

PREA Facility Audit Report: Final

Name of Facility: Chesapeake Detention Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/12/2021

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"/>
Auditor Full Name as Signed: Debra D. Dawson	Date of Signature: 01/12/2021

AUDITOR INFORMATION	
Auditor name:	Dawson, Debra
Email:	dddawsonprofessionalaudits@gmail.com
Start Date of On-Site Audit:	10/27/2020
End Date of On-Site Audit:	10/28/2020

FACILITY INFORMATION	
Facility name:	Chesapeake Detention Facility
Facility physical address:	401 E. Madison Street, Baltimore, Maryland - 21202
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	MR, EMMANUEL NZEADIGHIBE
Email Address:	emmanuel.nzeadighibe@maryland.gov
Telephone Number:	443-250-0043;

Warden/Jail Administrator/Sheriff/Director	
Name:	CALVIN WILSON
Email Address:	Calvin.Wilson@maryland.gov
Telephone Number:	410-982-7445;

Facility PREA Compliance Manager	
Name:	Joseph Baah
Email Address:	joseph.baah@maryland.gov
Telephone Number:	O: (410) 625-5300

Facility Health Service Administrator On-site	
Name:	MR. HARWARD MUTHUNGU
Email Address:	Howard.Muthungu@corizonhealth
Telephone Number:	410-625-5254

Facility Characteristics	
Designed facility capacity:	570
Current population of facility:	297
Average daily population for the past 12 months:	300
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	20 YEARS AND ABOVE
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

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

Agency Chief Executive Officer Information:	
Name:	Robert Green
Email Address:	robertl.green@maryland.gov
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Agency-Wide PREA Coordinator Information			
Name:	David Wolinski	Email Address:	david.wolinski@maryland.gov

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Chesapeake Detention Facility (CDF) on-site was originally scheduled May 7 – 8, 2020. The PREA Audit was coordinated through the Maryland Department of Public Safety and Correctional Services (DPSCS) and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor, Debra Dawson was assigned as the Lead Auditor. Ms. Jacqueline Kendall was assigned as support staff to assist in conducting on-site interviews and touring of the facility. DOJ Certified Auditor Ms. Crystal Norment was assigned as the Secondary PREA Auditor during the review of the submitted documentation. A line of communication was developed between the DPSCS PREA Coordinator Mr. David Wolinski, Assistant PREA Coordinator Funsho S. Oparinde and the assigned lead auditor through phone calls and emails. Due to the size of the facility and inmate population the on-site visit was scheduled for two days.

Pre-Audit Process

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

A line of communication began between the lead auditor and the CDF PREA Compliance Manager/Joseph Baah through emails and telephone calls on January 23, 2020 regarding the completion of the Pre-Audit Questionnaire (PAQ), posting of the audit notice and logistics of the audit process. The auditor's pre-audit preparations consisted of a thorough review of all documentation and material submitted by the facility utilizing the Online Automated System (OAS). Confirmation of the audit posting accessibility to all staff and inmate population was delivered through photographs with identified locations to the lead auditor on March 17, 2020. The posting was well more than the six-week requirement.

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

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

The 12-month review of documentation, practices and procedures was set for April 1, 2019 – March 1, 2020. The Pre-Audit Questionnaire (PAQ) had been previously submitted by the former CDF PCM. A review of the documentation and information provided in the PAQ revealed only a few of the DPSCS policies were included without supporting evidence of practice and/or procedures in addition to the vast majority insert was incorrect. The lead auditor had a difficult time in maintaining a level of communication with the PCM. The CDF PCM stated he did not have sufficient time to serve as the PCM along with his other duties assigned. It was determined during the pre-audit phrase (April 2020) that the current CDF PCM would be replaced due to insufficient time devoted to the position as the PCM. The American Correction Association Accreditation Manager Ms. Grace Adzoyi was assigned to the position of the facility PCM. The lead auditor and DPSCS PREA Coordinators worked together to update Ms. Adzoyi on the status of the audit review through conference calls, individual calls, and emails. Ms. Adzoyi demonstrated knowledgeable of the PREA standards, the facility policies and procedures while applying her devotion and willingness in fulfilling her duties as the new CDF PCM.

The DPSCS PREA Coordinators made several unsuccessful attempts to remove Mr. Baah's access from the OAS and have it granted to the new PCM Ms. Adzoyi. Therefore, all submission of documentation provided at the facility level required uploading in the OAS by the Assistant DPSCS PREA Coordinator.

The auditing team identified standards that required additional documentation, that included policies, documentation of practice and procedures. This information was shared with the CDF PCM and DPSCS PREA Coordinators who worked as a team to submit the necessary material.

The request for added documentation included links to the DPSCS Directives facility policies, detainee rosters for the selection of PREA education, detainee 72-hour risk assessment and 30-day risk reassessments, detainee handbook, training curriculums, organizational charts, background checks, confirmation of requested staff and detainee PREA education, PREA investigative casefiles, mental health referrals, medical services and other PREA related material. The requested documentation was uploaded into the OAS supplemental files continuously throughout the post - audit phrase.

A joint determination was made to continue with the audit process by conducting supervisory staff interviews virtually via Skype as a safety precautionary measure-based information provided by the Centers for Disease Control (CDC) and Doctor Anthony S. Fauci. Supervisory staff would be identified for interview by the lead auditor through utilization of current rosters submitted by the CDF PCM and the facility's completed forms provided by the auditor collected from the PREA Training and Resource Portal. This procedure of interviews was agreed upon by the DPSCS Commissioners, DPSCS PREA Coordinators, and lead auditor. An email was forwarded to the PREA Resource Center for input and/or guidance by the lead auditor that remained pending and a response was provided on November 30, 2020. Virtual interview s via Skype began on May 6 - 8, 2020 with some specialized staff and supervisory staff. The auditing team conducted additional supervisory staff, random staff and the pre-trial detainees' interviews during the on-site visit on October 27-28, 2020, while maintaining social distancing safety precautions.

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

On September 28, 2020, the new on-site visit was scheduled for October 27 -28, 2020. The revised notice of the on-site visit was forward to the CDF PCM on September 28, 2020 and posted on October 3,

2020. As the revised notice would not meet the requirement of six weeks posting prior to the on-site visit, the notice would remain posted for an additional three weeks after the on-site visit. The lead auditor did not receive any confidential correspondences from staff or the detainee population.

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

Day 1 Site Visit:

The on-site visit began on Thursday, October 29, 2020, at approximately 8:00 a.m. An entrance meeting was held for introductions and to discuss the audit process. Those in attendance was: PREA Auditor Debra Dawson; PREA Auditor Support Staff Jacqueline Kendall; Assistant Warden Emmanuel Nzeadighibe; DPSCS Assistant PREA Coordinator Oparinde Funsho; Chuks Nnadozie Case Management Supervisor; Kiya Gasque Sergeant Audit Office and American Correction Association Accreditation Manager/ CDF PREA Compliance Manager Grace Adzoyi. The detainee count on the first day of the on-site visit was 365. A request was also made to have available upon returning from the tour various inmate rosters, and staff rosters for a selection of staff and detainee interviews upon returning from the tour. A request for private offices to conduct the interviews was also made and identified. The auditor advised the management staff that a minimum of 26 detainees to include (13 targeted and 13 random) would be interviewed and the selection of detainees would be from a selection of detainee identified from a current roster and those identified within the targeted groups.

CDF reported the inmate population of 365 detainees on the first day of the on-site visit. Therefore, 26 detainees' interviews were required.

Immediately following the entrance meeting, the auditing team was taken on a tour of the facility lead by the American Correction Association Accreditation Manager/ CDF PREA Compliance Manager Grace Adzoyi; Chuks Nnadozie Case Management Supervisor; Kiya Gasque Sergeant Audit Office; DPSCS Assistant PREA Coordinator Oparinde Funsho

These areas included: control rooms, intake, case management area, detainee visiting area, administration offices, dietary, inmate property, medical, maintenance shop, laundry, mental health, segregation housing unit, protective custody area, library, recreation yard, and all 6-detainee housing that consisted of 4 pods each. Staff was observed making opposite gender announcements in a manner that could clearly be heard by the detainee population upon entering all housing units. The tour of the 6 housing units with 4 pods each for a total of 24 detainee housing units confirmed adequate staff supervision was provided throughout the various shifts during both days of 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 as reassignment of staff and/or overtime was authorized for sufficient coverage.

All-in-one toilets and sinks were in all the detainees' cell with no direct viewing from outside the cell to include video monitoring as confirmed during screen monitoring viewing. Showers are located on the top and lower tiers with full length shower curtains that provided complete privacy.

Privacy curtains were also observed in the intake area and visiting room where visual searches are conducted.

The on-site auditing team conducted 6 informal interviews with the detainees in various housing units and work details during the tour. A description of the areas toured are noted in the facility characteristics section.

A tour of the facility revealed PREA information in both English and Spanish was posted throughout the entire facility that included each of the three floors, all departments, elevators, areas upon exiting elevators, all detainee housing units, detainee visiting room, departmental bulletin boards, front lobby bulletin boards, hallways, corridors, and staff offices. The PREA information included the DPSCS zero-tolerance policy, methods of reporting, the detainees right to be free from sexual abuse, sexual harassment, and retaliation from reporting sexual abuse and sexual harassment. The PREA Hotline numbers for both State and Federal Bureau of Prisons was posted and/or stenciled on walls throughout the facility at 410-585-3177/800-869-4499 for toll free unmonitored calls. This information is also noted in the detainees' handbook. The PREA Hotline numbers was tested by the lead auditor with no discrepancies noted. All information was professional place in a manner that was eye catching to all. The auditing team was impressed in the continuous PREA presentations and the way it was presented to the staff, detainee population and all visiting personnel.

The auditing team reviewed logbooks in all housing units and program areas during the tour. Supervisory staff were noted to conduct rounds during each shift while notating their supervisory rounds in red ink.

The CDF Staffing Plan addresses the eleven requirements as indicated in this provision. CDF continues to work from the Staffing Plan developed in 2017. A review is conducted annually however, no recommendation s for changed as been identified and/or recommended.

At the completion of the tour, the lead auditor randomly selected detainees from each of the 24 housing units to include those within the target group for interviews. The auditing team was provided current detainee rosters from each housing unit and a Post Assignment Worksheet (PAWS) of staff schedule for each day of the on-site visit. CDF is Federal Detention Facility that houses pre-trial detainees for the United States Marshals Service Prison Operation Division. Therefore, it is not a designation facility and the detainees are either released or transferred to prisons within the Federal Bureau of Prisons upon appearing before the federal court system.

The lead auditor elected to begin interviews with specialized staff to accommodate their work schedules and the availability of staff and continued with detainee interviews during the later shifts. Due to the daily operations of staff working overtime from various shifts were assigned to all three shifts 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. Non -security staff normal hours of work are Monday – Friday 8:00 a.m. - 4:00 p.m. Medical staff are schedule 24/7. Mental health staff provided schedule coverage from 5:00 a.m. – 11:00 p.m. and are on-call 24/7 as needed. Intake staff are schedule from 6:00 a.m. - 2:00 p.m. and 2:00 p.m. thru 10:00 p.m. due to the detainee movement is conducted during the day and evening hours.

The auditing team extended hours of work to continue with staff and detainee interviews. The current day roster and from each of the housing units from random interviews.

Day 2 Site Visit:

Upon arrival to the facility, the auditing team continued with conducting random staff, random inmates, the one identified targeted detainee, and specialized staff interviews.

Twenty-two random staff and 25 specialized staff interviews were conducted. Random staff interviews

included security staff from the various shifts, a variety of non-security staff that included but not limited to traffic officers, mailroom staff, food service, case management, etc. The 25 specialized staff interviews included: (1) Agency Head (1) Warden; (1) Mental Health Counselor (State); (1) CDF Charge Nurse (Contract); (2) Investigators; (1) Behavior Health Psychologist (Contract); (1) Non-security First Responder; (1) Supervisory Human Resource Personnel; (1) DPSCS PREA Coordinator; (1) CDF PREA Compliance Manager; (1) JUST Detention International Representative; (1) Staff assigned to supervise segregation; (1) Incident Review Team Member; (1) Designated staff member charged with monitoring retaliation; (2) Local Hospital Charge Nurse (SANE); (1) Agency Contract Administrator; (2) Intermediate or higher supervisors; (2) Staff who perform risk screening; (2) Intake staff; (1) MCASA Representative. There were no security staff identified as a first responder during the review period. There were no volunteers available for interview. CDF does not house youthful detainees.

Twenty-eight detainees were interviewed during the on-site visit. Current daily detainees' rosters from each of the 24 housing units were utilized by the lead auditor for the selection of 27 random detainee interviews. One detainee was identified in the category of physical disabled. There were no detainees housed at CDF during the on-site visit within the following targeted groups: youthful inmates; Limited English Proficient; intersex; detainees who reported sexual abuse; transgender; bi-sexual; lesbian; and/or who were placed in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse, detainees who reported prior victimization during the screening process; blind; hard of hearing; vision impaired; cognitive disabled. The auditing team did not receive any confidential coordinator from the staff and/or detainees at CDF. The lead auditor contracted the JUST Detention International (JDI) and was informed there was no record of communication from detainees at CDF. All detainees interviewed were aware of various ways to report allegations of sexual abuse and /or sexual harassment and most reference the PREA signage posted throughout the facility and in their housing units.

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

There were no discrepancies noted in the specialized training for the Intelligence and Investigative.

There were two allegations of detainee-on-detainee sexual abuse and 0 reported allegation of sexual harassment reported during the extended review period, December 1, 2018 through October 31, 2020. Investigative files were reviewed during on-site visit and appeared to thoroughly document the investigative process per the Department procedures and PREA standards. One case was determined as Unfounded and the other sexual abuse case remained pending through the submission of the PREA report. Both allegations were reported several weeks after the assaults were alleged to have occurred, therefore forensic medical examinations were not conducted.

A pre-trial detainee reported on April 18, 2019 he was previously sexually assaulted on March 29, 2019 by his former cellmate. A review of the investigative casefile and conversations with the previous the PCM who was assigned during that period, resulted the facility's failure to provide documentation of the required retaliation monitoring. The detainee was transferred from DPSCS custody to the Federal Bureau of Prisons custody on August 1, 2019. The investigation is remaining pending as of the release of the PREA report. Therefore, the previous PCM was required to conduct retaliation monitoring of the detainee for a minimum 90 days after the detainee reported the abuse. However, there is no supporting

documentation to support retaliation monitoring was completed as required by DPSCS policy and the provision of this standard.

On June 13, 2019, a detainee reported an allegation of sexual abuse by his former cellmate. Specifically, the detainee alleged he was coerced into a sexual relationship by his former cellmate. The detainee was sentenced and transferred to his designated Federal Bureau of Prison facility on June 21, 2019, prior to the investigation being determined Unfounded. The investigative case was determined as Unfounded on December 10, 2019. The PCM failed to follow the DPSCS policy and the provision of this standard by conducting retaliation monitoring of the detainee until his transfer date to the Federal Bureau of Prisons.

The policy is in place that documents the required monitoring for retaliation after a detainee reports allegation of sexual abuse. However, the CDF PCM at the time of the two reported sexual abuse allegations, elected to not follow policy and failed in performing the duties assigned to him as staff assigned to conduct retaliation monitoring. This failure to complete to duties is an example of why a replacement was necessary.

