

# PREA Facility Audit Report: Final

**Name of Facility:** Central Maryland Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 06/07/2021

**Date Final Report Submitted:** 08/10/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Debra D. Dawson	<b>Date of Signature:</b> 08/10/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Dawson, Debra
<b>Email:</b>	dddawsonprofessionalaudits@gmail.com
<b>Start Date of On-Site Audit:</b>	04/21/2021
<b>End Date of On-Site Audit:</b>	04/23/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Central Maryland Correctional Facility
<b>Facility physical address:</b>	7301 Buttercup Road, Sykesville, Maryland - 21784
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	7301 Buttercup rd, Sykesville, Maryland - 21784

Primary Contact	
<b>Name:</b>	Tikaya Parker, Facility Administrator
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Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Tikaya Parker
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Facility PREA Compliance Manager	
<b>Name:</b>	Tiffany Edwards
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<b>Name:</b>	Michelle Rhoney
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Facility Characteristics	
<b>Designed facility capacity:</b>	516
<b>Current population of facility:</b>	315
<b>Average daily population for the past 12 months:</b>	250
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-73
<b>Facility security levels/inmate custody levels:</b>	Pre-Release/Min
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	87
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	3
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

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

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

## AUDIT FINDINGS

### Narrative:

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

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Central Maryland Correctional Facility (CMCF) on-site was scheduled for April 21 – 23, 2021. The PREA Audit was coordinated through the Maryland Department of Public Safety and Correctional Services (DPSCS) and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor, Debra Dawson was assigned as the PREA Auditor. Ms. Margena Myrick was assigned as the PREA Auditor's support staff to assist in conducting on-site interviews and tour of the facility. A line of communication was developed between the DPSCS PREA Coordinator Mr. David Wolinski, Assistant PREA Coordinator Funsho S. Oparinde and Ms. Dawson through phone calls and emails. It was determined the facility would utilize the Automatic On-line System (OAS) for the audit. The on-site visit was previously scheduled for three days prior to the confirmation of a support staff accommodating the auditor. The auditor elected to continue with the 3-day on-site visit.

### Pre-Audit Process

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

A line of communication began between the auditor and the CMCF PREA Compliance Manager Ms. Ashley Marinelli through emails and telephone calls on February 24, 2021, regarding the posting of the audit notice at a minimum of six weeks prior to the on-site visit and logistics of the audit process. The audit notice was confirmed as posted on February 25, 2021. Confirmation of the audit posting and access to viewing by the staff and inmate population was delivered through photographs via email with identified locations. The postings were well over the six-week requirement.

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

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

The auditor and DPSCS PREA Coordinators maintained an open line of communication throughout the pre-audit through emails, phone calls and conference calls. However, the auditor express concerns with the lack of response and communication from the CMCF PCM. The auditor made several requests for the return of the documents but did not receive them until the on-site visit. Additionally, the auditor did not have access to the OAS until the second day of the on-sit visit.

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

DPSCS facilities to include staff and the inmate population was severely affected by COVID-19 beginning March 2020 through March 2021. Incoming inmate traffic was restricted, and there were severe staff shortages in all departments. Several non-security staff were assigned to perform telework numerous days weekly. The Governor of Maryland declared a state emergency in response to COVID-19. He outlined numerous guidelines, limitations, and restrictions throughout the State. Additionally, an Internal and External Inmate Movement During COVID-19 Standard Operating Procedures was issued on July 17, 2020. Inmates were and continue to place in a fourteen (14) quarantine status during the on-site visit. These quarantines requirements were an important step in controlling the spread of COVID throughout the DPSCS facilities.

### On-site visit:

The on-site visit began on Wednesday, April 21, 2021, with an entrance meeting with the following were in attendance: Debra Dawson DOJ PREA Auditor; Margena Myrick PREA Auditor Support Staff; DPSCS Assistant PREA Coordinator Funsho Oparinde; CMCF Facility Administrator Tikaya Paker; CMCF Major Nate Denton; CMCF PCM Ashley Marinelli. After the introduction, the auditor explained the on-site audit process. The auditor also addressed concerns in the delay of requested documentation and the facility's failure to release of the

OAS for review of any submitted documentation during the pre-audit phase. The auditor explained it is imperative that the facility staff be responsive to the request for documentation and submit it timely. The auditor explained the delay, hindered the auditor's ability to properly complete the facility's pre-audit process while becoming knowledgeable of its policies, procedures and practices.

The inmate count on the first day of the on-site visit was identified as 323. The auditor advised staff that based on the inmate count, a minimum of 26 inmates to include (13 targeted and 13 random), was required to be interviewed. Inmates would be selected from each of the housing units with the exception for inmates currently in isolation and/or on quarantine status due to COVID-19 for health safety concerns. A request for private offices to conduct the interviews was also made and identified. As the facility does not have a segregation that would require restricted movement, inmates would be allowed to report the office areas provided to the auditing team.

Upon completion of the entrance briefing, those in attendance conducted a tour of the facility led by the Facility Administrator. The tour included the A-Building which is also identified as the Main Building with 4 housing units, library, medical records, medical department, chaplain office, security supervisor's offices, dietary, main dining, officers dining room, case management office, uniforms areas, B-Building with 4 upper-level housing units and 4 lower-level housing units, in addition to the laundry plant, education trailer (condemned), recreation yard, boiler plant, maintenance department, supply room. The tour continued to the Maryland Correctional Enterprise (MCE) Laundry.

