Information	Jeff G. Kovar		
Address:	P.O. Box 552 Richmond, TX 77406		
Email:	jeff@preaauditing.com		
Telephone number:	832-833-9126		
Date of facility visit:	September 8-9, 2015		
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:			
The facility is:	<input type="checkbox"/> Military	County	Federal
	<input type="checkbox"/> Private for profit		X State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	David Greene		Title: Correctional Case Management Manager
Email address:	DGreene@dpscs.state.md.us		Telephone number: 410-540-6247
Agency Information			
Name of agency:	Department of Public Safety and Correctional Services		
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:	300 E. Joppa Road, Suite 1000, Towson, MD 21286		

Mailing address: <i>(if different from above)</i>			
Telephone number:		410-339-5000	
Agency Chief Executive Officer			
Name:	Stephen T. Moyer	Title:	Secretary
Email address:	smoyer@dpscs.state.md.us	Telephone number:	410-339-5005
Agency-Wide PREA Coordinator			
Name:	Rhea Harris	Title:	Assistant Secretary/Chief of Staff
Email address:	rharris2@dpscs.state.md.us	Telephone number:	410-339-5095

AUDIT FINDINGS

NARRATIVE:

A Prison Rape Elimination Act Audit of Brockbridge Correctional Facility was conducted from September 8, 2015 to September 9, 2015. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

An entrance meeting was held the morning of the onsite audit with the following persons: Assistant Warden Kendall Gifford, Special Assistant David Wolinski, and PREA Compliance Manager David Greene.

The auditor wishes to extend its appreciation to Warden Ricky Foxwell and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would also like to recognize PREA Coordinator Rhea Harris, Special Assistant David Wolinski, and PREA Compliance Manager David Greene for their hard work and dedication to ensure the facility is compliant with all PREA standards.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including; all general population housing units, administrative segregation, visitation/chapel area, indoor recreation, outdoor recreation, gymnasium, control center, inmate dining, kitchen, dry storage,

maintenance, boiler room, inmate barber shop, medical, intake, property, group meeting space, and the multipurpose building (computer lab, education, library, and case management).

During the tour, several informal interviews were conducted with inmates and staff throughout the facility.

A total of 24 staff were interviewed with at least one staff member interviewed from each interview category, with the exception of the interviews related to educational staff who work with youthful inmates, line staff who supervise youthful inmates, and non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility).

Staff interviews were conducted on all three shifts.

A total of 13 inmates were interviewed with at least one inmate interviewed from each interview category, with the exception of youthful inmates, disabled/limited English speaking inmates, transgender/intersex/homosexual/bisexual inmates, inmates placed in segregated housing for risk of sexual victimization, and inmates who reported a sexual abuse (these interview types were not applicable to this facility).

The count on the first day of the audit was 618. The count on the final day of the audit was 627.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed his concerns with Special Assistant David Wolinski and PREA Compliance Manager David Greene. Through a coordinated effort by these key staff members as well as other staff, all issues were addressed and corrected to the satisfaction of the auditor prior to the completion of the Final Report.

When the audit was completed, the auditor conducted an exit briefing on September 9, 2015. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Brockbridge Correctional Facility (BCF) located in the Jessup area of Anne Arundel County is primarily brick and block construction and situated on 6.6 acres of land adjacent to the Maryland Correctional Pre-Release System's administration building. A double fence topped with razor ribbon, and three security towers provides perimeter security.

The facility, which was constructed in 1966, is a two story building with inmate housing consisting of five, fifty-five bed dormitories on the first floor and a housing unit called Garrett. This unit houses the administrative and disciplinary segregation inmates and has twenty cells, ten on each side with an encircling security corridor and common space. There are two beds each attached to the wall and floor with a stainless steel combination toilet/wash basin/fountain unit. A lavatory is adjacent to this unit. The open housing configuration in the dormitories

includes single, unattached beds, inmate property storage lockers, hygiene/sanitation materials storage cabinet, a television, a coffeepot, and an ice cooler. The dormitories are located off both sides of a long corridor with large view windows permitting observation of the housing units. Adjacent to each dormitory is a lavatory with metal stainless steel toilets, sinks, and urinals. Porcelain washbasins have been installed in the lavatories.

The remainder of the first floor includes a large auditorium, used as a visiting area, administrative office space, general meeting area, roll call room and emergency operation center, security control center with video monitoring capabilities, small visitor waiting area and an attorney visiting room, dining room, dishwashing room, kitchen, public rest rooms, commissary, traffic and operations area, lieutenants office, holding area, religious meeting room and chaplain's office, clothing room, inmate property storage room, laundry room with commercial sized washers and dryers, contraband storage room, some staff offices and miscellaneous storage space.

In addition to inmate housing, the second floor which is configured similar to the first floor, has a barber shop, two game rooms with four pool tables and a table-tennis game, a classroom, two inmate telephone rooms with twenty collect call telephones each, a medical department, and miscellaneous storage space. The basement of the main building includes the boiler room, maintenance shop, storage rooms, tool crib, and a storage crawlspace.

Within the security perimeter there is a multipurpose building which houses the classification, education, psychology, chaplain's, clerical and identification offices, a small library, a gymnasium and weight lifting area with adjacent staff office and equipment storage space. The education area consists of four classrooms, a library, and a storage office and supply storage space. In addition, the building has a separate reclassification boardroom, area for inmate orientation and psychology groups and storage space. Adjacent to the main lobby is the BCF training building that has a classroom, and MCPRS training office, officers' clothes storage area, and services and supply office.