Therefore, it was determined that the newly elected CDF PCM would receive intense training of this provision to ensure a clear understanding of duties and responsibilities of a retaliation monitor for the facility. during the current CDF PCM assignment during the pre-audit through the post audit phase. However, she reviewed the standard requirements and received training by the Lead PREA Auditor, and DPSCS PREA Coordinators on her responsibilities as staff assigned to conduct retaliation monitoring.

The CDF PCM identified she would utilize the DPSCS retaliation monitoring form that required the inclusion of the detainee'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 two weeks, within 30 days, within 60 days, final 90 days, and space for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates.

She identified her responsibilities as staff assigned to conduct retaliation monitoring to include monitor the conduct and treatment of the detainees and/or staff who reported sexual abuse for any changes that may suggest possible retaliation by either staff and/or other detainees. She indicated she would monitor housing assignments changes, discipline actions for both staff and the detainee population and performance appraisals for staff. She concluded she would act promptly in stopping and preventing further actions to include advising the Warden of the situation.

She further indicated she would initiate meetings with the detainees within two weeks of him/her reporting an allegation of sexual abuse. She indicated these meetings would be conducted privately while discussing any concerns they may have. Monitoring would continue every 30 days in which she would meet individually with the detainee. If the PREA case was determined to Unsubstantiated or Substantiated, she would continue monitoring the individual for a minimum of 90 days beyond 90 days if deemed appropriate. Retaliation monitoring would end upon completion of the investigation when the IID Investigator has determined the findings of Unfounded.

At the conclusion of training, all were confident in the newly assigned CDF PCM knowledge and understanding of the provisions in this standard.

A consideration for a corrective action plan standard 115.67 was given by the lead auditor and the DPSCS PREA Coordinators. However, a review of the PREA tracking logs for sexual abuse and sexual harassment revealed a total of 5 cases had been reported in a three-year period. Specifically, 1

allegation of sexual harassment and 1 allegation of sexual abuse were reported in 2018. The two reported sexual abuse cases that occurred within the review period were the only PREA allegations both sexual harassment and sexual abuse reported in 2019. During the post-audit phase, 1 allegation of sexual harassment was reported on November 2020. Which concluded with three PREA allegations reported within a 2-year period. Therefore, it was determined it would not be practicable to place the facility a corrective action phrase for this standard to include for 180 days due to the in frequency of reported PREA allegations at the facility. It was determined the replacement of the CDF PCM and appropriate training to the new CDF PCM would be sufficient in correcting the area of concern and the facility would be determined as compliant in in this standard. This standard will receive extensive monitoring by the DPSCS PREA Coordinators.

A meeting was held with the auditing team, the CDF PCM and the DPSCS PREA Coordinator to review and further discuss documentation received through the OAS and during the on-site visit. The lead auditor identified additional supporting documentation and explained the reasons of why it was necessary to be added to the supplemental files in attempt to meet compliance of numerous standards. A joint effort was established between the lead and secondary PREA auditor, DPSCS PREA Coordinator, DPSCS Assistant PREA Coordinator, and CDF PCM during the post-audit to achieve certification

An exit briefing was conducted on Wednesday, October 28, 2020 with the DPSCS Assistant PREA Coordinator Oparinde Funsho, PREA Auditor Debra Dawson; PREA Auditor Support Staff Jacqueline Kendall; Warden Calvin Wilson; American Correction Association Accreditation Manager/ CDF PREA Compliance Manager Grace Adzoyi;. Lieutenant Shannon Morris; Security Chief Angelina Body-White; Case Manager II Sheila Brunson; Assistant Warden Emmanuel Nzeadighibe; Case Management Supervisor Chuks Nnadoziie; Sergeant Audit Office Kiya Gasque. The auditing team provided an overview of the pre-audit and on-site visit while acknowledging the essential staff members who assisted throughout the site visit. The lead auditor discussed the general observations and preliminary findings, and the post-audit phase was described that included the timeliness for submitting the additional documentation.

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 Chesapeake Detention Facility was previously known as the Maryland Correctional Adjustment Center (MCAC) is located at 401 East Madison Street Baltimore, MD 21202. The facility has received accreditation from the American Correctional Association. CDF is a Federal Detention Facility that is a Maximum-Security Level 1 institution for male and female pre-trial detainees for the United States Marshals Service Prison Operation Division. The facility is in the downtown area of the Baltimore City and is comprised of 1 building with 3 floors. The facility has a capacity rate of 570 pre-trial detainees. Eight hundred and three detainees were admitted to the facility during the original 12-month review period. The average daily population was 300. On the first day of the on-site visit there were 365 detainees that included 15 females. Although the facility houses both male and female pre-trial detainees. There is absolutely no interaction between the male and female detainees. The detainee age range is 20 years and older.

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

There were 180 staff employed at the facility on the first day of the on-site visit that included security and non-security staff. There were 6 volunteers and 13 various contractors entering for maintenance services. The 24 medical staff are contracted through CORIZON. The mental health department consist of 1 state employee and 2 contract staff through Centurion.

Due to COVID-19, as of March 16, 2020, many non-essential programs have been postponed for the safety of staff, other law enforcement agencies and detainees in addition to staff absence due to COVID-19. Due to staff shortages in addition to the effect of COVID-19, staff are required to fill daily vacate critical correctional positions through overtime or reassignment of staff from non-critical post.

The facility has one sallyport for the entry of both male and female detainees. Separation is always maintained. Most of the detainee movement in and out of the facility is male.

CDF lower level consist of the Intake/Discharge area, medical intake holding cells with showers and toilets, detainee property storage area, the dietary department that has a kitchen, staff office, general storage area, supply and sanitation office, staff dining, maintenance department library, commissary, laundry, and janitorial closets. Detainee housing unit A, B and C is located on the lower level. Each of the three housing units A, B, and C, has four pods (housing units) for a total of 12 housing units on this level with upper and lower tiers. Each of the cells in these housing units has an all-in-one sink and toilet for the detainee use and are doubled bunk. All showers are in the common area of the pods have full length shower curtains that provide complete privacy during use.

The second level is designated as the administration area. Various departmental staff offices are located on this level to include dental, psychology office, medical, medical records, pharmacy area, nurses' offices for examination and treatment, dental area, three attorneys visiting rooms, case management department, environmental office, U. S. Marshal's representative office, contraband storage, urinalysis

room, and restrooms. Detainees waiting for scheduled medical appointment are secured in a holding cell that has maximum capacity of 8. Additional, rooms are available on this level for variety of services by staff to include the multipurpose room where roll call is held. Due to COVID-19, the facility has restricted visitation. Attorney visits are being conducted via Skype.

The third floor consist of additional detainee housing units D, E, and F and they also have 4 pods for a total of 12 housing units with an upper and lower tier. Each of the cells in these housing units has an all-in-one sink and toilet for the detainee use and are double bunk. All showers are in the common area of the pods have full length shower curtains that provide full privacy during use.

Each of the 6 housing units have 2 secure non-contact visiting rooms. Due COVID-19, the auditing team elected to conduct the detainee interviews in these non-contact visiting rooms.

Housing units A, and C, and their 4 pods are separated and secured from each other through hallways, and security grills. Each housing unit has a control center that has full view of the four pods and additional officers are assigned to the housing units that monitor and conduct rounds.

Housing units D, E, and F and their 4 pods are separated and secured from each other through hallways and security grills. These housing are on the same design as all and have a control center officer that has full view of the four pods. Additional officers are assigned to monitor and conduct rounds within the housing units.

Housing unit B has 4 pods and are divided into the following designated areas: administrative segregation; the one only female housing unit; restrictive housing unit; protective custody unit

The dietary department is operated by staff with detainee workers for the two shifts of 4:00 a.m. - 12:00 p.m. and 12:00 p.m. -8:00 p.m. Cameras are located that provide complete coverage of the kitchen area. A single stall restroom is available for the detainee population with a full door for privacy. All are required to knock before entering as no lock is provided.

A tour into the master control center and other control center areas with video monitoring capabilities was conducted by the auditing team. The facility has 85 cameras which are strategically located throughout the facility to include elevators which was observed and identified during the tour. Monitoring of the 85 cameras are provided on 20 screens. All cameras were 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. There was no camera footage that allowed a direct viewing into the detainee's cells, toilet areas, and/or shower areas. The auditing team also observed that all mirrors within the housing units were not angled in a manner that allowed the observation of detainees during showering, change of clothing, performing other bodily functions and/or use of the toilets. In addition to video monitoring, mirrors were installed throughout the facility that allowed viewing of areas from a distance and the prevention of blind spots during staffing monitoring to include in housing units, program areas, hallways and corridors that aid in the security, staff and detainee safety, and the prevention of sexual abuse.

Continuous PREA education was posted throughout the facility in an organized professional manner that was attractive to observers. The education provided various methods of how to report sexual abuse, sexual harassment and/or retaliation. The State and Federal PREA Hotline numbers were posted and/or stenciled in large black ink throughout all housing units near the detainee's telephones and program areas while being accessible to the detainee population. This information was also observed on the walls near the visiting booths in the detainee visiting area. There was no doubt of the detainee population

continued access to PREA education and available methods to report PREA allegations was awarded.

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.

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

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

115.12, Contracting with other entities for the confinement of inmates

115.13, Supervision and monitoring

115.14, Youthful inmates

115.15, Limits to cross-gender viewing and searches

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

115.17, Hiring and promotion decisions

115.18, Upgrades to facilities and technologies

115.21, Evidence protocol and forensic medical examinations

115.22, Evidence protocol and forensic medical examinations

115.22, Policies to ensure referrals of allegations for investigations

115.31, Employee training

115.32, Volunteer and contractor training

115.33, Inmate education

115.34, Specialized training: Investigations

115.35, Specialized training: Medical and mental health care

115.41, Screening for risk of victimization and abusiveness

115.42, Use of screening information

115.43. Protective Custody

115.51, Resident reporting

115.52, Exhaustion of administrative remedies

115.53, Inmate access to outside confidential support services

115.54, Third-party reporting

115.61, Staff and agency reporting duties

115.62, Agency protection duties

115.63, Reporting to other confinement facilities

115.64, Staff first responder duties

115.65, Coordinated Response

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

115.67, Agency protection against retaliation

115.68, Post-allegation protective custody

116.71, Criminal and administrative agency investigations

115.72, Evidentiary standard for administrative investigations

115.73, Reporting to inmates

115.76, Disciplinary sanctions for staff

115.77, Corrective action for contractors and volunteers

115.78, Disciplinary sanctions for inmates

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

115.82, Access to emergency medical and mental health services

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

115.86, Sexual abuse incident reviews

115.87, Data collection

115.88, Date review for corrective action

115.89, Data storage, publication, and destruction

115.401 Frequency and scope of audits

115.403 Audit contents and findings

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. CDF Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. CDF Organizational Chart and DPSCS Organization Chart 4. DPSCS.020.0026 PREA Rape Elimination Act- Federal Standards Compliance 5. CDF Facility Directive 020.0026.1 PREA – Federal Standards Compliance 6. Interviews with: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. CDF PCM <p>115.11(a) Facility Directive CDF.020.0026.1 stated CDF has zero tolerance for any acts of sexual abuse, assault, misconduct, or harassment. Sexual activity between detainees and staff, volunteers or contract personnel is prohibited and subject to administrative and criminal disciplinary sanction. Executive Directive DPSCS. 020.0026 Prison Rape Elimination Act- Federal Standards Compliance section .03 states, "The Department does not tolerate sexual abuse or sexual harassment of an inmate." The Directive clearly outline the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in the Department facilities. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited section .03 B. states "the Department shall ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual misconduct comply with applicable federal standards (28 CFR Part 115.11 - August 20, 2012) established under the authority of the Prison Rape elimination Act (PREA) of 2003 (P.L. 108 -79). The Directive identify sanctions to be imposed on staff who participate in outlined prohibited acts regarding the zero-tolerance consistent with PREA standards include up to termination. Sanctions for those that 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.</p> <p>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</p>

Coordinator. The auditor interviewed the DPSCS PREA Coordinator who confirmed he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

115.11(c) The facility has designated a PREA Compliance Manager, who is assigned these duties along with duties as the American Correctional Association Compliance Manager. The facility's organizational chart was provided for review. The chart shows the PCM position as a dedicated position who reports directly to the Assistant Warden and Warden. The auditor interviewed the PCM and confirmed she was recently assigned the position of PREA Compliance Manager. However, she has prioritized her duties and ensured her duties as the PREA Compliance Manager was fulfilled. She added if she became aware of any PREA you would address them herself at that time, and if it was beyond her control, she would address the concerns with the Warden. The lead auditor was impressed with the devotion, knowledge, and determination for achievement demonstrated by the newly appointed PCM.

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

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

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Chesapeake Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management 4. DPSCS Staffing Analysis and Overtime Management Manual 5. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 6. Post Assignment Worksheet (PAWs) 7. Log of unannounced rounds 8. Chesapeake Staffing Plan 9. Observation while on-site 10. Interviews with: <ol style="list-style-type: none"> a. Warden b. PREA Coordinator c. PREA Compliance Manager d. Intermediate or Higher-Level Staff <p>115.13(a) Directive OPS.115.0001 states the requirements of a facility staffing plan. These requirements contain the eleven requirements stated in this provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels and requirements and the documentation of any deviations to these requirements. The Chesapeake Staffing Plan addresses the eleven requirements as indicated in this provision. The staffing plan was based on 194 staff with a detainee capacity of 570. The average daily population of the pre-trial detainees during the 12-month review was 400. Interviews with the Warden and CDF PCM indicated the facility does develop and comply with the Staffing Plan as outlined in The Staffing Analysis and Overtime Management Manual. Furthermore, it was indicated that the facility does consider each element of provision and that upper-level administration as well as the DPSCS PREA Coordinator reviews the staffing plan.</p> <p>115.13(b) Directive OPS.115.0001 provides guidance regarding minimum operational staffing levels and requirements for documenting any deviations with these requirements. The facility staffing plan is developed with these requirements in mind and a daily Post Assignment Work Sheet (PAWS) is developed to deploy staff in accordance with the stated staffing plan. The</p>

PAWS identify positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. Any deviations from the staffing plan are documented on the PAWS with an explanation as to why that position was closed. and would be forwarded to the Executive Staff daily. The Warden reported that deviations are documented, and the PAWS ensures that staffing levels are maintained at the required level. Although the facility is short of staff, staff assigned to post assignments that are considered non-critical are reassigned and/or the post is left vacate so staff may cover those critical post assignments. During off months (months of rotation where staff must fulfill correctional post at hospital details), staff remaining at the facility are either drafted for overtime and/or volunteer to work the vacate critical posts. All instances of non-compliance would be documented and upload daily to the Executive Staff. A review of 17 randomly selected PAWS identified when staff shortages occurred the following post were collapsed to provide coverage on the critical post. These collapsed posts were identified as institution training officer, instituting training specialist, number 3 intake officer, a visitation officer, and Unit Manager #2. The Unit Managers provide coverage the programs department area per the Warden. department. Throughout the 2-day on-site visit, it was noted that staffing was adequate and prevalent throughout the institution. Informal interviews with staff indicated staff have a normal pattern of working overtime to fulfill the mission of the facility in providing appropriate staff supervision of the pre-trial detainees.