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

The auditor identified a blind spot in the inmate's barbershop that prevented staff's observation from the corridor. Staff was required to enter the barbershop and walk around a corner in order to obtain a full of the barbershop. The proper installation of a mirror would enable staff's viewing from the corridor prior to entering. The mirror was installed during the corrective action period. A photograph of the installed mirror was forwarded to the auditor.

The auditor identified that an extension to the existing barrier in the Maryland Correctional Enterprise (MCE) Laundry was necessary to provide privacy in the area of multiple inmates only toilets. Additionally, barriers were added on the second day of the on-site visit that prevented the opportunity of opposite gender viewing during use.

The auditor identified the requirement of a barrier placement at the inmate single stall toilet area in the Receiving and Intake area for the prevention of opposite gender viewing during inmate use. A removeable barrier was installed during the corrective action period. The auditor received a photograph of the added barrier.

The auditor identified additional and/or appropriate size shower curtains be added to the inmate showers within the community multiple shower areas. A copy of the purchase request for the showers were presented. Per the CMCF Facility Administrator, upon the arrival of the shower curtains they will be installed.

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

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

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

The dietary has reduced the number of inmates assigned to the detail due to COVID-19 and all inmate meals are grab and go.

The facility has 49 cameras which are strategically located throughout the inside of the facility and addition cameras are located outside. All existing cameras were identified and pointed out throughout the facility during the tour by the escorting staff and the auditing team. It was determined the video monitoring had been strategically installed in a manner that provided proper coverage of the housing units and over areas throughout the facility with the limited cameras. There was no camera footage that allowed a direct viewing into the inmate's cells, toilet areas, and/or shower areas.

Continuous PREA information to include the PREA hotline number was clear and neatly posted throughout on walls and bulletin boards in all areas in both English and Spanish. The PREA information included the DPSCS zero-tolerance policy, methods of reporting, the inmates right to be free from sexual abuse, sexual harassment, and retaliation from reporting sexual abuse and sexual harassment. The PREA Hotline #410-585-3177 is stenciled on the walls throughout the facility accessible to staff and the inmate and population to include housing

units, all department areas, inmate dining hall, education, intake area, dietary, corridors, visiting room, medical, inmate and staff dining areas, and front entry. The auditor initiated a test call via the PREA Hotline with no discrepancies noted.

The auditor observed a negative atmosphere with a hostile demeanor by numerous inmates when speaking with the CMCF staff while touring the housing units. Specifically, inmates' complaints included but was not limited to the conditions of the facility in housing units (sanitation, and plumbing), non-issuing of sufficient cleaning supplies, non-issuing of the allotted DPSCS clothing, condition of mattresses, the condition of their clothing upon return from laundry, unprofessional conduct (verbally) by some staff, not having access to non-security staff, and non-responsiveness from staff to their submitted inmate request forms. The auditor expressed concerns of the inmates' behavior and aggressiveness toward CMCF administrative staff during the tour. The Assistant DPSCS PREA Coordinator engaged in conversation with some inmates during the tour and was successful in reducing the level of tension expressed by them. The auditor indicated the negative atmosphere demonstrated by several inmates could possibly result in an unhealthy environment for both staff and the inmate population. Additionally, the auditor expressed it could interfere with the inmate population not feeling comfortable and or having confidence that staff would be responsive to reported allegations of sexual abuse, sexual harassment and/or being proactive in the prevention of sexual abuse and sexual harassment.

At the completion of the tour, the auditing team was escorted an office area identified to conduct interviews. Upon being escorted to the area, the auditing team was left alone for over an hour awaiting the return of the CMCF PCM. Upon the return of the CMCF PCM, the auditor was provided a current day inmate roster for a random selection of inmates and identification of inmates who met the targeted group category for interviews.

All randomly selected staff and inmates reported to the designated interview rooms. Inmates identified as on quarantine was not selected for interview as a health safety precaution. Random security staff was selected from Post Assignment Worksheet covering the three shifts for interviews. Non-security staff was selected randomly for interviews. The auditing team hours of work was extended to accomplish these interviews. Those staff interviewed included random staff, supervisory staff, security staff, non-security staff, contract staff and specialized staff. Volunteers were restricted from entry into the facility as of March 2020 due to COVID-19.

An interview was conducted with the Warden. The auditor informed the Warden of the circumstances witnessed by the auditing team during the tour of the facility led by Facility Administrator. The Warden identified she and her newly assigned administration staff (Assistant Warden and Facility Administrator) had been assigned to CMCF less than two months prior to the on-site visit. She expressed they were aware of the inmates' concerns and was striving to improve the conditions of the facility to include constructional and operational procedures. She indicated she has prepared a plan of actions that would be submitted to Headquarters for operational modifications. Modifications would include but was not limited to depopulation that will allow additional spacing between bunk beds and increase visibility by staff in the dormitory housing, increasing the mortal of both staff and the inmate population. She added in respect to improvement in the physical plant of CMCF, several doors, and grills are in fabrication and will be placed in the A-Building. LED lighting will be added to the facility to improve visibility, Pipe insulation and improved flooring is pending review by the Capital Construction Division, and an increased level of sanitation and painting will continue throughout facility to include the inmates' dormitories. Her proposal also includes turning one dorm into a recreation room complete with televisions, pin pong tables and other authorized activities for the inmate population.