In the recreation yard, there is a 20 by 40 foot trailer that is used to store excess property pending disposal and a recreation shed. The recreation yard has a basketball court, volleyball court, a softball diamond, running/walking track, weightlifting equipment and four horseshoe pits.

The construction of the warehouse was completed in 2011. In the vehicle yard, there is a large warehouse building and an outdoor freezer unit, a dietary shed for materials and supplies, a property shed, and storage containers. There is also a vehicle sally port with an enclosed officers' station, two pedestrian sally ports, and a paved staff/visitor parking lot.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	4
Number of standards met:	37
Number of standards not met:	0
Not Applicable:	2

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

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

The Agency has three separate policies mandating a zero tolerance policy towards sexual abuse and sexual harassment (COS.200.0004 Inmate on Inmate Sexual Conduct Prohibited, DPSCS.020.0026 PREA- Federal Standards Compliance, and DPSCS.050.0030 Sexual Misconduct Prohibited). These policies outline the Agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Included in these policies are both the inmate's and staff's responsibilities to ensure an atmosphere free of sexual misconduct. These policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment for both inmates and staff. Sanctions for prohibited behaviors are listed in the policy. A zero tolerance policy for sexual misconduct was also discovered in four separate contractor policies.

DPSCS.020.0026 Prison Rape Elimination Act- Federal Standards Compliance lists detailed responsibilities for the PREA Coordinator, PREA Compliance Manager, and PREA Committee. The Agency's strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates are outlined in individual responsibilities of the staff listed above.

The Agency appointed an upper level, agency-wide PREA Coordinator who is the Assistant Secretary/Chief of Staff and reports directly to the Agency Head. The PREA Coordinator oversees 3 Regional Managers and 17 PREA Compliance Managers. The

team communicates through emails, phone calls, and site visits. In addition, the PREA Coordinator has four Department of Justice Certified PREA Auditors which help monitor PREA compliance throughout the state of Maryland. The Agency has recently sent two additional staff members to the auditor training, and they are currently pending final approval from the Department of Justice. The auditor was advised this is an example of the Agency's commitment to the Prison Rape Elimination Act.

The facility has a designated PREA Compliance Manager who holds the title of Case Management Manager. The PREA Compliance Manager reports directly to the Warden.

Interviews with staff reflect a system-wide knowledge regarding a zero tolerance approach to sexual abuse and sexual harassment. During the onsite audit, the auditor discovered the PREA Coordinator has several roles and responsibilities in addition to serving as the PREA Coordinator.

§115.12 - Contracting with other entities for the confinement of inmates

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

The Agency has entered into one contract for the confinement of inmates on or after August 20, 2012. This contract is with Threshold, Inc. (dated July 1, 2013) and is for the housing and rehabilitation of inmates in a community confinement facility. The contract requires the contractor to fully comply with the standards set forth in the Prison Rape Elimination Act of 2003, and with all applicable regulations issued by the United States Department of Justice.

There is a DOJ certified PREA auditor that works for the Agency who is responsible for monitoring all inmate housing contracts. This individual monitors these facilities and ensures they are PREA compliant. The Agency Contract Administrator works closely with the contractor to ensure its facilities comply with PREA standards.

§115.13 - Supervision and Monitoring

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

☐ Does Not Meet Standard (requires corrective action)

DPSCS.115.0001 Staffing Analysis and Overtime Management establishes a staffing plan for the facilities to comply with on a regular basis and states that all facility staffing plans are reviewed annually. DOC.100.0029 Collapsible Posts provides the Warden with a management tool to close posts when needed to reduce overtime. Posts are classified by their Operational Security Level with lower security levels closed first.

Since August 20, 2012, the average daily number of inmates was 443.

Since August 20, 2012, the average daily number of inmates on which the staffing plan was predicated was 651.

Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. There have not been any deviations from the staffing plan within the past 12 months.

DPSCS.050.0030 Sexual Misconduct Prohibited requires supervisors, managers, and commanders on all three shifts to conduct random, unannounced rounds. This policy also requires housing unit staff and supervisory staff to conduct unannounced rounds to identify and deter sexual abuse and harassment. This policy prohibits staff from alerting other staff of the conduct of such rounds.

The auditor was advised during interviews from intermediate and/or higher-level staff, that all supervisors conduct unannounced rounds daily, on all three shifts. Logbooks are signed, logging the date and time of the unannounced round. The auditor reviewed a sample of logbooks and discovered regular, unannounced rounds are conducted.

§115.14 – Youthful Inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

XX Not Applicable

DPDS.100.0003 Separation of Adult and Juvenile Detainees establishes a separate housing area for juvenile detainees. There are no youthful inmates housed at the Brockbridge Correctional Facility.

§115.15 – Limits to Cross-Gender Viewing and Searches

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

IID.100.0008 Strip and Body Cavity Searches prohibit cross gender strip and body cavity searches, except in exigent circumstances. This policy also require that all strip and body cavity searches are documented. There were no cross-gender strip or cross-gender visual body cavity searches of inmates reported at this facility.

EMD.DOC.100.0026 Search Plans prohibit cross-gender pat-down searches of female inmates. There are no female inmates housed at this facility.

The facility provides training specific to Inmate Processing and Inmate Searches. These lesson plans cover the proper search techniques for cross-gender pat-down searches.

The auditor was advised 61.92% of staff have been trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

There have not been any searches conducted of transgender/intersex inmates for the sole purpose of determining the inmate's genital status.

During interviews with staff and inmates, it was determined that announcements are made any time a member of the opposite gender enters the housing unit. During the onsite audit, the auditor observed this announcement being made during the facility tour.