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. CDF provided a memo dated May 2, 2020 from the Warden stating the Staffing Plan Review has not been completed as of the PAQ submission. However, the Staffing Plan was developed in 2017 and no changes have been recommended. The Staffing Plan was reviewed on October 27, 2020 by the Warden and DPSCS PREA Coordinator. The 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 Warden and DPSCS PREA Coordinator. Interviews with the DPSCS PREA Coordinator, and Warden indicated the facility does conduct a staffing plan review at least annually, however, there has been no recommendation made since the submission of the Staffing Plan in 2017.

115.13(d) Directive OPS.050.0001 indicates the facility will 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. The auditor reviewed rounds documentation which indicates that rounds are occurring on all shifts. An interview with intermediate or higher levels supervisory staff indicated unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted each shift. Sergeants, Lieutenants, Captains and Shift Commanders make rounds daily on all shifts. Supervisory staff

stated they never conduct their rounds in completion while alternating their routes and times of completion. A review of various logbook entries from various days, weeks and months indicated these were conducted and documents as such in red ink.

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

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. CDF Completed Pre-Audit Questionnaire (PAQ) 2. Observation during onsite tour 3. Interviews with the following: <ol style="list-style-type: none"> a. Warden b. DPSCS Assistant PREA Coordinator c. CDF PCM <p>The PAQ noted 15 youthful offenders were housed at CDF during the review period. However, this information was identified as incorrect, per interviews with the CDF PCM, Warden and DPSCS Assistant PREA Coordinator. CDF does not house youthful offenders (those under 18 years old).</p> <p>Review of the interviews and observation during the on-site visit does not house youthful offenders.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. CDF Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. DPSCS Executive Directive OPS.110.0047 Personal Search Protocols-Inmates 4. Lesson Plan- LGBTI 5. DPSCS Search exception cards 6. Managing Female Offenders Lesson Plan 7. Staff training records 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. CDF PCM b. Random staff c. Detainees <p>115.15(a) Directive OPS.110.0047, Section .05F states, “(4) An inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer.” Section .05F(3)(b), “When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate’s preference in the gender of the officer conducting the search” with regard to conducting strip searches of transgender and intersex inmates. Section .05H(2) states, “Only a certified medical professional may perform a body cavity search of an inmate.” Section .05H(4) states, “Only the certified medical professional and the inmate being searched may be present during the procedure.” The PAQ listed 3 cross-gender strip or cross-gender visual body cavity searches of detainees in the past 12 months which was later identified as an error by the submitting staff. CDF houses both male and female detainees. Interviews with the pre-trial detainees indicated there were no instances in where they felt they were being subjected to cross-gender viewing by staff of the opposite gender male or female staff during a strip search. Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of the detainees, including any exigent circumstances, conducted by security or medical staff. CDF reported there has not been a visual cavity search during the review period.</p> <p>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</p>

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 an in accordance with CDF policy and observation during the on-site visit CDF utilizes female staff to search female detainees. Fifteen female detainees were housed at CDF during the on-site visit. Seven females were interviewed, and all reported they have not been unable to participate in activities outside of their cell because female staff was unavailable to conduct pat-down searches. There were no reported instances of female detainees receiving a pat-search by male officers.

Although there were no transgender and /or intersex detainees at the facility, the CDF PCM identified they would be given the option to have a male staff or female staff conduct their searches. At that time, the detainee would be issued a Search Exemption Card that identifies the gender of staff to conduct their searches.

115.15(c) Directive OPS.110.0047, Section .05F(6)(b) regarding all strip searches states, “(b) Log or report the search in accordance with established procedures.” Section .05H(1)(b) regarding body cavity searches requires prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12 months. The former CDF PCM documented in the PAQ there were 3 cross-gender strip or cross-gender visual body cavity searches of inmates conducted during the original 12-month review period. This information was entered incorrectly by the former PCM. There were zero cross-gender strip or cross-gender visual body searches of detainees during the 12 month review nor throughout the post audit period. Staff interviews did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff in the past 12 months. Likewise, the pre-trial detainees’ interviews did not indicate any occurrence of cross-gender viewing by female staff and/or by the male staff during a strip search or visual cavity search as both male and female detainees are housed at CDF.

115.15(d) Directive CDF.020.0026.1 state, “Staff of the opposite sex announce their presence when entering a housing unit at least at the start of their shift.” Additionally, during the tour it was noted that the facility implemented procedures that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. All housing units were observed to have curtains in place that allow detainees privacy when using the showers that allowed in the rear of the housing unit. Toilets are located in every detainee’s cell and an entry door provides privacy without being observed by staff of the opposite gender. Housing unit camera coverage was noted as not having the ability to see into detainees’ cell or shower areas. This practice was also observed by the auditor during the on-site tour. The pre-trial detainees indicated there were no instances in where they were nude in full view of the opposite gender staff member. There were no negative concerns received during the interview process of being viewed by opposite gender staff when using the toilet, showering, or changing clothes. Twenty-nine detainees to include both male and female were interviewed during the on-site visit. Two detainees reported staff do not perform opposite gender announces. Two reported most times opposite gender staff announce themselves and the remaining 25 detainees reported all opposite gender staff announce themselves whenever entering the housing units. Interviews with staff identified all staff of the opposite gender

always announce with entering housing units. Staff also indicated the detainees are always able to dress, shower, and toilet without being viewed by staff of the opposite gender.

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. All staff interviewed reported that the facility prohibits staff from searching or physically examining transgender or intersex detainee for the sole purpose of determining genital status. There were no pre-trial detainees identified as transgender and/or intersex at CDF during the on-site visit for interview.

The auditing team observed opposite gender staff being extremely loud upon entering the detainees housing units when making their presence known. This practice was also performed when opposite gender staff was already within the housing unit assigned to a post.

115.15(f) The Audit Manual defines the term "Frisk Search" 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." The facility provides training on LGBTI and Frisk/ Body Searches, Restraints, and Scanning Devices. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The Pre-Audit Questionnaire noted that 100% of staff have been trained. Random staff interviews indicate they received training regarding cross gender, transgender, and intersex search procedures. There were no detainees identified as transgender and/or intersex for interviews during the on-site visit.

The PAQ states there were 3 cross gender strip searches but the former PCM stated this information was incorrect as there has not been any cross-gender strip searches. Although staff at the facility indicate there has not been a transgender assigned there since 2014, a detainee identified as transgender would be issued a Search Exemption Card that identifies their request to be searched by male or female security staff.

Based on the review of policies, documentation, 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. CDF 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. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy 5. DPSCS Executive Directive OSPS.050.0011 American with Disabilities Act of 1990, Titles I and II 7. CDF Detainee Handbook 7. Translation Services Documentation 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. Agency head b. Random staff c. Disabled Detainee <p>115.16(a)(b) Executive Directive OPSP.050.0011 identified a disability as a physical or mental impairment that substantially limits one or more of the major life activities of an individual: (b) a record of such an impairment; (c) being regarded as having such as impairment. The Directive also identify “Public entity” as any state or local government and any department, unit special purpose district, or other instrumentality of a State or states, or local government. Agency policy requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP). 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.</p> <p>CDF Facility Directive 020.0026.1 indicates detainees will have the same opportunity to participate in or benefit from all aspects of the facility’ effort to prevent, detect, and respond to sexual abuse and sexual harassment. Detainees with limited English proficiency have access to the use of interpreters or detainee assistants to ensure detainees fit 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. 301.424.7737; (b) On site – Ad Astra Inc. 301.408-4242 (c) Language Line – 866-874-3972.</p>

Detainees receive a copy of the Detainee Handbook during the intake process by the Intake Staff. The handbook contains a section on Detainee Orientation to American with Disabilities (ACT (ADA). Disability is defined as (1) physical or mental impairment that substantially limits one or more major life activities, such as: walking, talking, hearing, seeing, caring for oneself, or working; (2) a record of such impairment; or (3) is regarded as having such impairment. Under these circumstances, the detainee has the right to request reasonable accommodation to make programs and services being received or will receive more accessible and usable to them.

In addition to the detainees receiving the handbook, they also observe 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. The video presentation has audio and is also available in Spanish. Staff are available for a question-and-answer session at the end of the presentation. Sign language services are available through Statewide Visual Communication Services.

Facility Directive CDF.100.0001.1 Intake and Orientation states when possible, and security permits, hearing impaired detainees will be housed with a cell mate. The policy also identify detainees with disabilities will have access to all programs and services provided by the facility.

There was only one detainee within the target group of disabilities. This detainee had a physical disability (walking). There were no detainees identified as blind, hard of hearing, hearing impaired, visual impaired, cognitive disabled, and/or Limited English Proficient. The detainee identified with the physical disability (walking) explained he had no concerns with the comprehension the PREA education material presented to him and/or the continuous PREA education material on the walls, detainees' bulletin board in his assigned housing unit. During the interview with the agency head/designee, he indicated the language line and sign language services are available to inmates.

One detainee who had reported an allegation of sexual abuse only spoke the language of Mandarin Chinese. The mental health staff he reported the allegation too documented using the Language Line – 866-874-3972 when communicating with him.

115.16(c) Directive OPS.050.0001 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. During interviews, staff indicated they were aware detainees should not be used as translators and /or should be used only to report an incident if no other resources were not available at the time of the alleged incident in order to protect the alleged victim. Each of the 22 random staff selected for interviews, quickly responded that they that a detainee would not be used to provide translations service, but the translation services would be provided through the approved language line. There were zero instances in where staff utilized the detainee population to translate for another detainee.

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

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. CDF Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance 3. Facility Directive CDF.020.0026.1 PREA- Federal Standards Compliance 4. Code of Maryland COMAR 17.04.14.10 and .20 5. Code of Maryland COMAR 12.15.01.19 6. DPSCS PREA Interview/Hiring Process guide 7. PREA DBM DPSCS JOBAPS Application Form 8. PREA Interview Questions 9. DPSCS Interview form – Correctional Applicant 10. Hiring and Promotional Records 11. Criminal History Background Records Check Documentation 12. Interviews with: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. Administrative (Human Resources) Staff <p>115.17(a) Directive DPSCS.020.0026, section .05F(1) regarding the Human Resources Services Division (HRSD) states, “shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B(3) of this directive.” Human resources staff reported that hiring and background checks of new employees, promotions, and contractors are performed by the centralized hiring unit which is located offsite of the facility. The applicants select the general geographic area in where they would like to be assigned if selected for employment. The determined location is made by the Centralized Hiring Unit which is section of the Human Resource services Division. The background investigation is extensive in the collection of data regarding applicants that includes but not limited to: consideration of the applicant’s criminal background; previous employment history; review of current tattoos for possible gang</p>

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. The PAQ indicated that there were zero new hires in the last 12 months. This information was incorrect. There was 1 new hire and 2 staff promotions. The lead auditor received the personnel files for these three staff. A completed background check was completed for the new hire and both the new hire and staff selected for promoted position completed a PREA acknowledgement file in advance of employment and selection for promotion. Records indicated that applicants were asked about behavior described in 115.17(a) (1-3). Documentation indicates that all applicants were asked again during a polygraph examination. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who do not meet the requirements of this provision. It also prohibits the acquisition of services from any contractor who does not meet the requirements of this provision

115.17(b) Directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, which was 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. The Human Resource Service Division is responsible for initiating background checks on all DPSCS and contract staff assigned to various departments in the DPSCS. Human resources staff reported that incidents of sexual harassment are considered during the application, interview, and background investigation for all staff to include contract staff.

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

115.17(d) Directive DPSCS.020.0026, section .05F(3)(c) states, before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background records check of the contractor's employees who may have contact with an inmate." Staff within the medical and mental health departments have been employed with DPSCS over 10 years. Two staff were hired through their contracting agency Keefe during the post-audit phrase only. Their background investigations were presented for review as the only new hire contract staff and were in the process during the audit review period. The background checks were forwarded from the DPSCS Human Resource Service Division.

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

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

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

115.17(h) Maryland's Public Information Act ("PIA"), GP§ 4-311, states, "personnel records of

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

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

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. The PREA Manual
3. Observation
4. Interviews with:
 - a. Warden

115.18(a) The Audit Manual states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect inmates from sexual abuse. The Pre-Audit Questionnaire indicated that there had been no new additions to the video monitoring systems at CDF in the last 12 months. 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. The agency also considers statistics (e.g. a prevalence of incidents), considers needs, past problem areas and evidence-based practices.

115.18(b) The Audit Manual states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department’s ability to protect inmates from sexual abuse.” The Pre-Audit Questionnaire indicated no new installation or update to the current video monitoring systems. An interview with the Warden indicated consideration is given to statistics (e.g. a prevalence of incidents), past problem areas, blind spots and evidence-based practices.

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

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing
3. DPSCS Executive Directive OSPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
4. DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses
5. CDF Facility Directive CDF.020.0026.1 PREA Compliance
6. Wexford Health P-314 Procedure in Event of Sexual Assault
7. DPSCS Executive Directive OSPS.200.0004 Inmate Sexual Misconduct
8. MCASA Website
9. Investigation Files
10. Interviews with:
 - a. Facility Investigator and IID Investigator
 - b. Mercy Medical Center

115.21 (a) Confirmation of the DPSCS responsibility to meet the requirements of this standard is outlined in the numerous Departmental policies: OPS.050.0001 § .05D & G; OPS.200.0005 § .05D, F & G; IIU. 110.0011§ .05C & D and IIU. 220.002. IIU 110.0011. An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. The CDF Detainee Handbook identify violated acts of PREA related incidents as a Category1 Rule Violation - most severe inmate rule violation. The shift supervisor is responsible for contacting to the IIU Duty Officer for a case number. Per the IIU Investigator, detectives with the IIU are sworn law enforcement officers by the Attorney General in Baltimore and are authorized under Maryland law to conduct both administrative and criminal investigations. These investigators are assigned to the Internal Investigative Unit/Division. Directive IIU.110.0011, section .03 states, "The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator." Per an interview with an IIU Investigator, all reported PREA allegations are initially identified as criminal. However, upon the conclusion that no criminal acts are confirmed, the case is closed as an administrative case. All investigations criminal or

administrative are tracked and conducted by and IID investigator. Interviews with random indicated they were aware and understood DPSCS protocol for obtaining usable physical evidence if an inmate alleged sexual abuse. All indicated they would utilize the first 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.

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

115.21(c) Executive Directive Number: OPS.050.0001 stated If medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by (i) A Sexual Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); (iii) If after documented attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examination. Although they are not on duty at the hospital 24/7, they are on call 24/7 and required to report to the hospital within 1 hour when needed. Hospitals with SAFE Programs have specially trained Forensic Nurse Examiners (FNE) or physicians available to provide both medical attention and evidence collection services. Medical care provided during SANE/SAFE includes acute injury care and medication for the prevention of sexual transmitted infections (STIs), HIV, and pregnancy. All services and medical care, including HIV prevention medication (nPEP), provided during a SAFE are free of cost.

115.21(d) DPSCS utilizes the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. Detainees are given a MCASA brochure upon their arrival to the facility during intake in which services offered are explained in detail. MCASA indicate when receiving a SAFE the inmate will have to opportunity to receive advocacy services. These services will be provided by a local Rape Crisis Center or the hospital at where the services are being performed. Advocacy services include, but are not limited to, accompaniment during the exam, safety planning, and referrals for long-term services. During the audit process, the DPSCS PREA Coordinators continued to meet with staff representatives from the MCASA to develop an official Memorandum of Understanding (MOU). As of this report a draft MOU has been developed and is routing to all for review. A copy of the draft was provided for review.

Although DPSCS has not been successful in establishing an official MOU, the agency and MOU does have a committee of service. 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.