CMCF workforce consisted of 102 employees during the on-site visit this included security and non-security staff and medical staff. Mental health services are provided at the nearby Baltimore City Booking and Intake Center as there are no mental health staff assigned at CMCF.

The auditing team conducted 13 random staff interviews and 21 specialized staff interviews. Random staff interviews included security staff from the various shifts of, a variety of non-security staff that included but not limited to maintenance staff, dietary staff, and staff assigned at the Maryland Correctional Enterprise (MCE); etc. Specialized staff was selected based on their position and their duty assignment. The 21 specialized staff interviews included: (1) Agency Head; (1) Warden; (1) Facility Administrator; (1) Health Services Administrator ; (1) Doctor (contract); (1) Infection Control Nurse (Contract); (1) IID Investigator; (1) Human Resource Manager; (1) DPSCS PREA Coordinator; (1) CMCF PREA Compliance Manager; (1) JUST Detention International Representative; (2) Intake Staff; (1) Incident Review Team Member; (1) Designated staff member charged with monitoring retaliation; (1) Mercy Medical Emergency Room Charge Nurse (SAFE); (1) Agency Contract Administrator; (2) Intermediate or higher supervisors; (2) Staff who perform risk screening; CMCF does not have a segregation housing unit. Mental Health staff are not assigned at CMCF.

The auditor utilized a current day roster by housing units on the first day of arrival for the selection of inmates from each housing unit for random interviews. Inmates within the targeted groups where selected based on their identified status.

CMCF reported a designated facility capacity as 516. The average daily inmate population during the past 12 months of the audit was reported as 250. The inmate count on the first day of the on-site visit was 323. Therefore, 26 inmate interviews were required that included 13 random inmate interviews and 13 target group inmate interviews. However, the auditor elected to conduct additional inmate interviews that was influenced by the facility's atmosphere during the housing unit's tour. The auditing team conducted 42 inmate interviews during the 3-day on-site visit. The audit notice was posted on February 24, 2021, well in advance of the on-site visit; however, the auditor did not receive any correspondence from the inmate population throughout the audit process. The auditing team conducted 37 random inmate interviews and 5 targeted group inmate interviews. The 5 inmates identified for the targeted group categories was selected based on their identified category. They were identified as the following: (2) inmates who reported prior victimization during risk screening; (2) inmates with physical disabilities; (1) vision impaired (glasses only). There were zero inmates assigned at CMCF during the on -site visit identified Bi-sexual; Limited English Proficient (LEP); Inmates who reported sexual abuse; Transgender; Gay; Youthful; Intersex; Inmates placed in

segregated housing for risk of sexual victimization /who allege to have suffered sexual abuse; Cognitive Disability. CMCF is a male facility only and does not house youthful offenders nor female inmates (lesbian). All inmates interviewed were aware of various ways to report allegations of sexual abuse and /or sexual harassment and most reference the PREA signage posted throughout the facility and in their housing units.

During interviews with both staff and the inmate population, the auditor was informed of a previous institution disturbance during the review period in June 2020, that involved inmates and staff. It was reported several inmates demonstrated negative behavior and became disruptive to the changes in the facility's operational procedures due to COVID-19. One staff member was injured during the institution disturbance.

The auditor was also informed during staff and inmate interviews, that an inmate identified as transgender was discovered deceased on the floor near her assigned bed 16 days prior to the on-site visit (April 6, 2021). The auditor was later informed there were no physical injuries identified on the transgenders' body upon being discovered deceased by staff during the early morning hours. The cause of death remained pending.

The auditor was not informed of these instances prior to the on-site visit while conducting staff and inmate interviews. The auditor's advisement of these incidents only by staff and inmates during the interview process was a contributing factor in the auditor's decision to exceed the required inmate interviews.

Although the inmate population expressed a negative attitude with CMCF administrative staff during the tour, the inmate population was respectful to the auditing team during the on-site visit and interview process. Several inmates express their concerns with the Assistant DPSCS PREA Coordinator who was successful in deescalating the immediate situation through verbal communication.

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

The auditor utilized rosters provided by the CMCF PCM to select random personnel files for 5 of the 11 new hires. There were zero staff promoted at CMCF during the review period. Background checks were reviewed.

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

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

The PAQ identified 4 reported allegations of sexual abuse/sexual misconduct/ sexual harassment in where an administrative investigation was conducted during the review period of March 1, 2020 – March 1, 2021. One allegation of inmate-on-inmate sexual abuse was determined as Unsubstantiated. Two reported allegations of staff-on-inmate sexual misconduct was determined as Unfounded. One reported allegation of staff-on-inmate sexual harassment was determined as Unfounded. Documentation confirmed the 4 alleged inmate victims were notified of the investigative findings. A Sexual Assault Incident Review was conducted in accordance with the provisions 115.86, within 30 days of the completed investigation. There were no reported allegations of contact between the penis, anus, or groin.