There were no Transgender/Intersex inmates housed at this facility at the time of the audit. Staff interviews indicate Transgender/Intersex inmates are typically housed at another facility.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

DCD.200.0001 Inmate Rights, the Agency's Limited English Proficiency (LEP) Plan, and OEO.020.0032 LEP Policy establishes procedures for disabled and Limited English inmates and affords them 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. DCD.200.0001 Inmate Rights also mandates that special assistance will be provided to those inmates with language or reading problems.

The Agency has a lesson plan for special management issues which goes over the appropriate methods of handling inmates with medical and physical disabilities.

The Agency has documented contracts with language interpreter lines and documented procedures on how to use this service. The Agency has a contract with AdAstra for translation services and also has three medical interpreter contracts; MHM Interpreter Line, Mumby and Simmons Interpreter Line, and SpeakEasy Telephone Interpreter Services. The Agency has PREA Informational Handouts written in the Spanish Language that are given to Spanish speaking inmates.

COS.200.0004 Inmate Sexual Conduct states the head of a unit, or a designee, 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 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 to other inmates.

OSPS.050.0030 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.

Onsite interviews with staff reflect the Agency makes reasonable accommodations for inmates who are disabled and limited English proficient, to ensure compliance with PREA standards.

During the onsite audit, the auditor was advised there were no disabled and/or limited English speaking inmates currently housed at the facility. The auditor contacted a representative with AdAstar and discovered the Agency has a current contract with them, and they are available to provide translation services 24 hours a day, 7 days a

week. Staff interviews indicated inmate interpreters are not permitted, except in limited circumstances.

§115.17 – Hiring and Promotion Decisions

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

AMD.050.0041 requires criminal background checks be conducted on all employees, including contractors. 100% of all staff hired who may have contact with inmates have had criminal background record checks.

DPSCS Interviewing/Hiring Process requires all applicants who answered “yes” to any of the PREA related questions be referred to the Attorney General’s Office for review and recommendation. This policy also requires Human Resources to contact all prior institutional employers and review their personnel files. The facility conducted criminal background record checks on all staff in 100% of all contracts which involves personnel who might have contact with inmates.

Hiring guidelines prohibit the hiring of someone who was convicted of a crime punishable by imprisonment of a term of one year or more. This guidelines prohibits the hiring of any convicted sexual offender.

The Agency Personal Interview Form asks the applicant several questions to their past sexual abuse history. This form has an acknowledgement for the applicant to sign documenting the information provided was accurate and that any misrepresentation or falsification are grounds for immediate termination.

Under Code of Maryland 12.15.01.1, all employees are placed in a system that provides automatic updates to criminal history.

COMAR 12.15.01.19 State Rap Back Program mandates annual criminal background checks to be conducted on all employees (exceeding the requirement under PREA Standards, which require backgrounds be ran every five years). All employees are fingerprinted when they are hired. This information is entered into a database. If an employee were ever arrested, an alert would instantaneously be sent to the Agency for their review and investigation.

The Agency conducts polygraph examinations on potential applicants and asks specific questions related to PREA.

Interviews conducted with the Human Resources Department as well as a review of a random sample or personnel records indicate the Agency conducts background checks on all employees and asks specific questions related to sexual abuse.

§115.18 – Upgrades to Facilities and Technology

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

The facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012.

The facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since August 20, 2012.

BCF has 27 cameras on two DVRs, and the video is retained for approximately three months.

During the onsite audit tour, the auditor did not observe any significant blind spots; however, the auditor discovered approximately half of the cameras were no longer operable due to a recent storm. The auditor discussed this with the staff and was advised they recently received a purchase order to replace the cameras. The auditor was provided with a copy of the purchase order for 15 cameras. The purchase order was dated August 20, 2015.

Interviews with the administrative staff indicate camera placement is strongly considered during facility expansions as well as during annual staffing reviews.

Staff advised camera technology is reviewed annually and the facility submits a copy of its review and recommendations to the Agency. The Agency reviews this information and makes the determination on what upgrades they will receive, based on the need and Agency's budget.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Agency/facility is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). IID.220.0002 Evidence Collection outlines the Agency's uniform evidence protocol.

The standard of care provided to sexual assault victims is regulated by the Code of Maryland (COMAR). Hospitals in the state are certified as having SAFE programs and sexual assault victims (including from the Agency's facilities) are taken to those facilities for examination. Agreements are not needed.

The facility offers all inmates who experience sexual abuse access to forensic medical examinations which are conducted by SANEs or SAFEs. There are 25 hospitals across the State of Maryland that offer these services. The Agency utilizes 4 of these hospitals for such services. The State of Maryland is split up into a Northern Zone with 2 hospitals providing coverage for that area, a Central Zone with 1 hospital providing coverage for that area, and a Southern Zone with 1 hospital providing coverage for that area. When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

There have not been any forensic medical examinations conducted during the past 12 months.

OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct mandate that forensic medical examinations are offered without financial cost to the victim.

IID.110.0011 Investigating Sex Related Offenses and COS.200.0004 Inmate Sexual Conduct mandates that if requested by the victim, the facility attempt to make a qualified victim advocate available to the victim who will accompany, for the purpose of support, the victim through the forensic examination and investigation interviews. COS.200.0004 Inmate Sexual Conduct states a Department employee who is not otherwise involved in the incident and has received education and training concerning sexual assault and forensic examination issues and who has been appropriately screened and determined competent to serve in the role, may serve as a victim advocate.