Additionally, interviews with two Mercy Medical Center Emergency Room Charge Nurse indicated a victim is always contracted to report to the medical center upon the arrival of an alleged victim of sexual abuse. The advocate is part of the Sexual Assault Response Team (SART) and is not assigned at the facility but is available 24/7 as needed.

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

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

115.21 (g) Not applicable

115.21 (h)Victim advocate services are offered by the Medical Center as part of the forensic medical examination. Medical staff makes notification to the Sexual Assault Response Team (SART) that includes a victim advocate.

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

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CDF 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. DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing
6. PREA Casefiles
7. Interviews with:
 - a. Investigative Officers
 - b. Warden
 - c. CDF PCM

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. The PAQ identified there were zero reported allegations of sexual abuse and/or sexual harassment in where an administrative and /or a criminal investigation was conducted during the 12-month review period. However, this information was incorrect. There were two reported allegations of sexual abuse and zero reported allegations of sexual harassment during the 12-month review period. One case was completed as an administrative investigation and the other remain pending DNA results for possible prosecution.

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." An interview with the Warden and IIU Investigator noted that every allegation of sexual abuse or sexual harassment goes through IID.

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

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

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. Maryland Police and Correctional Training Commissions Lesson Correctional In-Service Training
2. DPSCS 030.0001 Pre-Service and In-Service Training
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
5. COMAR 12.10.01.16 Correctional Training Commission requires annual training
6. PREA Training Lesson Plans
7. PREA Training Records and Rosters
8. Interviews with:
 - a. CDF PCM
 - b. Training Staff
 - c. 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.”

An electronic generated copy of training for the 179 non-security and security staff was provided that confirmed all completed the required PREA training. Random staff interviews indicated in-service training is provided annually during Day 2 in-service training. The training department tracks staff progress via computer-generated spreadsheet to ensure completion of training. Furthermore, anyone who did not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline. 100% (22) of the random staff interviewed reported that in-service training contains all the information required by this provision.

Additionally, COMAR 12.10.01.16 Correctional Training Commission requires completion of annual training by December 31st of each calendar year. PREA training is part of the annual training curriculum. DPSCS uses two PREA lesson plans. A Correctional Entrance Level Training Program (for new employees) and a Correctional In-Service Training Program (for current employees). Both lesson plans are similar in content. Training is two hours, lecture based with a slide presentation, and followed by a test. Staff must score 75% or better to successfully pass the training. The lesson plans cover the 10 topics specified in this provision.

The PREA Audit Manual states, "Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa." Training is designed for officers to be able to function in both female and male facilities. CDF houses male and female detainees. CDF staff are also required to complete the Managing Female Offenders self-learning course. The course objectives are: (1) identify the most effective strategies for working with the female offenders in the correctional setting; (2) Identify problems that may occur during cross-gender supervision. Staff must be required to receive a passing score. The self-study course, test and staff acknowledgment by signature was provided for review.

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

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

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPSP.050.0001 Sexual Misconduct
3. DPSCS Volunteer Services Orientation Manual
4. PREA Training records and Rosters
5. DPSCS Website
5. Interviews with:
 - a. CDF PCM
 - b. Contract Staff

115.32 (a), (b) Directive OPSP.050.0001 states an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools thus, these identified groups are subject to the same type of training as employees. Directive OPS.050.0001 states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct Mental health staff consists of 1 State employee and 2 contract staff (Centurium). The 24 medical staff are contracted through CORIZON. Both medical and mental health staff complete the PREA training through an on-line course. This was confirmed during interviews with the Contract Charge Nurse Behavior Health Psychologist. Medical staff also completed General Health Services Policy and Procedure title Responding to Sexual. Mental Health staff also complete have also received training from the Mental Health Services Manual Program and Services Mental Health Services Chapter 18.

Two contract staff assigned to Keefe provide commissary services to the detainee population and are always escorted by security staff. Documentation of the completed PREA training was provided via their signature on the PREA Acknowledgement Forms. Maintenance repairs are provided PREA training through the DPSCS Division of Captain Construction & Facilities Maintenance. Copies of 18 contractors training was provided in which their signature is noted as acknowledgement of the received.

Interviews conducted with medical, mental health contract staff and confirmed receipt of PREA training. Contract staff attend the Non-Academy Pre-service Orientation training for new

employees in addition to annual pre-service. PREA training is completed before hiring, during in-service and every 6 - month through CORIZON, the contracting agency. Those interviewed stated they were notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report it. Each stated they would report to a security supervisor and their immediate supervisor.

115.32 (b) Per the PCM, most contractors attend in service using the department's PREA lesson plan. Volunteers and contractors who have minimal inmate contact are trained using the volunteer manual. Contractors who come in one time only are given a PREA sign off information sheet. Review of documentation indicated the volunteers and contractors have received training based on the services they provide and level of contact they have with inmates.

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

Six volunteers were currently providing services at CDF. A list of 18 volunteers approved during the review was provided and the PREA acknowledgement forms for 11 was provided for review. Most volunteers have not been allowed entry into the facility since March 16, 2020 due to COVID-19 was unavailable for interviews. Volunteers complete an application to become a volunteer on-line through the DPSCS website. The lead 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 to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per the Department policy and procedures. The DPSCS .020.0026, Prison Rape Elimination Act Federal Standards Compliance and OSPS. 050.0001 Sexual Misconduct - Prohibited are included for review on the under-Volunteer Forms: Additional Material. Rosters and signatures of volunteers acknowledging receipt of PREA training was provide for review.

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. The auditing team was provided acknowledgement of PREA training for 18 maintenance workers, and 5 Keefe contract workers.

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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
3. DPSCS Executive Directive OPS.020.0032 LEP Policy
4. PREA Hotline signs (English and Spanish)
5. CDF Detainee Handbook (Spanish and English)
6. PREA Sexual Assault Awareness Brochure (English and Spanish)
7. PREA Training Acknowledgement Inmate Education
8. MCASA Maryland Coalition Against Sexual Assault (MCASA) Brochures
9. Inmates Signatures Acknowledging Viewing PREA Video
10. Observation on site
11. Interviews with:
 - a. CDF PCM
 - b. Intake Staff
 - c. Case Managers/Staff Assigned to Conduct Risk Screening
 - d. Random inmates

115.33(a)(b) (c) The PAQ and an interview the CDF PCM identified 803 detainees arrived at the facility within the 12-month review period. Executive Directive OPS.050.0001 states that Receiving and ID departments are responsible for providing inmate orientation. Under this directive, they shall ensure that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate-on-inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation. CDF.020.0026.1 indicates (a) At intake, detainees, will review the PREA video and sign off on the PREA Acknowledgement Form which will be placed in the detainees' file in Case Management; (b) Additionally, each detainee will be given a handbook which includes information about sexual abuse/assault within include: (i) Prevention; (ii) Intervention; (iii) Self-protection; (iv) Reporting; and (v) Treatment and counseling. The detainee handbook consists of 93 pages that include their safety, their right to be free from sexual assault (zero tolerance with various methods on how to report for themselves and/or someone they know is a victim of sexual misconduct, sexual abuse or assault); guidance to the detainees on avoiding sexual assault; counseling services related to sexual assault; the detainee handbook also provides a

toll-free unmonitored contact number of 410-585-3177/1-800-869-4499. The number 800-869-4499 is identified as the number detainees can report an allegation to the Federal Bureau of Prisons. Per an interview with Intake Staff, staff have a discussion with all detainees regarding the PREA education in their handbook. All detainees are required to watch the PREA video during the intake process. Intake staff continued in identifying the PREA Hotline and PREA posters on the walls and bulletin boards are pointed reference during the PREA education briefing to all newly arrived detainees. The detainees also receive The Prevention of Sexual Abuse in Prison "What Inmates Need to Know" brochure during intake. The literature available to the detainee population in English and/or Spanish. A translation service is provided as needed for those speaking other languages. The literature given provides information on the agency's zero tolerance policy for sexual abuse or sexual harassment and provides information on how to report sexual abuse and sexual harassment. A Maryland Coalition Against Sexual Assault (MCASA) brochure is provided to the detainee population that provides a variety of outside resources for the detainee.

115.33(d) The PREA Audit Manual states, "The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills." Directive OPS.050.0001 section .05C(5) states, "Procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under §.05E(4) of this directive." When necessary telephone interpretation services are needed, the available services are through the Language Line. There were no detainees at CDF with disabilities that included, blind, low vision, cognitive disabled, and LEP for interview on during the on-site visit.

115.33 (e) The lead auditor requested a random selection of 35 detainees' documentation of PREA education. All inmates requested, acknowledged receipt of PREA education through watching a video, the detainee's handbook, and receiving a MCASA brochure regarding outside support services, receiving an inmate handbook containing PREA information and an opportunity to have question answered by the presenter. The auditing team was presented with the detainees' individual sign off sheet documenting their signatures for receipt of the PREA education.

115.33 (f) PREA information was observed to be readily available to the inmate population throughout the facility. CDF did a phenomenal job in their successful effort in providing continuous PREA education to the staff and detainee population. A massive amount of PREA education was posted throughout the facility on all walls, bulletin boards, multipurpose rooms, departmental staff offices, detainees housing units, medical, mental health, Case Management, Intake. The PREA education was presented in both English and Spanish. The PREA Hotline number was posted and stenciled on housing unit walls in a large font that was easily identified. The Hotline number was also posted near the detainees' telephone for easy access to those that wish to utilize it.

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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
4. Documentation of Specialized Training for Agency Investigators
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. Lesson Plan – Specialized Training: Investigations
7. Interviews with:
 - a. IID Investigator

115.34(a) Directive OPS.050.0001 states to the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations. Directive IIU.110.0011 states that Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting. Internal Investigative Division (IID) has jurisdiction over both administrative and criminal investigations. IID handles all allegations of sexual abuse and sexual harassment. IID investigators are required to meet training standards to maintain law enforcement certification and are sworn officers. The IID will determine if the allegation will be investigated locally by facility staff or investigated by an IID detective. The Maryland Police and Correctional Training Commission Lesson Plan – Specialized Training: Investigations which is required of all IID detectives before conducting sexual abuse and sexual harassment investigations was reviewed and covers the requirements of this standard. Upon completion of training IID Investigators are issued a certificate of completion indicating that they have successfully completed training in conducting PREA: PREA Specialized Training.

115.34(b) The Lesson Plan – Specialized Training: Investigations is the curriculum utilized to train staff in the conduct of sexual abuse and sexual harassment investigations. In the “General Comments” section on page 2 states, “This lesson plan is intended for use with Department personnel assigned to investigate of an allegation of misconduct that involves a sex related offense. This lesson will give participants the information they will need to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act.”

This includes the definition, purpose, and history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations. The specialized training for investigators is a 7-hour training program including a slide

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

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

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

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive DPSCS.020.0026 PREA Federal Standards Compliance
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
5. Medical Staff (COR|ZON) PREA Training Certificates
6. Mental Health (Centurion) PREA Training Certificates
7. Medical and Mental Health Training Presentation
8. Interviews with:
 - a. Medical and Mental Health Staff

115.35(a) Directive OPS.050.0001 defines “employee” as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C(1) states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;” Medical and the vast majority of mental health staff are contract employees who must complete the agency’s PREA training and specialized training received from the contractor (CORIZON or Centurion. The training is an on-line course. Medical and mental health staff also receive the Sexual Assault Prevention and Reporting Staff Information Brochure and the Prison Rape Elimination Act Information Booklet for Volunteers and Contractual Workers. This information covers the agency’s zero tolerance policy, methods of reporting, consequences for participating in prohibited activities, and basic actions to take (i.e. separate victim and aggressor) during an incident. This includes a duty to report and how to report allegations of sexual abuse and sexual harassment. The information also covers characteristics of at-risk populations, predatory inmates, and the warning signs associated with victimization. The PAQ noted 10 medical and mental health who work at the facility regularly and complete PREA training. This information was incorrectly provided by the former PCM. There are 24 contract medical staff and 2 contract mental health staff. The auditor randomly selected 13 mental health staff, and medical staff for review of their completion of PREA training. Confirmation of training was provided through certificates for those selected. During interviews with medical and mental health staff they indicated they received PREA training on-line in addition to other specialized training dealing with sexual abuse victims. The auditor also reviewed training records and certificates.

PREA training is also provide to medical staff of CORIZON General Health Services Policy & Procedures “Response to Sexual.” This course is a requirement for the America Correctional Accreditation (ACA).

PREA training is part of the Mental Health Services Manual Programs and Services. Mental Health Services Chapter 18 PREA provides guidance of services and procedures when addressing victims of sexual abuse.

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

115.35(c) (d) The auditor 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 attended specialized training.

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

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Reviewed (documents, Evidence interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
3. PREA Intake Screening Instrument
4. Inmate Screening Files
5. Interviews with:
 - a. DPSCS PREA Coordinator
 - b. CDF PCM
 - c. Intake Staff/Case Managers assigned to conduct risk screening assessments
 - e. Random inmates

115.41(a) (b) Directive CDF.100.0001.1 states it the policy CDF to ensure a detainee is accurately assessed and informed during intake process. Case management staff in conjunction with custody staff will determine and housing and status based on the detainees' needs and the secure operation of the facility. 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. 115.41(a) Directive OPS.200.0006 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the Department of Public Safety and Correctional Services to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Policy further states

the Department shall use a screening instrument as part of the intake and facility transfer process and at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually abusive towards other inmates. The Department shall appropriately apply information obtained from assessing an inmate's risk related to sexual victimization and abusiveness to decisions concerning areas, such as inmate housing, programming, treatment, and work assignments in order to minimize circumstances that contribute to incidents of victimization or abusiveness. DPSCS uses the PREA Intake Screening form during the risk screenings. The DPSCS PREA Coordinator is responsible for ensuring each managing official designated sufficient intake, custody, or case management staff to assess each inmate within 72 hours of arrival at the facility. The policy also dictates case management staff 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 PAQ notes there were zero detainees admitted to the facility that remained at the facility for 72 hours within the review. This response was incorrect. There were 803 detainees who reported to the facility who stayed was 72 hours or more. There were 749 detainees who remained at the facility for both 72 hours more and 30 days and more during the review period. The Intake Officers are responsible for conducting the initial 72-hour risk screening assessments of all newly arriving detainees and the Case Managers are responsible for conducting the 30-day risk assessments. The Intake Staff and Case Managers are responsible for ensuring the screening instrument is used to objectively assess an inmate's risk of victimization and/or an inmate being sexually abusive. The Intake Staff and Case Managers indicated the PREA Intake Screening is the form utilized to conduct screening for the risk of sexual victimization and risk of sexually abusing other inmates. Detainees are scored on their responses and are identified as at risk of victimization and/or risk of abusiveness and/or neutral. Interviews with the detainee population recalled being asked questions related to the PREA Intake Screening form.

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

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

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

and current charges. A review of the PREA Intake Screening form revealed it does consider all the criteria required by this provision.

115.41(f) Directive OPS.200.0006, section .05B (2) requires case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility. There are three Case Managers assigned to two housing units each. An interview with the Case Manager indicated a set date for conducting reassessments is 25 days. A random sample of 35 detainees PREA Intake Screening forms was selected for review. The review identified staff completed the 30-day risk reassessments on 33 occasions were conducted to close to 25 days, once on the 30th day and once on the 31st day. The staff assigned to conduct risk assessments demonstrated their knowledge, practice, and the procedure of conducting risk assessments timely while noting only one error of 35 completed assessments

The detainees who were arrived at the facility within 12 months of the audit recalled being whether they had been in jail or prison before, whether they have even 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. Most detainees confirmed they were asked during the intake process and again by their Case Manager.