There were zero incidents in where an inmate required and/or received a forensic examination by a SAFE/SANE or qualified medical examiner. However, CMCF uses Mercy Medical Center for all forensic examinations. The auditor conducted an interview with the Forensic Nurse Manager at the medical center regarding inmates being provided forensic examinations and access to a victim advocate.

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

An exit briefing was conducted on Friday, April 23, 2021, with the following in attendance: Debra Dawson DOJ PREA Auditor; Margena Myrick PREA Auditor Support Staff; Facility Administrator Tikaya Parker, Major Nate Denton, DPSCS Assistant PREA Coordinator Funsho S. Oparinde CMCF PCM Ashley Marinelli. The auditor provided an overview of the pre-audit and on-site visit while acknowledging the essential staff members who assisted throughout the site visit. A discussion of the PREA auditor's general observations, preliminary findings, and the post-audit phase that included the timeliness for submitting the additional documentation was delivered to staff in attendance.

The auditor shared the information received during staff and inmate interviews with the Facility Administrator, Major, CMCF PCM and Assistant DPSCS PREA Coordinator. The Warden was included with the exit briefing through telephone calls and emails. The Warden and

Facility Administrator indicated the DPSCS had recently conducted a restructuring of the several DPSCS facilities (Pre-Release Centers) that included the CMCF. The current administrative staff had arrived at CMCF less than two months prior to the on-site visit. The auditor was informed that facility's disturbance occurred under the previous administrative staff. The Warden stated she and her administration staff, Assistant Warden and Facility Administrator along with the facility staff were striving to improve the conditions of the facility. Various plans of actions had already been identified and was being developed to submit for approval that to include the overall condition of the facility, climate of inmate population, and staff.

The auditor advised the Warden, Facility Administrator and Major that the negative atmosphere and demeanor of several inmates toward staff during the tour in addition to their many complaints would be included in the PREA report. The auditor expressed matters of such could also jeopardize the safety of staff and inmates regarding acts of sexual abuse and sexual harassment and the possibility of these prohibited acts not being reported and or not handled in accordance to DPSCS policy and the DOJ PREA standards. The Warden indicated the facility's developmental plan would be provided to the auditor for inclusion in the PREA report.

During the post-audit period, CMCF was determined as "Does Not Meet" standards 115.65 - Coordinated response; 115.67 - Agency protection against retaliation; 115.81 – Medical and mental health screening; history of sexual abuse; 115.82 - Access to emergency medical and mental health; 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers. Therefore, CMCF was placed in a corrective action phase for 60-days to allow submission of the required documentation.

The original CMCF resigned her position with the facility and DPSCS during the corrective action phase. The Case Management Supervisor was assigned as the CMCF PCM. An open line of communication was developed in the completion of the ongoing PREA audit. CMCF PCM submitted the proper documentation for each of the identified standards during the corrective action that demonstrated compliance for the standards. The corrective action required and applied are listed below. Therefore, based on a review of policies, interviews and analysis, the facility is compliant with all provisions of the 45 Standard. The correction action was completed.

**115.65 Corrective Action:** Based on a review of the provided policy, interviews and analysis, the facility does not meet compliance with this standard. The identified policies submitted did not include the facility's coordinated response to reported allegations of sexual misconduct. Therefore, CMCF was placed in a 60-day corrective action period to submit the required documentation for compliance.

**Corrective Action Applied:**

The auditor was presented with the facility's policy CMCF.200.0005.2 Sexual Misconduct that outlines the facility's coordinated response to a reported allegation of sexual misconduct. This information was received during the 60-day corrective action period. The written policy details staff's response to an incident of sexual abuse that includes as a first responder, supervisory security staff, medical staff to include transport of the victim to the local hospital for a forensic medical examination by a SANE/SAFE, availability of a victim advocate, mental health services, case management update of the inmate's PREA screening, and alerts of the Offender Correctional Management System (OCMS), mental health evaluation of the inmate abuser, and the completion of a sexual abuse incident review at the conclusion of the PREA investigation unless the investigative findings are determined as unfounded.

Therefore, based on the review of the policy that outlines the facility's coordinated response, CMCF meets the mandate of the standard 115.65.

**115.67 Corrective action** Based on the circumstance, that the CMCF PCM did not present the requested documentation to support inmates who reported allegations of sexual abuse placed on retaliation monitoring were completed in accordance with the provisions of the standard. CMCF is determined as not compliant with the Standard. The facility was placed in corrective action for 60-days.

**Corrective Action Applied:**

Documentation was presented to support the CMCF PCM documented that the inmate who reported an allegation of sexual abuse on February 14, 2020 was seen by her as the retaliation monitor on that day. The inmate was transferred on March 2, 2020 and the PCM notified the inmate's new facility of his ongoing PREA investigation for further retaliation monitoring which was confirmed by emails.

As the original CMCF PCM resigned her position with CMCF and the DPSCS, the Assistant DPSCS PREA Coordinator and auditor provided training to the incoming CMCF PCM to ensure an understanding of the standard provision and requirements during retaliation monitoring to include when and/or if an inmate transfers during the retaliation monitoring period.

Based on a review of the documents, interview and analysis of the investigative casefiles confirmed there was only 1 reported allegation of sexual abuse. Documentation supports the facility followed the provisions of the standard. Therefore, CMCF has demonstrated compliance with this Standard.