Interviews confirmed that SAFEs/SANEs are readily available at hospitals throughout Maryland. There are SAFEs/SANEs on call 24 hours a day, 7 days a week. A victim advocate is provided at the hospital, to all victims of sexual abuse. In addition, the Agency currently has a MOU pending with Maryland Coalition Against Sexual Assault

(MCASA) to provide inmates at the facility with a victim advocate. The auditor was advised that grant funds are available and MCASA has a staff member currently working on a statewide program. The auditor was advised the hospitals also provide a victim advocate for the inmate at the hospital. A qualified Agency staff member would serve the role as the victim advocate when needed.

Interviews with staff indicated they were all knowledgeable regarding collection and preservation of evidence.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

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

COS.200.0004 Inmate Sexual Conduct, OSPS.050.0030 Sexual Misconduct, DPSCS.020.0026 PREA Compliance, and IID.110.0011 Investigating Sex Related Offenses ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

During the last 12 months, there have been two allegations of sexual abuse and sexual harassment received; two administrative investigations and zero criminal investigations.

IID.110.0011 Investigating Sex Related Offenses and MD Correctional Services Article 10-701 require that allegations of sexual abuse or sexual harassment are referred for investigation to the Internal Investigation Division who has legal authority to conduct criminal investigations.

The Agency policy regarding referrals for criminal investigation is located on the Agency's website, <http://www.dpscs.maryland.gov/prea/index.shtml>. The Agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigations.

Through interviews with specialized staff, it was confirmed that the Internal Investigative Division (IID) conducts the majority of all facility sexual abuse and sexual harassment investigations. If an investigation is determined to be minor in nature, it may be referred back to the facility investigators for investigation. Any investigator who investigates an incident of sexual abuse and/or sexual harassment within a facility is trained in conducting sexual abuse investigations in confinement settings.

§115.31 – Employee Training

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

OSPS.050.0030 Sexual Misconduct and COS.200.0004 mandate each employee attend approve training related to preventing, detecting, and responding to acts of sexual misconduct.

The facility provides a variety of training; including, Managing the Female Offender, PREA In-Service Training, PREA Pre-Service Training, Sexual Harassment Training, and Special Management Offender Training. These lesson plans meet the curriculum standards covered under 115.31 (a). The Curriculum Outline and the Lesson Plan for Managing Female Offenders provide gender specific training. Employees who are reassigned from facilities housing the opposite gender are given additional training.

In the past 12 months, 172 staff who may have contact with inmates were trained or retrained on the PREA requirements. This equates to 100% of all staff.

Refresher training is provided to employees annually, which consists of in-service training and handouts.

The Agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

Through a random sample of staff interviews, it was determined the staff are well aware of the Agency's zero tolerance policy and their roles and responsibilities under PREA standards.

§115.32– Volunteer and Contractor Training

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

OSPS.050.0030 Sexual Misconduct, PREA Information Packet for Volunteer and Contractor Workers, Contractor Brochures, and Volunteer Handbooks contain information on sexual misconduct and are readily available for Contractors, Vendors, and Volunteers.

The auditor was advised 30 volunteers and contractors who have contact with inmates, have been trained in Agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates.

All volunteers and contractors who have contact with inmates have been notified of the Agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The Agency maintains signed acknowledgement forms confirming that volunteers/contractors understand the training they have received.

No volunteers were available for interview at the time of the audit; however, one contract employee interview was conducted. The interview indicated contractors and volunteers receive training on the Agency's PREA policies and zero tolerance stance towards sexual abuse and sexual harassment. The contractor advised he received information in brochures and was given verbal instructions on how he could make a report of sexual abuse, if needed.

§115.33 – Inmate Education

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

Inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. This information can be found in the Inmate Handbook (2014). Inmates also receive information on PREA and sexual assault awareness through posters which are in both English and Spanish.

COS.200.0004 Inmate Sexual Conduct mandates the inmates rights related to inmate on inmate sexual assault are effectively communicated to each inmate. DOC.200.0001 Inmate Rights mandates that each warden ensure that newly received inmates are

provided with information about inmate rights, general schedules, procedures, and institutional plans. DPDS.200.0002 Disability Accommodation mandates that reasonable accommodations are made to provide inmates with equal access to programs, services, and activities.

The auditor was advised all inmates admitted within the past 12 months received initial PREA education during intake and comprehensive PREA education within 30 days of intake.

Inmates are required to sign an Inmate Handbook Receipt that documents their training.

At intake, the inmates are screened and given PREA brochures and their inmate orientation packets which contain information about the Agency's zero tolerance policy for sexual abuse and sexual harassment. Within 30 days of intake, the inmates are shown a PREA educational video.

BCI provides access to an interpreter service hotline for detainees that speak a foreign language and/or have disabilities.

During onsite tour, the auditor discovered PREA Posters containing the PREA hotline number, posted in all housing units and throughout the facility.

During the onsite audit, inmates were questioned on their knowledge of PREA and how to report sexual abuse and sexual harassment. One inmate replied by reciting the PREA hotline number from memory. During the onsite tour, PREA posters were readily observed throughout the facility and contained the reporting telephone number to Life Crisis Center, which is an outside entity.

§115.34 – Specialized Training: Investigations

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

COS.200.0004 Inmate Sexual Conduct and DPSCS.050.0030 Sexual Misconduct states that to the extent possible, but in every case where the allegation of alleged inmate-on-inmate sexual conduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at minimum, specifically addresses: interviewing sexual abuse victims, Miranda and Garrity Warnings, sexual abuse evidence

collection, and criteria and evidence necessary to substantiate administrative action, and if appropriate, criminal prosecution.