115.41(g) Directive OPS.200.0006, section .05B(4) requires case management staff to re-assess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. The PREA Intake Screening form is utilized to conduct all re-assessment. Interviews with Case Managers who conducts the 30-day reassessments indicated a detainee risk level will be reassess when warranted due to a referral, request, incident of sexual abuse or receipt of additional. The Case Managers responses coincided with the requirements for screening for risk of victimization/abusiveness outlined in OPS.200.0006 and CDF.020.0026. I.

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 detainees are not disciplined for refusing to respond or for not disclosing complete information and stated most are cooperative and provide responses. CDF.020.0026.1 section G also notes detainees will not be disciplined for refusing to answer or for not disclosing complete information related to a disability, sexual preference, previous sexual victimization, and the detainee's perception of vulnerability. Interviews with the Intake Staff and Case Managers confirmed the detainees are never discipline for refusing to answer questions during the risk assessments.

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." CDF.020.0026.0 Information related to sexual victimization that occurred in an institution is strictly limited to medical and mental health staff. Custody staff will be notified to make appropriate management decisions such housing, work assignments, and programming. Per an interview with the Case Manager Supervisor, upon completion, the PREA Intake Screening form is placed in the inmate's base file. The detainee files are secured in the records room that is in the case managers' office areas and access to these files are given to limited staff. She stated a file audit is conducted weekly for accountability purposes.

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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed PAQ
2. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
3. Facility Directive CDF 020.0026.0.1 PREA – Federal Standards Compliance
4. PREA Intake Screening Instrument
5. Completed Risk Assessments
6. Interviews with:
 - a. Agency Head Designee
 - b. CDF PCM
 - c. Intake Staff and Case Managers/Staff assigned to conduct risk assessments

115.42(a) The Detainee Handbook states the detainees will be assigned to the intake unit until they have been medically cleared and have an initial classification by case manager staff for other housing. Directive CDF.100.0001.1 states it the policy CDF to ensure a detainee is accurately assessed and informed during intake process. Case management staff in conjunction with custody staff will determine and housing and status based on the detainees' needs and the secure operation of the facility. Directive OPS.200.0006, section 5C(1)(a) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: (1) Screening information shall be considered: (a) When making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from detainees who are determined to be at high risk of being sexually abusive." CDF.020.0026.1 noted information received from the intake screening will impact housing, job, and programming assignments on a case-by-case. The facility does not house victims and abusers together. Relevant alerts shall also be placed on all facility and agency data systems by case management to assist in housing and programming decisions. Housing decisions should be made using the PREA Compatibility Rules. Staff who perform screening reported detainees at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score.

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. 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.

Inmates identified as a PREA VP (Victim Potential) are never assigned to a cell with an inmate identified as PREA AP (Aggressor Potential). All others may be housed together.

115.42(b) Directive OPS.200.0006, section .05C(1)(b) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: When making individualized determinations as how to ensure the safety of each inmate." As indicated above, the information from each inmate's individual risk screening is reviewed and utilized to keep inmates safe. Interviews with two Case Management Staff indicated the information from the inmate's screening is based on individualized determinations and used to identify housing, programming, job assignments and ensuring separation of those at risk of victimization away from those at risk of being abusers.

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." There were zero detainees housed at CDF identified as transgender and/or intersex. Per interviews with the CDF PCM and other random staff there has not been a detained identified as transgender since 2014/2015. CDF.020.0026.1 indicates information received from the intake screening will impact housing, and programming assignments on a case-by case. Additionally, individualized determinations will be made to ensure the safety of each detainee; including placing a detainee in special housing (protective custody and /or administrative segregation) if no other means of separation from likely perpetrators is possible.

115.42(d) Directive OPS.200.0006,.05C(2) states, "Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review threats to safety experienced by the inmate." The inmate's own views with respect to his safety shall be given serious consideration." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether a detainee is transgender or intersex. The Case Managers who conduct risk assessment screening indicated all detainees identified as transgenders and/or intersex would be reassessed bi-annually. The Case Managers confirmed the detainees identified as intersex and/or transgender own views with respect to their safety would be given serious consideration by the case management team. There were no detainees identified as transgender or intersex at CDF during the review period nor on-site visit.

115.42(e) Directive OPS.200.0006, section .05C (3) states, "A transgender or intersex

inmate's own views with respect to personal safety shall be seriously considered.”

Transgender and intersex inmates can request a personal search exception card issued by the warden which allows the inmate to be searched by staff of a preferred gender. Interviews with Case Management staff indicated the transgender and/or intersex detainee’s own views of safety are given consideration. The detainee would be referred to medical and mental health with additional follow-ups as deemed appropriate. CDF reported there has been a detainee identified as transgender since 2014 and does not recall ever having a detainee identified as intersex housed at the facility.

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 CDF PCM indicated detainees identified as transgender and intersex inmates would be given the opportunity to shower separately from other detainees. All showers are in individual stalls with shower curtains and/or doors that allow privacy. The CDF PCM indicated detainees identified as transgender or intersex are offered the opportunity to shower when the showers are closed to other detainees. There were no detainees identified as transgender and/or intersex at the facility to conduct an interview.

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.” The State of Maryland does not have a consent decree. Interviews with the CDF PCM, and DPSCS PREA Coordinator, CDF is not under a consent decree, legal settlement or legal judgement to provide dedicated facilities, units or wings solely on the basis of a detainee being identified as lesbian, gay, bisexual, transgender or intersex.

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

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DOC.100.002 Case Management Manual
3. Interviews
 - a. Warden
 - b. CDF PCM

115.43(a) The DOC— Case Management Manual section .18E (1)(a)-(f) states, “Protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. The detainees at CDF are being held for the United States Marshall on a pre-trial basis.

CDF.020.0026.1 at no time will a detainee be placed on involuntary segregation status because the detainee is at high risk of victimization. Per an interview with the Warden, upon receiving a report that a detainee has been identified at risk of imminent sexual abuse, the detainee would move immediately and seen by medical and mental health. Additionally, there are 23 male housing units and 1 female housing unit available. Therefore, a change in housing unit can be arranged rather than the utilization of involuntary segregation for a detainee at high risk of victimization.

The male detainees are assigned to 23 individual pods. An interview with the CDF PCM and Warden, they indicated due to the number of housing units, a detainee could reassign to a different housing unit. Another option is the detainee could be placed on cell alone and recreation alone in their assigned housing unit. The detainee will have all the opportunities as the detainees in the housing unit who are considered as general population, but these privileges will be granted when the unit detainees are secured in their cells.

The female detainees are assigned to one housing unit. An interview with the CDF PCM and Warden, they indicated any female that needs to be separated from other female detainees will remain within the housing while placed on house and recreation alone. The detainee will have all the opportunities as the females who are considered as general population, but these privileges will be granted when the unit detainees are secured in their cell.

Per the Warden, CDF PCM, PAQ, and staff assigned to supervise segregation there were zero detainees held in involuntary segregation during the review period.

115.43(b) The DOC-Case Management Manual section .18F(1)-(17) states in part that an inmate assigned to administrative segregation or protective custody shall be subject to the conditions of confinement and those conditions of confinement outline opportunities that have been limited, and the duration of these limitations. Opportunities for those in protective

custody include institutional movement, hygiene, property, out-of-cell activities, access to health care, case management, education, library, legal, visits, religion, food, mail, commissary, and segregation status. The rationale for any limitations would be documented on the Administrative Segregation Investigative Report and the Notice of Assignment to Administrative Segregation. An interview with staff who supervise segregation confirmed the Warden's statement that the facility does not utilize involuntary segregation for detainees identified at a high risk of victimization. However, all detainees placed in involuntary segregation have access to television viewing, GED classes, library, recreation, yoga on the tier, access to health care, mental health, legal visit and material, food, commissary, mail, phone calls, enrollment in various programs to include Thinking for a Change, out-of-cell time (outside recreation 3 days a week).

A review of the detainee who reported sexual abuse housing unit's assignment identified they were not placed in any type of involuntary segregation. One detainee had already been assigned a cellmate change. The second detainee was assigned to a different housing unit and placed on house and recreation alone throughout housing at CDF as the investigation remained pending. There were no detainees noted as being in involuntary segregation for high risk of victimization during the on-site visit for interview.

115.43(c) The PAQ noted no inmates were held in involuntary segregated housing for longer than 30 days in the past 12 months awaiting completion of assessment. Per the Warden, Staff assigned to supervise segregation and CDF PCM, detainees are not placed in involuntary segregation due to being at a high risk of victimization. Depending on the threat, the detainee could be reassigned to another housing unit, placed on house and recreation activities within their assigned housing unit, or the aggressor could be placed in segregation pending an investigation. An interview with staff who supervise segregation confirmed the Warden's statement that the facility does not utilize involuntary segregation for detainees identified at a high risk of victimization. However, all detainees placed in involuntary segregation have access to television viewing, GED classes, library, recreation, yoga on the tier, access to health care, mental health, legal visit and material, food, commissary, mail, phone calls, enrollment in various programs to include Thinking for a Change, out-of-cell time (outside recreation 3 days a week).

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 detainee and provides the detainee a rationale for placement. However, per interviews with the Warden, CDF PCM, Staff assigned to supervise detainees in segregation and the PAQ, there were no detainees placed in segregation for being at a high risk of victimization. Therefore, there were no casefiles detailing such for review.

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. CDF.020.0026.1 indicated if involuntary housing is made, a review every 30 days is to be conducted to determine continuing need for separation from the general population. However, an interview with the staff assigned to supervise segregation any detainee that would be housed in segregation would be reviewed every 30 days.

Based on the review of policies, documents, 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

Evidence Reviewed (documents, interviews, site review):

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

On the day of arrival during intake the detainees receive the MDPSCS PREA and Sexual Assault Awareness, "What Every Inmate Needs to Know" brochure. The brochure provides reporting options of reporting to any staff they feel comfortable with, reporting incident to the PREA Hotline at (410) -585-3177 and instructions for usage and the option of reporting

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

The auditing team observed the toll-free unmonitored contact number PREA Hotline 410-585-3177/800-869-4499 and other PREA information stenciled on walls throughout the facility on all floors and in all detainee housing units. This information is accessible to staff, visitors, and the detainee population. There is no area within the facility that did not provide continued PREA awareness, methods of reporting and the PREA Hotline number. Interviews with the staff and detainee population confirmed their awareness of methods to report PREA allegations. Most was able to recall the hotline number during the interview process. The most common method of detainees reporting PREA allegations was through the PREA hotline, although they did feel they could report directly to staff. Staff indicated they would report to a higher-ranking supervisor.

115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 discusses methods that allow detainees to make a report of sexual abuse or sexual harassment outside the department to the Office of the Attorney General or any other private or public office. DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide advocacy services statewide. MCASA also receives reports of sexual abuse and sexual harassment from inmates as an external reporting entity. Posting are on the inmates' housing unit bulletin boards on the various methods to report sexual misconduct to include the JUST Detention International (JDI). The PREA Hotline numbers for both State and Federal Bureau of Prisons was posted and/or stenciled on walls throughout the facility at 410-585-3177/800-869-4499 for toll free unmonitored calls. This information is also noted in the detainees' handbook. It also provides additional Agency Hotline: Rape Abuse and Incest National Network (RAINN) 1120 L. Street, NW suite 505 Washington DC 20005 (202)544-1034; National Sexual Abuse Hotline (800) 656-HOPE; and MCASA P.O, Box 8782 Silver Spring, Maryland 20907 (301) 328-7023. A copy of the MCASA brochure front and back pages are posted on the detainee's informational bulletin boards in all housing units.

CDF is Federal Detention Facility that houses both male and female pre-trial detainees for the United States Marshals Service Prison Operation Division and does not house detainees solely for civil immigration. However, for detainees who are not citizens of the United States, a directory of all consulates and embassies is included in the Detainee Handbook. Should the detainees need assistance with contracting their consulate or embassy, a request in writing should be directed to the Unit Manager or Case Management Specialist.

115.51(c) Directive OPS.050.0001 and Directive OPS.200.0005 requires an employee receiving a complaint of sexual abuse or sexual harassment to immediately report the complaint to a supervisor, manager, shift commander, or head of the unit and subsequently document the report in a written format. Additionally, reports of sexual abuse or sexual harassment may be submitted verbally, in writing (including electronic documents), anonymously, and by third parties. Detainees also have access to a toll-free hotline number which will refer any reports for investigation. Reports can also be made anonymously. The detainee handbook identifies a PREA Hotline number for family members and friends to report PREA allegations at 410-539-5445. Detainee interviews indicated they had watched the PREA video and was aware of various methods they could report sexual abuse and/or sexual harassment to include verbally, in writing, or via third parties. Most detainees also indicated that they could report sexual abuse or sexual harassment anonymously. All random staff reported inmates could report sexual abuse or sexual harassment either verbally, in writing,

anonymously, and via third parties. Staff indicated they would immediately notify their supervisor and document any verbal reports of sexual abuse or sexual harassment as soon as possible and always prior to departing from their assigned shift.

115.51(d) Directive OPS.200.0005 The PREA Audit manual states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice with regard to privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited calling the Employee Hotline (410)585-3288), notifying a supervisor, or calling IID as their primary ways to make a private report of sexual abuse or sexual harassment.

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

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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, CDF PCM and to IID to be processed for investigation. Per the CDF PCM, all reported allegations are addressed immediately and reported to the IID Investigators for a thorough investigation.

DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this Standard.

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
4. Maryland Coalition Against Sexual Assault (MCASA) Brochure
5. DPSCS PREA and Sexual Assault Awareness Brochure
6. PREA Intake and Reception Sheet
7. PREA Posters
8. Interviews with:
 - a. Random staff
 - b. DPSCS Assistant PREA Coordinator

115.53(a) (b) Upon arrival inmates are provided the Maryland Coalition Against Sexual Abuse (MCASA) Brochure which informs inmates about services (including confidential emotional support services) provided through MCASA prior to departing Intake & Reception. Prior to accessing services inmates are informed to the extent to which their communications will be monitored. The brochure is a guide for prisoners, advocates, and allies and includes information for inmates to report sexual misconduct to outside confidential support services. The services note in the brochure are as the following counselling services: (1) ALLEGANY Family Crisis Resource Center 146 Bedford St., Cumberland, MD 21502 Hotline (301) 759-9244; (2) ANNE ARUMDEL Sexual Assault Crisis Center 1517 Ritchie Hwy, Suite 101, Arnold, MD. 21012, Hotline: (410) 222-6068;(3) BALTIMORE CITY TurnAround, Inc., 1800 North Charles St., Suite 404, Baltimore, MD 21218, Hotline (401) 828-6390; (4) ST. MARY'S Walden-Sierra, Inc. 30007 Business Center Dr., Charlotte Hall, MD 20622 Hotline: (301)863-6661; SOMERSET, WICOMICO, WORCESTER Life Crisis Center, Inc. P.O. Box 387, Salisbury, MD 21803 Hotline: (410)749-4357; (5) WASHINGTON CASA, Inc 116 West Baltimore St. Hagerstown, MD 21740 Hotline: (301) 739-8975.

The Detainee Handbook list the Homeland Security Contact information. It also lists the contact information for Freedom of Information Act (FOIA) in Washington, DC., along with the Fraud, Whistleblower Hotline information in Washington, DC.