**Corrective Action**

**115.81 (a)** The auditor requested documentation to confirm the one inmate was seen by mental health within the 14-follow-up period, but facility staff failed to provide documentation that the inmate was seen as she stated. The facility was placed in corrective action for 60 days to submit confirmation of the follow-up.

**Corrective Action Applied:**



Mental health staff are not assigned at CMCF. Prior to COVID-19 inmates were transported to BCBIC for mental health services. During the heavy months of COVID-19, these mental health services were conducted virtually. The CMCF presented email communication between herself and the mental health provider at BCBIC discussing services rendered to the inmate who requested a mental health follow-up. Mental health staff identified the inmate was assigned a psychiatric provider and confirmation of seeing him.

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

#### Corrective Action

115.82 (a) The auditor requested confirmation that the 3 inmates who reported allegations of sexual abuse was referred to mental health but did not receive the requested documentation. Based on the review of policies, documentation, interviews and analysis, and the failure of the auditor receiving documentation that would support the 3 inmates who reported sexual misconduct were seen by mental health and 2 inmates to include were seen by medical services was not provided, the facility is determined not compliant with all provisions of this standard.

#### Corrective Action Applied:

The auditor, newly appointed CMCF PCM and Assistance PREA Coordinator conducted further review of the 3 reported PREA cases files that was originally noted as sexual abuse, and identified the cases was reported as sexual misconduct not sexual abuse. One allegation was reported by an inmate previously housed at CMCF upon his arrival at another DPSCS facility. There were no reported allegations of contact between the penis, anus, or groin. The remaining two reported allegations did not involve any physical contact, verbal communication and/or reported allegations of contact between the penis, anus, or groin between the alleged victim and alleged aggressor. Therefore, a medical and/or mental health evaluation was not required.

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

115.83 The CMCF failed to upload documentation within the OAS as identified and advised by the auditor. Therefore, based on the failure of the facility to complete the standard provisions, CMCF does not meet compliance with this Standard. The facility was placed in a corrective action period of 60-days to submit documentation in accordance with each standard provision.

#### Corrective Action Applied:

During the corrective 60-day corrective action period, CMCF submitted the documentation for review for each of the standard provisions.

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

Additionally, during the post-audit and corrective action period, submitted a memorandum documenting measure completed since the on-site visit to address the inmates' concerns that also can interfere with the inmates' confidence in staff's response to reported PREA allegations. Per the Warden and CMCF Facilitator Administrator, CMCF has taken numerous actions in improving the overall conditions of the facility, climate of the inmate population and staff since the on-site visit. The following are lists actions taken thus far:

#### Renovation of Baltimore, Howard and Carrol Dorms

The aforementioned dorms were painted as follows:

- Walls and the removal of mold.
- Ceilings
- Window frames
- Bunks were painted and numbered so inmates can easily identify their assigned location. This also helps staff readily identify locations if a PREA incident was detected.
- Chairs were numbered in association with the assigned bunk, which cuts down on inmates stealing another inmate's assigned property.
- Name of dorms were painted on the outside of doors, so newly assigned inmates to CMCF can readily identify their housing location.
- Pip covers were ordered to improve the safety of inmates.
- Clear bags were ordered to allow inmates to have more storage and to keep a cleaner living environment.

- The doors were replaced and painted to provide additional protections to inmates assigned to specific housing units. Officers are able to lock the doors to prevent other inmates from entering at night.
- New Fans were mounted on the walls and angled as to reflect proper airflow throughout the dorm. Additional, large fans are also situated in the front and back of the dorm.

#### Climate of the Inmate Population

The climate of the inmate population has dramatically changed as follows:

- Due to the COVID-19 Pandemic, the dining hall was closed for a few months, and inmates were fed in their assigned housing units. The Dining Hall is now reopened. Inmates can stretch their legs and get fresh air while walking to and from the dining hall. This eases tension between inmates that were housed together all day. This also reduced the amount of food in the housing units which creates a cleaner environment.
- Inmates signed up to be dorm representatives and were vetted by CMCF Intel. The Facility Administrator and Major met with them to discuss issues/concerns and to inform of new changes. The inmates were receptive and happy to have a direct format with Administration, other than discussing issues while making security rounds.
- Due to the heat, ice is being disseminated three (3) times a day for all Dorms. This allows inmates to stay hydrated during the summer months.
- The Case Manager Supervisor was assigned to be the PREA Coordinator for CMCF. A custody staff will be the backup and is awaiting training. This will ensure a staff member is always available to address all PREA related issues/concerns.
- Eighty (80) percent of the population is assigned to a job detail. This not only allow inmates to earn money for commissary, but also prevents idle time.
- In person, visits have started back up. Due to the pandemic inmates were only allowed to have online visitation with family and friends. The in-person visits give inmates an opportunity to see loved ones that they have not physically seen in over a year. This gives them something more to look forward too.
- Additional inmate uniforms were ordered. Inmates can request needed items.
- Compared to Jan.-Apr. the number of complaints has been reduced by half and all recent complaints have been solved and clothing issued if needed.

January 2021 - April 2021

January 2021 - April 2021

State Issued Clothing

Case Management Complaints

9

9

May 2021 - July 2021

May 2021 - July 2021

State Issued Clothing

Case Management Complaints

4

4

#### Climate of the Staff Population

The climate of staff has improved.