Investigators are trained in sexual abuse investigations in confinement settings. A review of the PREA Lesson Plan for Investigators meets PREA standards. This training is documented by an orientation signature log as well as quizzes given at the conclusion of the training.

Currently two facility investigators, and all IID staff have completed the specialized training for investigators. During the onsite audit, the auditor was provided with a sample of investigator training documentation from one of the facility investigators.

Interviews with investigators confirmed they received specialized training for conducting sexual abuse investigations in confinement settings. The training consisted of the following:

- *Techniques for interviewing sexual abuse victims.
- *Proper use of Miranda and Garrity warnings.
- *Sexual abuse evidence collection in confinement settings.
- *The criteria and evidence required to substantiate a case for administrative or prosecution referral.

§115.35 – Specialized training: Medical and mental health care

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

DPSCS.200.0026 PREA Compliance ensures that Department PREA-related activities comply with federal PREA standards in many areas, including medical and mental health.

At the time of the audit, 16 medical and mental health care practitioners who work regularly at this facility have received the training required by Agency policy. This is 100% of the medical and mental health care practitioners who work regularly at this facility. The medical staff maintains documentation showing that medical and mental health practitioners have completed the required training.

Medical staff interviews indicate medical staff are aware of their responsibility to report and to preserve physical evidence. A review of documentation of the medical training was conducted while onsite and covered all required training guidelines and protocols.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

COS.200.0005 Screening mandates that inmates be screened for risk of sexual victimization or risk of sexual abusing other inmates within 72 hours of intake. Inmates are also reassessed within 30 days. An inmate's risk level may also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The policy prohibits staff from disciplining inmates for refusing to answer questions related to whether or not the inmate has a mental, physical, or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability.

The assessments are conducted utilizing an objective point based screening instrument. The auditor reviewed a sample of the screenings mentioned above and determined the screenings are being conducted objectively and thoroughly.

During the pre-audit, the auditor was advised there were 1,274 inmates entering the facility within the past 12 months (whose length of stay was 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry to the facility. This is 100% of all inmates entering the facility within the past 12 months.

During the pre-audit, the auditor was advised there were 1,274 inmates entering the facility within the past 12 months (whose length of stay was 30 days or more) who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. This is 100% of all inmates entering the facility within the past 12 months.

During the onsite audit, the auditor requested a sample of risk screenings from 12 inmates that were randomly chosen to be interviewed. All but one of the random sample of screenings was conducted within the required time limit. The facility conducted the remaining risk screening immediately after discovering it had not been completed.

An interview with the Staff Responsible for Risk Screening indicates all inmates are screened for risk of sexual victimization and/or being sexually abusive towards other inmates. The facility uses an objective screening instrument pursuant to PREA risk assessment requirements. The instrument is a point additive scale to determine risk vulnerability as well as risk of predatory behavior. This form is also used for reassessments as required to identify an inmate's risk of victimization and abusiveness. Inmates are not disciplined for refusing to answer questions on this assessment. Additional conversation with staff indicate access to the risk assessments are limited to case management, medical, and mental health staff. The intake risk screening staff use the information from the screenings to house those inmates who score to be a potential victim in separate housing units from those who score to be a potential predator. The auditor was advised that any inmate who scores to be a potential victim and/or potential predator are offered a follow-up evaluation with medical and/or mental health. During the onsite audit, the auditor randomly sampled two inmates who scored to be a potential victim, and both had documentation of being offered a medical/mental health exam.

§115.42 – Use of Screening Information

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

COS.200.005 Screening states that information from the risk screening will be utilized to make decisions related to housing, bed, work, education, and program assignments with the goal of separating those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The above policy states that the risk screening will be utilized to make individualized determinations about how to ensure the safety of each inmate. When determining housing and programming assignments for a transgender or intersex inmate, determinations are made on a case-by-case basis.

A review of screening instruments was conducted while onsite and indicated proper use of the instrument. Staff interviews indicate the standard is being followed.

§115.43 – Protective Custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

DOC.100.0002 Case Management Manual states that 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.

In the last 12 months, there were not any inmates held in involuntary segregated housing.

Through staff interviews, it was discovered some staff were unaware of the Agency policy prohibiting the use of involuntary segregated housing for those at risk of being a victim of sexual abuse. This was discussed with the PREA Compliance Manager, and prior to the completion of the onsite audit, the auditor was provided with a refresher training directive to all staff outlining the Agency's policy on the use of involuntary segregated housing.

§115.51 – Inmate Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct establishes procedures for allowing multiple internal ways for inmates to report privately to Agency officials. Policy states that staff shall accept reports of sexual assault and sexual harassment verbally, in writing, or anonymously. Verbal reports are documented immediately. All reports are classified as confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged sexual misconduct and immediate and continued care of the victim.

Information on reporting can be found in the Inmate Handbook (2007) and on PREA Hotline Posters that are located in the housing units. The PREA Posters contain contact information to an outside entity. The auditor reviewed a PREA Hotline-Life Crisis Center Procedure which outlines a plan of action if a report is made using this service.

BCF does not house inmates detained solely for civil immigration purposes.

Staff are required to document verbal reports immediately.

OSPS.050.0030 Sexual Misconduct outlines the procedures for staff reporting and allows for the complainant to remain anonymous.

The majority of staff and inmate interviews indicated an awareness of avenues for privately reporting sexual abuse and sexual harassment, and retaliation for reporting. Staff acknowledged an awareness of the staff hotline, while inmates were also aware of the PREA hotline specifically for inmates.