MCASA core members are the state's 17 rape crisis and recovery centers. Services provided through MCASA include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. The agreement specifically states, "MCASA will develop procedures to meet PREA Standard 115.53 in

providing access to outside confidential services for Inmates. MCASA will provide technical assistance as needed, including researching, and developing policies to address problems and concerns related to provision of confidential emotional support services.” Some detainees acknowledged observing crisis intervention services on the housing unit bulletin boards were not able to provide any information regarding their knowledge.

115.53 (c) DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide emotional support services. Services include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA’s network of providers. 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.

On November 23, 2020, the DPSCS Assistant PREA Coordinator conducted a video conference with a work group from MCASA to establish a MOU that will strengthen the working relationship for both MCASA and all DPSCS facilities. An interview with the DPSCS Assistant PREA Coordinator indicated due to the frequent turnover of staff at MCASA negotiation have often had to restart prior to finalizing an official Memorandum of Understanding (MOU) agreement. The lead auditor reached out to the Supervisory staff at MCASA to conduct collect an interview that included numerous emails back and forth, but the staff member was unavailable to complete the interview. The auditor has made several attempts to conduct an interview with a MCASA representative without success. The most recent attempt was via email on January 6, 2021 and continued throughout the finalization of the report for a response to my many requests.

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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
3. Detainee Handbook
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. They may be in writing, verbal anonymous or from third parties. The Detainee Handbook provided to the detainees indicates they may contact a third party to make a report on his or her behalf. A Hotline number for family and friends is noted in the detainee’s handbook as 410-539-5445. Additional methods of third party reported was also posted on bulletins boards and walls throughout the facility to include the detainee visiting area that is accessible to the detainees’ visitors.

CDF.020.0026.1 identify detainees can report externally through; each housing unit has stenciled above the phone the toll-free unmonitored contact number to report sexual assault, sexual abuse, a sexual harassment or staff sexual misconduct. Third parties or detainees can report allegation either directly to staff or outside agencies, i.e. Office of the Attorney General, Internal Investigation Unit IID.

PREA posters that included how to report via third party was posted in the detainee visiting area accessible for viewing by 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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. Completed PREA Investigative Casefiles
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents
7. Interviews with:
 - a. Warden
 - b. DPSCS PREA Coordinator
 - c. CDF PCM
 - d. Medical Charge Nurse
 - e. Mental Health Counselor
 - 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. All reporting incidents are to be documented on

an incident report (matter of record) by the initial reporting staff member. Interviews with 22 random staff indicated they were aware of their responsibility to report any knowledge of PREA allegations to include harassment, sexual abuse, and retaliation. All staff to include that they would report to the correctional supervisor on the shift. Non-security staff also indicated they would report to their immediate supervisor in addition to the security supervising staff on duty. All reported they would document verbal reports of PREA allegations in a matter of record as soon as possible and always prior to the end of the shift. The requirement for the shift commander who receive PREA allegations during their shift must report the allegation to the IID is also noted in OPS.020.0003.

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

115.61(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews confirmed that medical and mental health staff are aware of their duties required by this provision that includes their duty to report. The medical charge nurse and mental health counselor both indicated departmental staff are required to disclose their limitation of confidentiality and duty to report and as it is a requirement. The Warden, Assistant Warden, Chief of Security, each of their immediate supervisors, and the CDF PCM will be notified. The mental health counselor stated she was informed by the two detainees of their alleged sexual abuse allegation where they reported the incidents had occurred several weeks prior to reporting the incidents.

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

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 Facility Investigator and IID Investigator indicated all allegations of sexual misconduct are investigated to include those reported by third party, by the alleged victim, and anonymously and are handled the same. There were two allegations of sexual abuse and zero reported allegations of sexual harassment reported December 2018 through October 2020. Both alleged victims elected to verbally report their allegation of sexual abuse directly to the mental health psychologist. There were no sexual abuse investigations reported by third party, anonymously or through the PREA Hotline.

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

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. Division of Correction Manual: DOC.100.0002, Case Management Manual
5. Memorandum submitted by BCBIC PCM
6. Interviews with:
 - a. Agency Head
 - b. Warden
 - c. CDF PCM
 - d. Random staff

Executive Directives require that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. The Directives hold supervisors responsible for taking reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct. Staff responding to an incident are to ensure the safety of a victim of sexual misconduct by immediately stopping an incident in progress, and if necessary, arranging for separation of the victim from the abuser. Continued personal protection of the alleged victim shall be provided. This information is also covered in the PREA lesson plan. Directive OSPA.200.0005 states a supervisor, manager, or shift commander shall take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate-on-inmate sexual abuse. The Case Manager Manual section 18 provides guidance if an inmate claims to have an enemy within the Division of Corrections, the staff member receiving the claim shall notify case management staff, or a custody supervisor. If the enemy is housed at the same facility, a custody supervisor shall interview all inmates involved and determine whether the claimant shall be placed on administrative segregation pending further investigation. At the completion of the investigation, the case management specialist shall indicate on the Enemy Status form whether the inmate's claim has been verified, if the claim is verified, the information shall be entered on the OCMS Enemy Alert and Retraction screen. Further actions would be determined based on the findings of the investigation. The lead auditor presented a variety of scenarios to random staff during the interview process for response of their awareness to a detainee at substantiated risk of sexual abuse. In all scenarios, staff indicated, they would immediately remove the detainee from the area of threat, protect the detainee and notify their shift commander. Interviews with the Agency Head stated protective actions to an inmate identified as subject to a substantial risk imminent sexual abuse would immediately be separated from any threat that

could include being moved, assigned to different housing, reassignment of cellmate, transferred to another facility if necessary.

The Warden indicated a determination of action would be based on the circumstances involved, while ensuring the safety of the detainee identified at substantial risk imminent sexual abuse. The aggressor would be placed in segregation pending an investigation, or the victims or aggressor could be reassigned to another cell and /or housing unit. Detainees are also placed on house and recreation alone that keeps them separated from other detainees. The detainee would continue to have all privileges as the remaining g general population but at different times. The detainee would be seen by medical and mental health staff and IID would be contacted to complete an investigation.

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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. Interviews with:
 - a. Agency head
 - b. Warden
 - c. CDF PCM

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

An interview with the Agency Designee indicated when allegations are reported to another facility that is alleged to have occurred at the inmates' previous facilities, 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. An interview with the Warden and confirmed the process but identified there were no instances of PREA allegations reported within this provision reported in the 15 months of his return to the facility as Warden.

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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. Review of PREA Investigations
6. Interviews with:
 - a. Medical and Mental Health Staff
 - b. Inmates who reported sexual abuse

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.

The initial review period was scheduled for April 2019 – March 2020, in which the appropriate documentation was to be submitted. However, due to COVID-19 and the restrictions of visitation into the facility to conduct the on-site visit, the lead auditor extended the review to include any PREA allegations reported through the on-site visit. The PAQ identified 0 report of sexual abuse during the 12-month. However, this information was incorrect. There were two reported sexual abuse allegations reported from December 2018 through October 2020. Both sexual abuse allegations were identified as detainee-on-detainee and was reported to mental health staff. One of the alleged victims reported the incident to a mental health on June 13, 2019 and alleged the abuse occurred on April 26, 2019. The second alleged victim reported the allegation to mental health staff on April 18, 2019 and reported the abuse occurred on March 29, 2019. The allegations of sexual abuse were reported to staff several weeks after the alleged incidents. Evidence from these two sexual abuse cases had been destroyed prior to the alleged victims reporting the incidents except for one item. One detainee retained an item that was recovered and forward for forensic testing by the IID Investigator. This investigation remained pending the results of DNA testing.

115.64(b) CDF.020.0026.1 and Directive OPS.0050.0001 includes the first responder duties for security and non-security staff 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.” CDF 020.0026.1 includes first responder duties for security staff, non-security staff, initial contact with victim procedures and initial suspect contact procedures. The PAQ identified 0 non-security staff who served as first responders. However, this information was incorrect. The two sexual abuse allegations reported between December 2018 to October 2020 were reported directly to non-security (mental health staff). As previously stated, the allegations of sexual abuse were reported to staff several weeks after the alleged occurrence. The mental health staff was of aware of their responsibilities as first responders and notified security staff as required, investigative responsibilities, forensic medical examination s, procedures for medical. There were no PREA allegations reported to security staff and/or volunteers to include from December 2018 through October 2020.

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

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

Evidence Reviewed (documents, interviews, site review):

1.CDF Completed Pre-Audit Questionnaire (PAQ)

2. Interviews with:

a. Warden

An interview with the Warden identified the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Facility Directive CDF. 020.0026.1 details the requirements for custody staff first responders, for non-custody staff first responders upon learning of an allegation of sexual abuse, initiation of investigations, following the standard investigation protocol and notification to all the appropriate agencies to include the US Marshal Service and IID. Procedures pertaining to forensic medical examinations that will be offered to all victims of sexual abuse and communicating with the Chaplain who is Victim Advocate Designee is also included in the responsive plan.

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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland
3. AFSCMET MOU
4. Interviews 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 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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. Facility Directive BCBIC.050.0030.1 Sexual Misconduct – Prohibited
4. Retaliation Monitoring forms
5. Interviews with:
 - a. Agency Head
 - b. Warden
 - c. PREA Compliance Manager/ Staff charged with Monitoring

CDF Completed Pre-Audit Questionnaire (PAQ)

2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. Facility Directive BCBIC.050.0030.1 Sexual Misconduct – Prohibited
4. Retaliation Monitoring forms
5. Interviews with:
 - a. Agency Head
 - b. Warden
 - c. PREA Compliance Manager/ Staff charged with Monitoring

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 CDF PCM has been designated as staff assigned to monitor retaliation. However, the current CDF PCM replaced the original PCM during the pre-audit process.

115.67(b) The Directive states 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.

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.

An interview with the Warden indicated measures to protect the detainee /staff form retaliation include housing changes, transfer, removal of the alleged abusers, and appropriate support services as needed.

There were no detainees housed at CDF during the on-site visit who reported sexual abuse and required retaliation monitoring for interviews. The two detainees who had previously reported sexual abuse were transferred other tit had been transferred prior to the da

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 DPSCS and facility has a standard form which is scheduled to be utilized with monitoring and documenting detainee's retaliation monitoring. The lead auditor attempted to collect the retaliation monitoring documentation for the two detainees who reported sexual abuse by attempting without success to form a line of communication with the former CDF PCM for documentation of any retaliation monitoring performed with the identified cases.

An interview with the Warden indicated measures used when retaliation is suspected include monitoring facility indicators such disciplinary reports, housing, program charges or negative performances review of reassignment of employees. The previous CDF had a misunderstanding of the questions asked regarding this provision within the standard. He incorrectly noted 7 as being the number of times a week the agency/facility monitors the treatment/conduct of a victim for any changes. His response cannot be explained and is not correct.

A pre-trial detainee reported on April 18, 2019 that he was previously sexually assaulted on March 29, 2019 by his former cellmate. A review of the investigative casefile and conversations with the previous the PCM who was assigned during that period, resulted the facility's failure to provide documentation of the required retaliation monitoring. The detainee was transferred from DPSCS custody to the Federal Bureau of Prisons custody on August 1, 2019. The investigation is remaining pending as of the release of the PREA report. Therefore, the previous PCM was required to conduct retaliation monitoring of the detainee for a minimum 90 days after the detainee reported the abuse. However, there is no supporting documentation to support retaliation monitoring was completed as required by DPSCS policy and the provision of this standard.

On June 13, 2019, a detainee reported an allegation of sexual abuse by his former cellmate. Specifically, the detainee alleged he was coerced into a sexual relationship by his former cellmate. The detainee was sentenced and transferred to his designated Federal Burau of Prison facility on June 21, 2019, prior to the investigation being determined Unfounded. The investigative case was determined as Unfounded on December 10, 2019. The PCM failed to follow the DPSCS policy and the provision of this standard by conducting retaliation monitoring of the detainee until his transfer date to the Federal Bureau of Prisons.

The policy is in place that documents the required monitoring for retaliation after a detainee reports allegation of sexual abuse. However, the CDF PCM at the time of the two reported sexual abuse allegations, elected to not follow policy and failed in performing the duties assigned to him as staff assigned to conduct retaliation monitoring. This failure to complete to duties is an example of why a replacement was necessary.

Therefore, it was determined that the newly elected CDF PCM would receive intense training of this provision to ensure a clear understanding of duties and responsibilities of a retaliation monitor for the facility. during the current CDF PCM assignment during the pre-audit through the post audit phase. However, she reviewed the standard requirements and received training by the Lead PREA Auditor, and DPSCS PREA Coordinators on her responsibilities as staff assigned to conduct retaliation monitoring.

The CDF PCM identified she would utilize the DPSCS retaliation monitoring form that required the inclusion of the detainee'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 two weeks, within 30 days, within 60 days, final 90 days, and space for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates.

She identified her responsibilities as staff assigned to conduct retaliation monitoring to include monitor the conduct and treatment of the detainees and/or staff who reported sexual abuse for any changes that may suggest possible retaliation by either staff and/or other detainees. She indicated she would monitor housing assignments changes, discipline actions for both staff and the detainee population and performance appraisals for staff. She concluded she would act promptly in stopping and preventing further actions to include advising the Warden of the situation.

She further indicated she would initiate meetings with the detainees within two weeks of him/her reporting an allegation of sexual abuse. She indicated these meetings would be conducted privately while discussing any concerns they may have. Monitoring would continue every 30 days in which she would meet individually with the detainee. If the PREA case was determined to Unsubstantiated or Substantiated, she would continue monitoring the individual for a minimum of 90 days beyond 90 days if deemed appropriate. Retaliation monitoring would end upon completion of the investigation when the IID Investigator has determined the findings of Unfounded.

At the conclusion of training, all were confident in the newly assigned CDF PCM knowledge and understanding of the provisions in this standard.

A consideration for a corrective action plan standard 115.67 was given by the lead auditor and the DPSCS PREA Coordinators. However, a review of the PREA tracking logs for sexual abuse and sexual harassment revealed a total of 5 cases had been reported in a three-year period. Specifically, 1 allegation of sexual harassment and 1 allegation of sexual abuse were reported in 2018. The two reported sexual abuse cases that occurred within the review period were the only PREA allegations both sexual harassment and sexual abuse reported in 2019. During the post-audit phase, 1 allegation of sexual harassment was reported on November 2020. Which concluded with three PREA allegations reported within a 2-year period. Therefore, it was determined it would not be practicable to place the facility a corrective action phrase for

this standard to include for 180 days due to the in frequency of reported PREA allegations at the facility. It was determined the replacement of the CDF PCM and appropriate training to the new CDF PCM would be sufficient in correcting the area of concern and the facility would be determined as compliant in in this standard. This standard will receive extensive monitoring by the DPSCS PREA Coordinators.

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

Evidence Reviewed (documents, interviews, site review):

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

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.” CDF is Federal Detention Facility that houses both male and female pre-trial detainees for the United States Marshals Service Prison Operation Division. Therefore, the detainees are temporary housed at the facility until appearing before the federal court system and being sentenced to serve a federal sentence and/or released from custody. An interview with Warden and staff who supervise segregation confirmed the Warden’s statement that the facility does not utilized involuntary segregation for detainees identified at a high risk of victimization. Detainees may be reassigned to another housing unit and/or assigned a cell within their housing unit where they are identified to be housed alone and given recreation opportunities alone. There were zero detainees who were placed in protective custody upon being identified at a high risk of victimization at CDF during the 12-month review period.