- The Facility Administrator conducted a Town Hall meeting; all shifts were able to attend. This gave Officers a platform to openly discuss issues and concerns.
- Officers received PREA training every year in In-Service, and it was reiterated to staff to be more open to inmates and their concerns.
- The Warden addressed officers during roll call and informed staff that not only is the department taking steps to improve the living conditions of inmates, but of staff as well while at work. Discussions have been made to improve staff bathrooms, and dining hall.
- Efforts have been made to improve the overall moral of staff. Staff are participating in more events. An example would be something

the facility calls thankful Thursday's. Staff are approved to bring food items into the facility to fellowship together during lunch. C-Shift was not participating at all. The Facility Administrator and Major not only encouraged staff on the shift to participate but was a part of the fellowship among staff. The shift really appreciated. This shows a level of care beyond the call of duty, which starts to change the mindset of staff.

· Night shift has a vacant Captain pin; but CMCF is in the process of a promotion. The day shift Captains manages both shifts. Staff on night shift are more contented that they see more of a Captain and Major presence; it gives them an opportunity to address issues/concerns. This also improves the moral of the shift and job performance.

PREA hotline information is displayed all over the building, and in dorms.

Although renovation of the facility continues, the auditor determined that through the accomplishments completed thus far at CMCF, the administrative staff are working to improve the overall condition of not only the facility, but the climate of both inmates and staff. It is the belief of the auditor that the inmate population will be more acceptable to reporting PREA allegations to staff within an environment who are responsive the daily operational concerns and are accessible to them while presenting themselves in a professional manner. As the facility identified its top mission to ensure the prevention and detection of ALL PREA incidents.

## 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 Central Maryland Correctional Facility (CMCF), formerly named the Central Laundry Facility, was constructed in 1960 as part of the correctional camp system. The facility is located at 7307 Buttercup Road, Sykesville, Maryland 21784. The facility consists of 7 buildings and is located on seven acres in a rural setting in Carroll County near Sykesville, MD. CMCF is designated as a male correctional facility and houses minimum pre-release security inmates between the ages of 18-73 within the 12 housing units. The inmates' average length of stay at the facility is 6-9 months. The inmate capacity rate is 516. The facility does not house youthful offenders.

The main building is a one-story brick building, with a partial basement. There is an adjoining one-story, brick multipurpose building with a 256-bed housing unit. The grounds include a basketball court, weightlifting equipment, volleyball areas, and a horseshoe pit. A fence, topped with razor ribbon, encloses the security perimeter. There is one vehicle gate, and a pedestrian gate entrance with a buzzer control system and video cameras. The Main structure, "A" building, contains four dormitories: Frederick, Carroll, and Howard dorms house 60 inmates each and the Baltimore dorm houses 65 inmates. There are two inmate lavatories, and an inmate shower room, to accommodate the current population. In addition, there is one television room. The administrative area of "A" building consists of a public entrance, the control center, case management supervisor's office, lavatories, and a property storage room. The remainder of the building includes a dining area, a well-equipped kitchen, an operations area, barbershop, commissary, medical department, multi-purpose area, miscellaneous storage space, inmate library, and several case managements staff offices. Telephones are in the corridor. The basement of "A" building contains administrative and business offices, a conference room area, and audit areas. An adjacent small, portable building is used for school and inmate group meetings. To the left of "A" building is Housing Unit "B", which contains 256 beds. The "B" building consists of two levels with four dormitories on each level. Inside the brick structure, on the lower-level entrance, is a hallway that leads directly to the control center, that is glass enclosed for surveillance purposes. On the left side of the hallway, there is an office for custody staff and a barbershop for "B" building inmates only. The four dormitories occupy the four corners of the building. Between the dormitories are identical lavatories, with twelve stainless steel toilets, twelve wash basins with mirrors, and a shower area with nine showers. Each dormitory has 32 single beds. Dayrooms are adjacent to lavatories. Behind the control center is a multi-purpose area with mechanical rooms (e.g., boiler and water heater, etc.). There are two showers, one on each side, which will accommodate disabled individuals. A multipurpose room on the upper floor is utilized for group meetings, choir practice, religious activities, and recreational purposes. The two floors are identically equipped and configured. To the left of Housing Unit "B" is the Residential Substance Abuse Treatment (RSAT) quad trailer. The trailer contains two classrooms, which can be subdivided by partitions, two restrooms, a storage room, a break room, and office space for counselors. The multi-purpose building, which serves as the entrance point into the facility, contains restrooms, the Facility Administrator's and Secretary's offices, areas for inmate visitation, legal visits, staff meetings, training sessions, conferences, and various programs and services. This area can subdivide using temporary partitions. The structure is connected to the main building by a walkway.

CMCF workforce consisted of 87 employees during the on-site visit this included security and non-security staff. Medical staff are contracted through CORIZON Health. Mental health services are provided at the nearby Baltimore City Booking and Intake Center as there are no mental health staff assigned at CMCF.

CMCF has 49 cameras strategically located inside the facility to assist staff in the providing a safe environment for staff and the inmate population. They are identified as the following. A building dorm and hallway has 13 cameras; Dietary- has 6; Operations-1; Medical-2; B-Building-18; Receiving-2; School-3 and Front Entrance-4. Video monitoring is limited to the Facility Administrator and correctional supervisors' office with a retention period of 30 days.