§115.52 – Exhaustion of Administrative Remedies

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

XX Not Applicable

BCF does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse.

§115.53 – Inmate Access to Outside Confidential Support Services

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

OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct state the facility shall make reasonably available the services of a victim advocate. When a qualified victim advocate is not available, a Department staff member who is not involved in the incident may serve as the victim advocate.

The facility has attempted to establish an MOU with Maryland Coalition Against Sexual Assault (MCASA). The auditor was advised that grant funds are available and MCASA has a staff member currently working on a statewide program. The auditor was advised the

hospitals also provide a victim advocate for the inmate at the hospital. A qualified Agency staff member would serve the role as the victim advocate when needed.

§115.54 – Third-Party Reporting

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

OSPS.050.0030 outlines the Internal Investigative Division's responsibilities for handling third party reports.

The auditor verified the Internal Investigative Division's Complaint Number is listed on the Agency website along with information about PREA. Reporting information is also listed on PREA Posters and in the Visitor Handbook.

§115.61 – Staff and Agency Reporting Duties

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

OSPS.050.0030 and COS.200.0004 state that an employee receiving a complaint of, or who otherwise has knowledge of sexual misconduct shall immediately report the information to a supervisor. All reports are classified as confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged sexual misconduct and immediate and continued care of the victim.

The Agency requires all staff to report immediately and according to Agency policy any retaliation against inmates or staff who reported such an incident. The Agency requires all staff to report immediately and according to Agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Numerous staff interviews were conducted and those sampled were knowledgeable and informed of their individual responsibilities in response to sexual abuse.

§115.62 – Agency Protection Duties

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

COS.200.0004 Inmate Sexual Conduct states a supervisor, manager, or shift commander shall:

- 1) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate on inmate sexual conduct.
- 2) 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.
- 3) If applicable, ensure that appropriately trained employees take action to preserve the scene, and
- 4) Ensure the safety of a victim of inmate-on-inmate sexual conduct, through a coordinated response to a complaint of inmate-on-inmate sexual conduct that includes:
 - a) Immediately stopping an incident of progress;
 - b) If applicable, immediate medical attention;
 - c) Appropriate action to provide immediate and continued personal protection;
 - d) Referral for medical and mental health care follow up, and
 - e) Non-medical or mental health related counseling and support services.

;

Over the last 12 months, there have not been any times the facility has determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Staff interviews indicate an understanding of appropriate protective measures (housing reassignments, supervisor notification, and documented reports) would be taken to ensure the safety and security of inmates found to be subject to a substantial risk of imminent sexual abuse.

§115.63 – Reporting to Other Confinement Facilities

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

OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct state that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the allegation will immediately be forwarded to the IID. The IID will then determine whether or not the allegation allegedly occurred at a Department facility, and if so, notify the Department official responsible for the facility. If the allegation occurred at a facility that is not a Department facility, the official responsible for the facility will be notified.

Agency policy requires the facility head provide such notifications as soon as possible, but no later than 72 hours after receiving the allegation. The facility documents that it has provided such notification within 72 hours after receiving the allegation.

All complaints received are investigated by an IID investigator. During the last 12 month period, there were not any allegations of sexual abuse received from other facilities.

During interviews with the management team, the auditor was advised that all allegations of sexual abuse and sexual harassment are investigated regardless of origination.

§115.64 – Staff First Responder Duties

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

COS.200.0004 Inmate Sexual Conduct state that the first responder safeguard the victim, detain the perpetrator, and take actions so neither the victim nor the perpetrator destroy any physical evidence. All employees, including non-security staff, are required to immediately report any sexual misconduct to a supervisor and request the victim not take actions that could destroy physical evidence.

During the last 12 months, there were two allegations of an inmate being sexually abused. Of these allegations, on both occasions the first security staff member who responded to the report separated the alleged victim and abuser. Neither of these two instances occurred within a time period that still allowed for the collection of physical evidence.

There were no instances where a non-security staff member was the first responder.

Interviews with both security and non-security staff indicated awareness of their duties in response to an allegation of sexual abuse. One staff member acknowledged receiving a PREA card, which contained sexual abuse response information. The auditor was advised all staff were given a PREA card to refer to as a reminder in case of an emergency.

§115.65 – Coordinated Response

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

OSPS.050.0030 Sexual Misconduct, COS.200.0004 Inmate Sexual Conduct, and the Sexual Assault Notification Tree outline the Agency's coordinated response plan for complaints involving sexual misconduct.

Management staff indicated the Agency has a coordinated response plan in policy and would respond according to the plan in the event of sexual abuse.

§115.66 – Preservation of ability to protect inmates from contact with abusers

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

AFSCMETeamstersMOUUnitH and MD State Personnel and Pensions 3-302 Management Rights gives sole and exclusive authority for the management of its operations to the Employer.

Interviews at the Agency level confirmed Collective Bargaining Agreements do not restrict the Agency's ability to remove staff from the facility during a sexual abuse or sexual harassment investigation.

§115.67 – Agency protection against retaliation

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

OSPS.050.0030 Sexual Misconduct, COS.200.0004 Inmate Sexual Conduct, and IID.110.0011 Investigation Sexual Related Offenses state that an individual (staff or inmate) reporting, participating in the investigation or resolution of, or is the victim of sexual misconduct is monitored for 90 days for signs of retaliation. Retaliation may be monitored beyond 90 days when appropriate.

Retaliation is monitored by the PREA Compliance Manager.