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

Evidence Reviewed (documents, interviews, site review):

1. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
2. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. PREA Investigative Casefiles
5. IID Investigators Training Rosters
6. Interviews
 - a. IID Investigator and Facility Investigator

115.71 (a) Directive OPS. 050.0001 states to the extent possible, but in every case where the allegations of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings; Sexual Abuse evidence collection; and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal. She indicated the investigators have 10 days in which they are required to begin the investigation. PREA allegations that require a forensic examination are investigated immediately. Also, there are times when others could be delayed based on the lack of information given and the severity of allegations made. A review of the two sexual abuse cases revealed the facility investigator was involved in the investigation on the day of reported abuse and continued further communication with the assigned IID Investigator. One of the two sexual abuse investigation was opened on June 13, 2019 and closed on January 21, 2020. A review of the investigation case revealed the investigation extended outside of CDF. The second sexual abuse case was opened on April 18, 2019 and remain pending for DNA results throughout the issuing of this report. The IID investigator indicated all third party, PREA Hotline and anonymously PREA allegations are conducted in the same manner as those directly reported and are not handled any different. However, information provided anonymous is sometimes limited in what information received. A review of the completed PREA investigative packets revealed the majority elected to report directly to staff. The two reported allegations of sexual abuse were reported directly to staff by the alleged

115.71 (b) The PREA Audit Manual indicates the Department where sexual abuse is alleged, the Department shall use investigator who have received special training in sexual abuse use investigators pursuant to standard 115.34. OPS. 050.0001 and OPS.200.0005 states Department personnel assigned to conduct the investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigation of sex related offenses in the correctional setting. An interview with an IID

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

115.71 (c) & (d) Directive OPS.200.0005 notes "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contact, Department or agency procedures, or other reasonable accepted standards related to: a) collecting and preserving evidence; b) interviewing victims, witnesses, and suspected perpetrators; c) conducting and using polygraph examination; d) identifying suspects; e) preserving an individual's person dignity and legal rights; f) and maintaining confidentiality of the investigation. An interview with an IID Investigator confirmed their methods of conducting investigations include those described in a – f. She added review available video footage, review phone calls of both the alleged victim and alleged perpetrator, conducting staff interview. The Investigator would also report to the local hospital if there was a need for the alleged victim to be transported for a forensic examination for the DNA sample. She explained the DNA sample results could take several months. The two reported allegations of sexual abuse were not reported within the 72 hours of the alleged sexual abuse to conduct a forensic examination. However, an item was remained that is pending a DNA sample for one of the reported sexual abuse cases.

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

115.71.(e) Directive OPS.050.001 states a victim of sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examinations as a condition for proceeding with an investigation of alleged sexual misconduct. Directive IIU.110.0011. page 8 section e. notes the credibility of a victim, witness or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. In addition, a victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of an incident involving a sex related offense. The IID investigator explained during the interview, her determination of the findings is based on an individual basis of credibility of evidence recovered during the investigative process to include collection of available video surveillance, monitored phones, staff's logs, interviews, photographs, bed sheets, medical records, DNA collected and all other available evidence. She continued in stating at no time would the continuation to proceed with the investigation be based upon an alleged victim requirement to submit to the polygraph or truth-telling device. A sexual abuse alleged victim would never be asked to submit to a polygraph or truth-telling device. One

completed sexual abuse case and one pending case was submitted to the auditing team for review. Neither of the alleged victims was housed at CDF during the on-site visit for interviews. There was no documentation within the casefiles that acknowledged the victim and/or alleged abuser were asked to submit to a polygraph or truth-telling device by the investigative staff. A review of the one completed sexual abuse investigative case file confirmed the credibility assessment of findings for the case appears to be based on the evidence collected throughout the investigative process.

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

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

115.71 (h) Directive 200.0005 Upon completing an investigation of a complaint of alleged inmate on inmate sexual conduct, the investigator: thoroughly document all aspects of the investigation in a written report so as to best support subsequent administration and action, if appropriate, referral for criminal prosecution Directive IIU.110.0011 indicate if an investigation finding is appropriate, the investigator shall work with the prosecutor to develop the case for criminal prosecution. An interview with the IID Investigator indicated that all PREA allegations are initially opened as a criminal case until it is proven no criminal activity was committed. At that time, the case is completed as an administrative investigation. There were zero

allegations of sexual abuse determined as Substantiated by the IID investigative staff. No allegations of sexual abuse and/or sexual harassment were referred for criminal prosecution during the review of the one completed sexual abuse case.

115.71 (i) OPS.050.0001 and OPS.200.0005 requires the investigative files be filed and maintained in accordance with an established retention schedule which requires the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department plus five years. An interview with an IID Investigator confirmed the retention schedule of the investigative files.

115.71 (j) Directive IIU.110.0011 states an investigation under this directive may not be terminated based on victim or suspect departure for Department employee or custody. The IID investigator confirmed whether staff is terminated or resigns, the investigation continues. The investigative staff would either go to staff's member home or request they report to the investigative staff. If a detainee is transferred, or released, an investigative staff would continue with the investigation. CDF is Federal Detention Facility that houses both male and female pre-trial detainees for the United States Marshals Service Prison Operation Division. The detainees are not housed at CDF for long term. A review of the completed sexual abuse case and the pending sexual abuse confirmed the investigation continued after the detainees were sentenced and/or transferred to other correctional facilities.

This procedure was confirmed during the review of the investigative cases, as CDF is not a time building facility.

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

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

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. IIU.110.0011 Investigating Sex Related Offenses
2. Complete PREA Investigative File
3. 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. There were no reported allegations of sexual harassment. However, there were two reported allegations of sexual abuse. One case was identified as complete and one remained pending. A review of the completed reported indicated the investigative findings were determined on the collection of evidence recovered during the investigative process, to include interviews conducted, and physical evidence collect. The review of the once completed investigative file confirmed the Department does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse/sexual harassment is substantiated. An interview an IID Investigator confirmed the preponderance of evidence is the standard necessary to substantiate an allegation for sexual abuse/harassment through collected evidence and interviews.

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

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. Exective Directive IIU.1100011 Investigating Sex Related Offenses
2. Completed Investigative File
3. Interview
 - a. IID Investigator

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.

The IID Investigator indicated there are occasions in where the detainee is notified of the investigative findings during the interview process based on the evidence previously collected prior to the interview. In other cases, the IID Investigator notifies the PCM upon determining an investigative conclusion of whether Substantiated, Unsubstantiated or Unfounded and the PCM makes notification to the detainee. The IID Investigator then documents all notifications in the summary of the investigative report. A review of the completed sexual abuse investigative reported revealed the IID Investigator noted in the summary of the report the investigative findings notification to the CDF PCM and the Associate Warden at the inmate newly designated institution in the Federal Bureau of Prisons. The investigative summary documents notification of the Associate Warden to the inmate.

115.73 (b) DPSCS conducts its own administrative and criminal investigations that includes all sexual harassment and sexual abuse reported allegations. Therefore, this provision is not applicable.

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 no reported PREA allegations to include sexual harassment and /or sexual abuse against staff during the PREA case log review of December 2018 through October 2020.

115.73 (d) Directive IIU.1100011 requires if an investigated incident involved an inmate committing a sex related offense on another inmate, the investigator will arrange for the victim detainee/inmate to be advised, if known that the perpetrator was indicted or a charge related to as related offense occurring at the facility: and if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. There was zero

Substantiated allegation of detainee -on- detainee sexual abuse/sexual abuse during the extended review period of PREA allegations December 2018 through October 2020.

115.73 (e) IIU.110.0011 states the investigator shall document victim notification in the investigative report to include the name of the individual who notified the victim: the date, time, and location that the victim was notified and how the victim was notified. The summary of the one completed investigative case documented notification to the detainee by the Federal Bureau of Prison institution where the inmate had transferred to during the investigation.

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. However, CDF has a contract with the Federal Detention Facility to house both male and female pre-trial detainees for the United States Marshals Service Prison Operation Division. A review of the one completed PREA investigative casefile confirmed the IID Investigator documented notification made to Federal Bureau of Prisons staff who informed the inmate in the summary of the investigative report.

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

Evidence Reviewed (documents, interviews, site review):

1. DPSCS Executive Directive OPS.505.001 Sexual Misconduct – Prohibited
2. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
3. Review of Investigative PREA casefiles

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.

There were no reported allegations of sexual abuse/sexual harassment made against staff as indicated during a review of PREA case tracking log of February 2018 - October 2020. Therefore, there were no disciplinary actions and/or termination of staff nor was there a requirement to report to a relevant licensing body.

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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. DPSCS Executive Directive 200.0005 Inmate on Inmate Sexual Conduct - Prohibited
4. Volunteer Orientation Manuel
5. PREA Investigative Casefiles
6. Interviews with:
 - a. Warden

115.77(a) Executive Directive OPS.050.0001 Executive Directive OPS.200.0005 identifies an employee an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools. Thus, these identified groups are subject to the same types of discipline employees are for such an infraction. OPS.050.001 states an employee may not: commit, participate in, support, or otherwise condone sexual misconduct.

115.(b) The Volunteer Orientation Manual states that the Department has a ZERO tolerance policy regarding sexual misconduct. Any form of sexual conduct, consensual or otherwise, is prohibited in a correctional facility. This includes offender on offender, as well as staff (including volunteers) on offender contact, coercion, or sexual violence.

Per an interview with the Warden, the facility shall immediately prohibit contract of the volunteer/contractor with the detainee(s) and the matter shall be reported to the appropriate law enforcement agency, unless the incident was clearly non-criminal. Relevant policy for possible changes will be reviewed that ensure improved oversight for safety when there is interaction between contractors and volunteers. 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. A review of the PREA case tracking log covering December 2018 through October 2020, revealed there has been no reported allegations of sexual abuse and/or sexual harassment made against volunteers and contractor. Therefore, there were no Substantiated cases against volunteers and/or contractors.

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

Evidence Reviewed (documents, interviews, site review):

1. OPS.050.0001 Sexual Misconduct - Prohibited
2. OPS. 200.0005 Inmate on Inmate Sexual Conduct - Prohibited
3. DPSCS.020.0026 Executive Directive PREA Rape Elimination Act - Federal Standards Compliance

115.78(a) DPSCS.020.0026 states The Department does not tolerate sexual abuse or sexual harassment of an inmate. The policy identifies sexual abuse of an inmate by another inmate to include the following acts, if the victim inmate does or does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse: (i) Acts listed under §§ .04B(3)(a)(i) and (ii) of this directive; (ii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and (iii) Any other 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 identify the inmate violation summary code has 117 – An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act. Per the PAQ zero detainees were noted being subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. No detainees were subject disciplinary sanctions after a formal disciplinary of an administrative finding of guilt for a violation of sexual abuse.

115.78(b) & (c) An interview the Warden indicated an Independent Discipline Hearing Officer who is DPSCS employee within a different division and is not assigned to the facility. COMAR 12.02.27 states that the hearing officer before imposing a sanction would consider mitigating factor such as the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories and the inmate's mental health status at the time the rule violation occurred. No detainees received a disciplinary sanction and/or was found guilty of sexual abuse during the review period. An interview with the Warden indicated detainees would be subject to disciplinary action in accordance with the facility's disciplinary process subsequent to an administrative result that finds a detainee engaged in detainee on detainee sexual abuse, or following a criminal finding resulting in guilt detainee on detainee sexual abuse. The Discipline Hearing Officer would consider the detainee's mental disability and mental illness when applying disciplinary sanctions.

115.78(d) OPS.200.0005 state: If therapy, counseling, or other intervention designed to address and correct underlying reasons or motivation for sexual conduct is available, may be required to participate in available therapy, counselling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to

sanctioning under the Inmate Disciplinary Process. Per an interview with the Mental Health Counselor the counseling for anxiety, depression, post-depression to both the victim and offending detainee. The facility does not have a condition of access to the services and/or programs provided.

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

115.78(f) OPS.200.0005 states, "A complaint of alleged inmate on inmate sexual conduct made in good faith based upon a reasonable belief that the alleged inmate on inmate sexual conduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of inmate-on-inmate sexual conduct." Per the CDF PCM and review of PREA investigative files zero detainees received disciplinary sanctions for detainees who was determined to have filed a false report or lied during the reported allegation of sexual abuse and sexual harassment. A review of the one completed sexual abuse case documented the alleged victim provided inconsistent details throughout the investigative process and the investigation conclusion was determined to be Unfounded. However, the alleged victim did not receive any disciplinary sanctions for the false statements he provided.

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

Per the CDF PCM, PAQ and review of the facility's PREA case tracking log for February 2018 – October 2020, there has been zero Substantiate cases of sexual abuse and/or sexual harassment at the facility for the detainee population.

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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness
4. Corizon Guidelines for Sexual Assault
5. Mental Health Referral Forms
9. Interviews with:
 - a. PREA Compliance Manager
 - b. Medical and Mental Health staff
 - c. Staff who conduct risk screening

115.81 (a) (b) OPS.050.0001 states, "whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening. It also indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a copy of the intake screening will be referred to the mental health department. The PAQ indicated 0 detainees reported prior sexual victimization were offered a follow-up meeting with a mental health provider, however, this information was incorrect. Interviews with intake staff and those staff who perform screening for risk of victimization indicated mental health referrals are available to all detainee upon their arrival during the intake process. ALL detainees are required to be seen by medical and mental health staff during the intake process prior to the detainees departing the intake area and being assigned to the intake tier/or the protective custody unit if further review and classification is required. During the initial risk assessment conducted by intake staff, staff note the responses of the detainees regarding prior victimization and /or sexual abusiveness. Mental health PREA screening logs for 2019 and 2020. A mental health tracking chart was presented for review in addition to requested mental health referrals. The log revealed detainees rarely request to be referred to mental health. Mental health staff documents the detainees' risk screening score, whether the detainee requested a follow-up service, date the referral was received, date the detainee was seen, risk level, disposition of housing, additional follow-ups such as 30-day, 60-day and 90-day follow-up as applicable. A review of the logs and presented mental health referral indicated the mental health staff consistently conducted follow up services with the detainees identified as such on the same day of the referral. There were no instances in which detainees who arrived at the facility was seen by mental health staff outside of the second day of their arrival. The two detainees who reported sexual abuse

allegations reported their allegations directly to mental health staff. There were zero detainees housed at CDF during the on-site visit identified as reporting prior sexual victimization during the risk screening for interview.

OPS.050.0001 indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a referral will be made to mental health. Interviews with staff who perform screening for risk of victimization said they refer all inmates who have scored as an abuser. A review of the mental health PREA screening logs indicated follow-ups were by mental health staff was conducted without the detainee request for referral. An interview with the Mental Health Counselor indicated the detainee normally arrive at the facility after normal working hours. Prior victims who score 4 or more on the risk assessments are automatically seen and do not require a referral. Detainees who score above the cutoff, s are seen as soon as possible the same day or the following day. Those detainees who are referred are seen within 7 days. Detainees scored as an abuser are also seen within 7 days of the arrival and a referral ai not required.

115.81(c) CDF is not a jail.