The inmate population share community basebathrooms with multiple toilets, urines, lavatories, and an open shower with multiple shower heads. Housing units Baltimore and Frederick share their community bathroom that is located between both. The remaining housing units have separate community restrooms. A wall partition is between all toilets, and each have a privacy barrier that prevents opposite gender viewing. Shower curtains provided privacy at each shower. The auditor confirmed cameras and mirrors are not angled in a degree that allow viewing of use by the inmate population by staff of the opposite gender.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

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

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

115.13, Supervision and monitoring - Meets Standard

115.14, Youthful inmates - Meets Standard

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

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

115.17, Hiring and promotion decisions- Meets Standard

115.18, Upgrades to facilities and technologies - Meets Standard

115.21, Evidence protocol and forensic medical examinations - Meets Standard

115.22, Evidence protocol and forensic medical examinations - Meets Standard

115.22, Policies to ensure referrals of allegations for investigations - Meets Standard

115.31, Employee training - Meets Standard

115.32, Volunteer and contractor training - Meets Standard

115.33, Inmate education - Meets Standard

115.34, Specialized training: Investigations - Meets Standard

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

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

115.42, Use of screening information - Meets Standard

115.43, Protective Custody - Meets Standard

115.51, Resident reporting - Meets Standard

115.52, Exhaustion of administrative remedies - Meets Standard

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

115.54, Third-party reporting- Meets Standard

115.61, Staff and agency reporting duties - Meets Standard

115.62, Agency protection duties - Meets Standard

115.63, Reporting to other confinement facilities - Meets Standard

115.64, Staff first responder duties - Meets Standard

115.65, Coordinated Response - Meets Standard

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

115.67, Agency protection against retaliation- Meets Standard

115.68, Post-allegation protective custody - Meets Standard

116.71, Criminal and administrative agency investigations - Meets Standard

115.72, Evidentiary standard for administrative investigations - Meets Standard

115.73, Reporting to inmates - Meets Standard

115.76, Disciplinary sanctions for staff - Meets Standard

115.77, Corrective action for contractors and volunteers - Meets Standard

115.78, Disciplinary sanctions for inmates - Meets Standard

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

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

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

115.86, Sexual abuse incident reviews - Meets Standard

115.87, Data collection - Meets Standard

115.88, Date review for corrective action - Meets Standard

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

115.401 Frequency and scope of audits - Meets Standard

115.403 Audit contents and findings - Meets Standard

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

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> <li>1. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited</li> <li>2. Facility Directive CMCF. 200.0005.2 Sexual Misconduct – Prohibited</li> <li>3. DPSCS 020.0026 PREA – Federal Standards Compliance</li> <li>4. Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited</li> <li>5. MD COMAR 12.03.01.04 Inmate Rule Violation Summary</li> <li>6. DPSCS Organizational Chart</li> <li>7. CMCF Organizational Chart</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>a. DPSCS PREA Coordinator</li> <li>b. CMCF PCM</li> </ol> <p>115.11(a) DPSCS 020.0026 identify the Department does not tolerate sexual abuse or sexual harassment of an inmate. The Department requires an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge according to Department procedures for reporting employee misconduct or inmate rule violation.</p> <p>Facility Directive CMCF. 200.0005.2 states the purpose of the Directive is to implement the facility's zero tolerance approach to sexual misconduct to include sexual abuse and sexual harassment as defined in the Prison Rape Elimination Act DPSCSM.020.0026 (Manual), which establishes procedure for reporting, responding to, and resolving a complaint of sexual misconduct. It is also the facility's policy to protect inmates and staff who report or cooperate with investigations of sexual abuse or sexual harassment from retaliation by other inmates or staff. CMCF shall ensure through implementation of the Directive that existing efforts and strategies to prevent, detect, and respond to allegations of sexual misconduct comply with the applicable federal standards established under the authority of the PREA. CMCF does not: (1) Tolerate staff on inmate sexual misconduct. (2) Consider actual or alleged consent as a defense to an allegation of sexual misconduct. (3) Discipline an inmate for sexual contact with staff upon a finding that the staff member consented to such contact.</p> <p>MD COMAR 12.03.01.04 Inmate Rule Violation Summary identified- any manner, arrange, commit, perform, or engage in a sex act or sexual conduct to be a violation of inmate disciplinary code 117.</p> <p>DPSCS. 020.0026 Prison Rape Elimination Act-Federal Standards Compliance section .03 states, "The Department does not tolerate sexual abuse or sexual harassment of an inmate." The Directive clearly outlines the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in the Department facilities.</p> <p>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 identifies 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.</p> <p>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 Coordinator. The auditor interviewed the DPSCS PREA Coordinator who confirmed he absolutely has sufficient time and authority to develop,</p>



implement, and oversight of the Department's efforts to comply with the PREA standards in all its facilities. The addition of an Assistant PREA Coordinator has increased the ability to perform such duties. He added there are 21 PREA PCM with one being assigned at each of the Department's facilities. He and his assistant aid the facilities PCM weekly by forwarding a PREA Tip for the Week, the best practice of various standards, changes due to and revised policy, review of all facilities PREA allegation reports, providing various training opportunities, communicating via telephone and forwarding remainders to the PCM of the notification of findings to the alleged victim at the conclusion of the investigation as several methods of interacting with the facilities PCM.