The Agency/facility acts promptly to remedy any such retaliation.

There were no allegations reported; therefore, there were no instances of retaliation for reporting.

Staff interviews indicate an understanding of the Agency's zero tolerance towards retaliation against inmates and staff who report sexual abuse and sexual harassment.

§115.68 – Post-Allegation Protective Custody

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

DOC.100.0002 Case Management Manual states that Protective Custody housing is only appropriate when required by the protection of the inmate. Every effort shall be made by a case management staff and the managing official to find suitable alternatives to protective housing.

There has been one inmate who alleged to have suffered sexual abuse who was held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of an assessment.

There have not been any inmates who alleged to have suffered sexual abuse who was assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

If an involuntary segregated housing assignment were to be made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

Through staff interviews, it was discovered some staff were unaware of the Agency policy prohibiting the use of involuntary segregated housing for post-allegation protective custody. This was discussed with the PREA Compliance Manager, and prior to the completion of the onsite audit, the auditor was provided with a refresher training directive to all staff outlining the Agency's policy on the use of involuntary segregated housing.

§115.71 – Criminal and Administrative Agency Investigations

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

IID.110.0011 Investigating Sex Related Offenses is the Agency policy related to criminal and administrative Agency investigations. Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

There have been no substantiated allegations of conduct that appeared to be criminal.

The Agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the Agency, plus five years.

During the pre-audit, the auditor was provided with a memo from the Director of IID dated July 9, 2014, which states all investigations are on a Shared Group drive on a DPSCS Server. Only the Director of IID and one designee have access to this drive to ensure confidentiality. All investigation files can be retained indefinitely.

During the onsite audit, the auditor was advised hard copies of all investigations are kept onsite at IID for five years. After five years of retention, investigation files are sent to the state archives and maintained indefinitely.

Interviews with staff confirm IID conducts sexual abuse and sexual harassment investigations. All investigators who conduct these investigations have been properly trained in conducting sexual abuse investigations in confinement settings.

§115.72 – Evidentiary Standard for Administrative Investigations

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

COMAR.12.02.27.14 Inmate Discipline, COMAR.12.07.01.08 Inmate Grievance, COMAR.12.11.04.09 Office of Secretary, and IID.110.0011 Investigating Sex Related Offenses all list preponderance of evidence as the Agency's evidentiary standard.

Interviews with investigators confirm investigators use of preponderance of evidence as its evidentiary standard.

§115.73 – Reporting to Inmate

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

OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct state the facility shall provide the proper notifications to the inmate victim pursuant to 115.73. Notifications will be documented in the inmate's base file.

IID.110.0011 is the Agency policy that requires all notifications to inmates be documented. The inmates were notified, verbally or in writing, of the results of their investigation by the IID staff.

There were two criminal and/or administrative investigations conducted by IID within the last 12 months.

During the onsite audit, the auditor reviewed one investigation from Brockbridge Correctional Facility (the other investigation was still pending). The investigation reviewed was well documented and contained the date the inmate was notified of the conclusion of the investigation.

There were not any investigations of alleged inmate sexual abuse in the facility that were completed by an outside Agency in the past 12 months.

There have not been any founded complaints of sexual abuse committed by a staff member against an inmate in the facility within the past 12 months.

§115.76 – Disciplinary sanctions for staff

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

OSPS.050.0030 Sexual Misconduct states that staff are subject to disciplinary sanctions up to and including dismissal for non-compliance with the requirements contained in this policy. The Standards of Conduct policy categorizes unacceptable behaviors into three categories, according to severity. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of Agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, there have not been any staff from the facility who have violated Agency sexual abuse or sexual harassment policies.

§115.77 – Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

OSPS.050.0030 Sexual Misconduct states that contractors and volunteers who have committed sexual misconduct are subject to criminal prosecution. COMAR.21.07.01.22 Contracts and COMAR.21.07.01.11 require contractors and volunteers to abide by all federal, State, and local laws or the contract will be terminated.

Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.

In the past 12 months, no contractors or volunteers have been reported to law enforcement and/or relevant licensing bodies for engaging in sexual abuse of inmates.

The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of Agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Management team interviews indicated contractors and volunteers are required to adhere to the Agency's zero tolerance policy. In the event a contractor or volunteer violated this policy, they would be removed and banned from the facility.

§115.78 – Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Inmates are subject to formal disciplinary action following an administrative and/or criminal finding that the inmate engaged in inmate-on-inmate coerced sexual abuse and/or non-consensual sexual conduct with staff. This formal process can be found in COMAR.12.02.07.

Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.

There have not been any administrative and/or criminal findings of inmate-on-inmate sexual abuse that occurred in the facility within the past 12 months.

The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct prohibit disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

COMAR 12.02.27.04 Inmate Rule Violation Summary states that the Agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

The Agency prohibits all sexual activity between inmates; however, the Agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Management staff interviews indicate inmates who commit inmate-on-inmate sexual abuse are referred for disciplinary sanctions if the complaint is substantiated.

§115.81 – Medical and mental health screenings; history of sexual abuse

☒ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

COS.200.0005 Screening states that all inmates at the facility who have disclosed any prior sexual victimization during a screening will receive a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

In the past 12 months, 100% of inmates who disclosed prior victimization and/or scored to be a potential victim of sexual abuse during screening, were offered a follow-up meeting with a medical or mental health practitioner.

All prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. These follow-up meetings occur within 14 days of the intake screening.

In the past 12 months, 100% of inmates who have previously perpetrated sexual abuse and/or scored to be a potential predator, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner.