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

115.81(e) CORIZON Policy on Procedure in the Event of Sexual Assault says that, “medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. Interviews with both medical and mental health staff verified they would be required to obtain an informed consent from detainees if the detainee provided enough information 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). They continued in that if the detainee refuses to sign consent, they are obligated to report if they have enough information. Appendix G and H of the Medical Records Manual (consent forms) would be completed. CDF does not house detainees under the age of 18 years old.

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

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness
5. CORIZON Health PREA Training Lesson Plan
6. Inmates who reported sexual abuse medical and mental health follow-ups
7. Interviews with:
 - a. CDF PCM
 - b. Medical staff/ 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. The CORIZON Health Lesson Plan for PREA states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted.

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. CDF.020.0026.1 indicates medical and mental health staff will maintain documentation of the timeliness of emergency medical treatment and crisis intervention services that were provided. An interview with the Facility Charge Nurse verified victims of sexual abuse would be seen immediately upon the allegation of sexual abuse was reported and medical services would be provided. Medical staff are assigned to the facility 24/7. Mental health staff are scheduled Monday thru Friday and are on call as needed. The detainees receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The detainee would receive emergency medical treatment as soon medical staff are notified.

Mental health and medical documentation were reviewed by the auditing team and confirmed the two detainees who reported sexual abuse was seen by both mental health and medical on the day of making the report. There were no detainees housed at the facility who reported sexual abuse allegations during the on-site visit.

An interview with the mental health counselor indicated mental health are on-call 24/7 and staff would be available to provide services upon becoming aware of the reported allegation. Both mental health and medical staff identified services from within their departments are consistent medical procedures and that of the local community, in addition to being in accordance with their professional judgement while including they also have a protocol they must follow.

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 detainee would be escorted to medical. As medical staff is on duty 24/7 and mental health care is scheduled Monday thru Friday and are on-call 24/7 when not on duty. The Shift Commander is responsible for notifying the mental health staff when they are on duty of the reported sexual abuse allegation. A review of medical and mental health documentation for the two detainees who reported sexual abuse were seen on the date they reported the allegation.

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. CDF.020.0026.1 also indicated medical staff will also document that information and services concerning contraception and sexually transmitted infection prophylaxis. A review of the two detainees' medical records documented one detainee receipt of sexually transmitted infections prophylaxis. The second detainee did not request sexually transmitted infection prophylaxis. The detainees who reported sexual abuse were male, therefore emergency contraception was not applicable

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. CDF.020.0026.1 indicates treatment services are provided to every victim without financial cost and regardless of whether the victim names the perpetrator or cooperates with any investigation arising out of the incident. Interviews with the medical staff and mental health verified the services would be provided to detainees 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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness
6. CORIZON Health Policy on Federal Sexual Abuse Regulations
7. Medical/Mental Health Follow-ups
8. Interviews with:
 - a. CDF PCM
 - b. Medical staff 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.” CORIZON Health Procedure on Sexual Assault also provides procedures to follow in event of sexual abuse. In an interview with medical staff, indicated they would ensure the victim is stable and then provide follow up treatment plans per the physician or local hospital.

Per Chapter 13, Section F of the Manual, within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room notes, and write appropriate orders for care in the patient’s medical record. If the provider is off site, the emergency room protocol for review will be conducted and the disposition of care executed. Medical staff is assigned at the facility 24/7. Therefore, the inmates are seen by facility medical staff upon their return to the facility following the initial offsite medical visit regarding the allegations of sexual assault. Mental health staff are on call 24/7 during off duty hours. An interview with mental health staff indicated staff would meet with the victim within minutes of awareness and offer supportive counseling.

However, staff who provide counseling services work schedule is Monday – Friday. Therefore, the detainee would be seen upon their first day of returning to work.

115.83(b) The facility offers medical and mental health evaluation as appropriate treatment to all detainees who have been victimized by sexual abuse. A review of the detainees’ sexual abuse casefiles confirmed the detainees were seen and follow-up services were provided by medical and mental health staff through documentation of services. The two detainees who

alleged sexual abuse were transferred their designated prison within the Federal Bureau of Prisons.

115.83(c) In an interview with the Facility Charge Nurse, Mental Health Counselor and Behavior Health Psychologist indicated the level of care provided to the detainees are consistent with the community level of care.

115.83(d) & (e) CDF houses male and female detainees. CORIZON Health policy on Sexual Abuse states females would be provided a pregnancy test and comprehensive information regarding options and if needed treatment for sexually transmitted diseases. CDF.020.0026.1 indicates female victims of sexual abuse while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely comprehensive information about, and timely access to all lawful pregnancy-related medical services. There was no reported allegation of sexual abuse reported by female detainee. The completion of a pregnancy test was not applicable.

115.83(f) Per Chapter 13, Section F of the Manual, all follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. Per Section M of the Manual, the patient and alleged abuser shall be offered follow-up STI testing within 60-90 days of initial testing to include HIV, HCV, and syphilis serology. One of the detainees who reported sexual abuse requested sexually transmitted prophylaxis and these services were provided on the day of his reported allegation as noted in his medical records. The detainee who received the testing was transferred to another facility 7 days after reporting the sexual abuse and receipt of testing and retreatment. There is no documentation noted in the medical records that the second detainee requested sexually transmitted prophylaxis.

115.83(g) Per Chapter 13, Section O, of the Manual and CDF.0020.0026.1 indicates all victim 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. All medical and mental health services provided to the two detainees who reported sexual abuse were provided at CDF. Per medical staff, the detainees are never held responsible for the financial cost of medical treatment resulting from a reported allegation of sexual abuse to include from local community hospitals.

115.83(h) Per Chapter 13, Section K, of the Manual, an alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse. CDF.020.0026.1 indicates the facility will attempt to conduct a mental health evaluation of known detainee-on-detainee perpetrators within 60-days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. An interview with the Mental Health Counselor and Behavior Health Psychologist staff indicated services would always be offered to the abuser. They continued in stating meetings are scheduled with both the abuser and the victim and continued services are offered. There has not been an Unsubstantiated nor a Substantiated reported allegation of sexual abuse at the facility dated back to February 2018.

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

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.020.0027
3. PREA Investigations Tracking and Review
4. Interviews with:
 - a. Warden
 - b. CDF PCM
 - c. Incident Review Team Member

115.86(a)(b) OSP.S020.0027 states, "that except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded, review the incident. It also indicates the facility incident review team shall consist of upper-level facility management officials designated by the facility managing official after consultation with the facility PREA Compliance Manager and have input from or access to line supervisors, investigators, and medical or mental health practitioners concerning the incident being reviewed. There were two reported allegations of sexual abuse reported at CDF from December 2018 through October 2020. One case was completed, and the investigative findings was determined as Unfounded. The second investigation remained pending throughout the audit process and submission of the audit report. The investigative staff is awaiting DNA sampling results. Therefore, CDF have not been required to conduct any Sexual Abuse Incident Reviews.

115.86 (b) The Facility Investigator/Captain has been identified to serve as a member of the Incident Review Team. Per an interview with her, she identified other members of team would consist of the Assistant Warden, case managers, mental health and medical staff, custody supervisors and supervisory staff from various departments. Although the team is not noted as having to conduct a sexual abuse review, the Captain was deeply knowledgeable of the correct procedures and areas to review by the team. She indicated the team would consider whether the sexual abuse was motivated by race, gender identity, gang related and any other factors that could have contributed, review the area for any physical barriers that could have enable the opportunity for abuse, adequacy staffing, review the amount and location of cameras, and any needed recommendation for housing to include transfer. Every aspect of the sexual abuse incident would be reviewed.

115.86(d) OSP.S020.0027 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the location where the incident allegedly occurred to determine

if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing in these areas. There were no Sexual Abuse Incident Reviews completed due to facility not having a Substantiated sexual abuse determined by the IID Investigator. In fact, since February 2018 through October 2020, there have been 3 reported allegations of sexual misconduct. Two were determined Unfounded and one remained pending as of the submission of the PREA report.

115.86(e) OSP.S020.0027 requires the managing official shall work with the facility's CDF 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. Interviews with the Captain/Sexual Abuse Incident Review Team Member and CDF PCM indicated they were aware of the team's responsibility in making recommendation in an effort for improvement and the prevention of sexual abuse. There were no occurrences of Substantiated sexual abuse cases and no Sexual Abuse Incident Reviews completed.

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

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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 reviews the data collected with the Warden as well, prior to writing the report. The report is based on the Fiscal Year.

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 provided a tracking sheet that he uses to keep track of the data. It includes information such as name and number of inmates involved, both the inmate making the allegation and any known perpetrators or suspects, date of the allegation, investigative case number, the outcome of the investigation, date of closure of the case, name of the investigator

assigned to the case, date of notification of inmate complainant and the nature of the complaint.

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, 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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
3. Agency website
4. 2019 Annual PREA Report
5. Interviews with:
 - 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 writes the report that is published on the Department website. He does not include any information that presents a clear and specific threat to the safety and security of a correctional facility or personal identifiers in the report, so he does not have to redact anything. He also indicated the data is securely maintained for at least 10 years in computerized system and only authorized personnel has access. The auditor reviewed the agency website and verified the 2019 annual report was published. A review of the report indicated there were no personal identifiers.

Based on the 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

Evidence Reviewed (documents, interviews, site review):

1. CDF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
3. Agency website
4. 2019 Annual PREA Report
5. Interviews with:
 - 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 writes the report that is published on the Department website. He does not include any information that presents a clear and specific threat to the safety and security of a correctional facility or personal identifiers in the report, so he does not have to redact anything. He also indicated the data is securely maintained for at least 10 years in computerized system and only authorized personnel has access. The auditor reviewed the agency website and verified the 2019 annual report was published. A review of the report indicated there were no personal identifiers.

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

Evidence Reviewed (documents, interviews, site review):

1. CHESAPEAKE Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual

3. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review

4. Agency website

5. 2018 Annual PREA Report

6. Interviews with:

a. PREA Coordinator

b. PCM

115.89 (a-d) The elements of this standard are addressed in section c. of OSPS. 020.0027. The Directive identify the PREA Coordinator, or designee responsible for securely maintaining incident-based and aggregated data, must ensure only authorized personnel have access to the information. The DPSCS PREA Coordinator confirmed this information has limited access and is password protected by the IID. By June 30th of each calendar year, the PREA Coordinator is required to report sexual violence data from the previous calendar year to the Department of Justice. He ensures no related personal identifiers are included in the report. The Directive require DPSCS to maintain sexual abuse data for at least 10 years from the date received. The DPSCS PREA Coordinator identified himself as preparing the annual report that is published on the DPSCS's website. The Directive require the DPSCS to maintain sexual abuse data for at least 10 years form the date received.

Based on the review of policy, interviews, review of the Departments' website and analysis, the facility meets compliance 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. 2020.0026 PREA Federal Standards Compliance documents the PREA Coordinator is responsible for ensuring Department PREA related activities comply with federal PREA standards in areas to include Audits and Auditing and corrective actions. This was the third PREA audit for Chesapeake Detention Facility and the first year of the third cycle.

115.401.h,i,m,n The auditor and support staff was provided access to all areas of the facility with an opportunity to observe staff functions, and practices in the various departments, in addition to inmates movement, activity in programs and housing. The auditor and support staff were provided with separate offices to conduct private interviews with both staff and inmates. The auditor did not received any correspondence from the inmate population. An interview with mail-room staff acknowledged that inmate mail is sealed by the inmate prior to placement in outgoing mail. This procedure allows the inmate population confidentiality in communicating with the auditor just as with legal counsel.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Appendix: Provision Findings

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

adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? yes

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

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

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

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

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

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?

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

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

Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? yes

115.17 (a) Hiring and promotion decisions

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?

yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?

yes

115.17 (b) Hiring and promotion decisions

Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?

yes

Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?

yes

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

115.17 (h) Hiring and promotion decisions

Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)

yes

115.18 (a) Upgrades to facilities and technologies

If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

yes

115.18 (b) Upgrades to facilities and technologies

If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

yes

115.21 (a) Evidence protocol and forensic medical examinations

If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)

yes

115.21 (b) Evidence protocol and forensic medical examinations

Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) yes

Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) yes

115.21 (c) Evidence protocol and forensic medical examinations

Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? yes

Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? yes

If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? yes

Has the agency documented its efforts to provide SAFEs or SANEs? yes

115.21 (d) Evidence protocol and forensic medical examinations

Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? yes

If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) yes

Has the agency documented its efforts to secure services from rape crisis centers? yes

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

115.22 (c) Policies to ensure referrals of allegations for investigations

If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) na

115.31 (a) Employee training

Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? yes

Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? yes

Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? yes

Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? yes

Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? yes

Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? yes

Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? yes

Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? yes

Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? yes

Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? yes

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

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

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

115.35 (a) Specialized training: Medical and mental health care

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

115.35 (b) Specialized training: Medical and mental health care

If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)

na

115.35 (c) Specialized training: Medical and mental health care

Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

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

115.41 (d) **Screening for risk of victimization and abusiveness**

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

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

115.42 (a) Use of screening information

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? yes

115.42 (b) Use of screening information

Does the agency make individualized determinations about how to ensure the safety of each inmate? yes

115.42 (c) Use of screening information

When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? yes

When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? yes

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

115.43 (a) Protective Custody

Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? yes

If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? yes

115.43 (b) Protective Custody

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? yes

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) yes

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) yes

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) yes

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

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

115.52 (b) Exhaustion of administrative remedies

Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) na

Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) na

115.52 (c) Exhaustion of administrative remedies

Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) na

Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) na

115.52 (d) Exhaustion of administrative remedies

Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) na

If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) na

At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) na

115.52 (e) Exhaustion of administrative remedies

Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) na

Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) na

If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) na

115.52 (f) Exhaustion of administrative remedies

Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) na

After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). na

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) na

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) na

Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) na

Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) na

Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) na

115.52 (g) Exhaustion of administrative remedies

If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) na

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

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

115.62 (a) Agency protection duties

When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? yes

115.63 (a) Reporting to other confinement facilities

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

115.63 (b) Reporting to other confinement facilities

Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? yes

115.63 (c) Reporting to other confinement facilities

Does the agency document that it has provided such notification? yes

115.63 (d) Reporting to other confinement facilities

Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? yes

115.64 (a) Staff first responder duties

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? yes

115.64 (b) Staff first responder duties

If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? yes

115.65 (a) Coordinated response

Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? yes

115.66 (a) Preservation of ability to protect inmates from contact with abusers

Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? yes

115.67 (a) Agency protection against retaliation

Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? yes

Has the agency designated which staff members or departments are charged with monitoring retaliation? yes

115.67 (b) Agency protection against retaliation

Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? yes

115.67 (c) Agency protection against retaliation

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? yes

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? yes

115.67 (d) Agency protection against retaliation

In the case of inmates, does such monitoring also include periodic status checks? yes

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

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

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

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

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

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

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

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

115.83 (h) Ongoing medical and mental health care for sexual abuse victims and abusers

If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) yes

115.86 (a) Sexual abuse incident reviews

Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? yes

115.86 (b) Sexual abuse incident reviews

Does such review ordinarily occur within 30 days of the conclusion of the investigation? yes

115.86 (c) Sexual abuse incident reviews

Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? yes

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

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

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

115.401 (b) Frequency and scope of audits

Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)

yes

If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)

na

If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)

na

115.401 (h) Frequency and scope of audits

Did the auditor have access to, and the ability to observe, all areas of the audited facility?

yes

115.401 (i) Frequency and scope of audits

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?

yes

115.401 (m) Frequency and scope of audits

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?

yes

115.401 (n) Frequency and scope of audits

Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?

yes

115.403 (f) Audit contents and findings

The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)

yes