During the onsite audit, the auditor randomly sampled two inmates who scored to be a potential victim, and both had documentation of being offered a medical/mental health exam.

OSPS.050.0030 Sexual Misconduct states all reports are classified as confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged sexual misconduct and immediate and continued care of the victim.

Inmates are provided with a Limits to Confidentiality form which go over the inmate's rights. Inmates sign this form, acknowledging they understand the information on the form.

§115.82 – Access to emergency medical and mental health services

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

COS.200.0004 Inmate Sexual Conduct and OSPS.050.0030 Sexual Misconduct state that victims will receive immediate access to emergency medical services, when medically appropriate. Treatment and services are provided to the victim at no financial cost to the victim.

The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.

Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Inmate victims of sexual abuse while incarcerated are 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.

During the pre-audit, the auditor was provided with a copy of Wexford Health's sexual assault medical procedure, Wexford Health's Medical Services Form, and PREA Event Guideline.

Security staff and non-security staff interviews indicate medical (including sexually transmitted disease testing) and mental health services are provided to victims at no cost to the victim.

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

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

Evaluation Manual Chapter 13 addresses ongoing and follow-up medical and mental health care for sexual abuse victims and abusers. Follow-up care includes medical and mental health evaluations, sexually transmitted infection testing, and pregnancy testing. A mental health professional will see the patient within 24 hours and evaluated for any treatment needs. The alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse.

Medical and Mental Health Staff interviews indicate medical and mental health care, including follow-up care are provided to victims of sexual abuse.

§115.86 – Sexual abuse incident reviews

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

COS.020.0027 Tracking PREA Investigations and DOC.110.0022 Violence Reduction states that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility ordinarily conduct the review within 30 days. The review team consists of upper-level staff to be determined by the Jail Administrator

and PREA Compliance Manager and allows input from line supervisors, investigators, and medical or mental health staff.

The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

The facility implements the recommendations for improvement or documents its reasons for not doing so.

During the past 12 months, there have not been any founded allegations of sexual abuse; therefore, there have not been any sexual abuse incident reviews.

Management staff interviews indicate the incident review team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; physical barriers, staffing levels, and technology when determining recommendations and improvements.

§115.87 – Data Collection

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

COS.020.0027 Tracking PREA Investigations outlines how the Agency will collect, track, and report allegations of sexual abuse. The Agency utilizes the SSV forms developed by the Department of Justice to collect data. A standard set of definitions is located on these forms as well as in the policy mentioned above.

COS.020.0027 states the Department's Internal Investigative Division (IID) is the primary investigative body for all PREA related allegations and shall collect and maintain data regarding PREA related criminal and administrative investigations, which are required to be reported to IID.

The IID shall:

1) Uniformly collect and maintain data for each reported allegation of sexual abuse at correctional facility under the authority of the Department that, at a minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice.

2) Be responsible for developing forms necessary to collect data required under this directive (Executive Directive Number: COS.020.0027).

3) Annually report PREA related data to the PREA Committee.

4) By June 30th of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.

3) Annually report PREA related data to the PREA Committee.

The Agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The data from private facilities complies with the SSV reporting regarding content.

Through staff interviews it was determined that sexual abuse statistics are tracked by IID. A review of the statistics was conducted at IID. During this time, the auditor confirmed all allegations are tracked. Information retained includes, the date of incident, incident type, victim information, suspect information, disposition of investigation, and date the disposition of the investigation was reported back to the inmate.

§115.88 – Data Review for Corrective Action

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

COS.020.0027 PREA Investigations- Tracking and Review ensures that aggregated sexual abuse data is forwarded to the PREA Coordinator annually, who shall prepare an annual report which includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices and training. If applicable, the report will identify Department-wide problem areas or problems within specific correctional facilities. This information is used to facilitate correction action at the Department and correctional facility levels.

The annual report compares the current calendar year's data and activities with that available from previous years. The report assesses the Department's progress in addressing sexual abuse. The report is approved by the Secretary and made available to the public through the Department's public website. A review of the Agency website verified the above information <http://www.dpscs.state.md.us/prea/index.shtml>.

COS.020.0027 PREA Investigations- Tracking and Review states that specific material may be redacted when it is considered to be information that would present a clear and specific threat to the *safety* and security of a correctional facility, if publicized. Personal identifiers are also redacted from the report.

Management staff interviews indicate statistics are tracked at the Agency level.

§§115.89 – Data Storage, Publication, and Destruction

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

COS.020.0027 PREA Investigations- Tracking and Review ensures that incident-based and aggregate data are securely retained. This Agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. This Agency policy states that before making aggregated sexual abuse data publicly available, the Agency removes all personal identifiers. This Agency policy states that the Agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years from the date received.

During the pre-audit, the auditor was provided with a memo from the Director of IID dated July 9, 2014, which states all investigations are on a Shared Group drive on a DPSCS Server. Only the Director of IID and one designee have access to this drive to ensure confidentiality. All investigation files can be retained indefinitely.

During the onsite audit, the auditor was advised hard copies of all investigations are kept onsite at IID for five years. After five years of retention, investigation files are sent to the state archives and maintained indefinitely.

A review of the Agency website verified the above information <http://www.dpscs.state.md.us/prea/index.shtml>.

During interviews with the PREA Coordinator, it was discovered that sexual abuse and sexual harassment statistics are retained by IID and reviewed by the Secretary and PREA Coordinator anywhere from monthly to quarterly.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Jeff G. Kovan
Department of Justice Certified PREA Auditor

September 20, 2015
Date