The original CMCF PCM resigned her position with CMCF and the DPSCS during the post-audit phase. The Case Manager Supervisor was appointed as the new facility PCM. The auditor and DPSCS Assistant PREA Coordinator provided training, and clarification of the standard provisions throughout the post-audit and corrective action period.

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

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed, (documents, and interviews)</p> <ol style="list-style-type: none"> <li>1. CMCF Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. Contract DPSCS Q00B9400025 for Pre-Release Services</li> <li>3. PREA audit reports of Threshold, Inc.</li> <li>4. Interview with the following: <ol style="list-style-type: none"> <li>a. DPSCS PREA Coordinator/ Agency Contract Monitor</li> </ol> </li> </ol> <p>The DPSCS has entered into one contract for the confinement of inmates. The contract is with Threshold, Inc. for pre-release services. Threshold Inc. is a private non-profit agency incorporated under the Laws of the State of Maryland to provide community-based treatment and work release services for persons incarcerated in the State Prison System. A copy of the contract was provided for review and contained language that the facility is to comply with the requirements of the Prison Rape Elimination Act. In compliance with laws – the contract states “It shall fully comply with the standards set forth in the Prison Rape Elimination Act 2003 PREA Audit Act of 2003, and with all applicable regulations issued by the U.S. Department of Justice.”</p> <p>The auditor also reviewed the 2015 and 2018 PREA reports for Threshold on the DPSCS website @ Maryland.gov. CMCF 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>An interview with the Agency Contract Monitor/DPSCS PREA Coordinator, indicated due to results of COVID-19, the facility has not been operated in several months. Currently there are no staff assigned nor inmates assigned to the facility. Residents were released as scheduled, placed on home detention as applicable and/or returned to DPSCS facilities. The latest contract was renewed in September 2020. However, the facility remains vacate of staff and residents at the completion of this report and an unknown date of return remain due to the current ongoing status of COVID-19.</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>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> <li>1. CMCF Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management</li> <li>3. DPSCS Staffing Analysis and Overtime Management Manual</li> <li>4. Log of unannounced rounds</li> <li>5. CMCF Staffing Plan Annual Review</li> <li>6. Observation while on-site</li> <li>7. Interviews with: <ol style="list-style-type: none"> <li>a. Warden</li> <li>b. Facility Administrator</li> <li>c. Intermediate or Higher-Level Staff (Correctional Supervisors)</li> </ol> </li> </ol> <p>115.13(a) Directive OPS.115.0001 states the requirements of a facility staffing plan. The requirements contain the eleven requirements stated in this provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels and requirements and the documentation of any deviations to these requirements. A review of the most recent CMCF Staffing Plan signed by the Facility Administrator and DPSCS PREA Coordinator on April 1, 2021, addresses the eleven numerated requirements as indicated in this provision.</p> <p>115.13(b) Directive OPS.115.0001 states the requirements of a facility staffing plan. The Overtime Manual provides guidance regarding minimum operational staffing levels and requirements for documenting any deviations with these requirements. The facility staffing plan is developed with these requirements in mind and a daily Post Assignment Worksheet (PAW) is developed to deploy staff in accordance with the stated staffing plan. The PAW identifies positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. A review of daily PAW for the selected months identified no deviations noted in post assignments that were equivalent to the facility being non-compliance of the Staffing Plan.</p> <p>Per interviews with the Warden and CMCF Facility Administrator correctional post on the daily PAW that are identified as a 1 and/or 2 will never be vacated. Staff would be offered the opportunity to volunteer for overtime and if no volunteers, staff will be drafted to work the post and receive pay. These post assignments would never be left vacate. Supervisory staff are required to document any collapsed post on the PAW. There have not been any instances of non-compliance with the Staffing Plan during the 12-month review period. The reassignment of collapsible post and/or overtime is always authorized to ensure proper security coverage is maintained that meets compliance with the Staffing Plan.</p> <p>Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution. Furthermore, it was observed that staff deployment is increased during shifts where inmate activity is increased.</p> <p>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. CMCF provided a copy of the Staffing Plan Review dated April 1, 2021, signed by the CMCF Facility Administrator and the DPSCS PREA Coordinator. The Staffing Plan Review form considers all the criteria required for a staffing plan review as required in this Standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility administrator and agency wide coordinator. The review documented no adjustments to the plan was recommended.</p> <p>115.13(d) Directive OPS.050.0001 states "Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: (i) Randomly on all shifts; (ii) Except when necessary to prevent prohibited cross gender viewing of an inmate or as part of a legitimate facility operation, unannounced in order to prohibit</p>

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.

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

Interviews with 2 intermediate or higher levels staff indicated unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted each shift by security supervisory staff. Review of various logbooks in all housing units confirmed supervisory shift conduct rounds during each shift and document such rounds in red ink. Upper-level management staff document their rounds in the visitor's logbook. These rounds were noted throughout the facility. Security supervisory staff indicated they do not complete their rounds in one setting, and they are not conducted in a pattern that allow others to become aware of their anticipated arrival.

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

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

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> <li>1. CMCF Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. Observation during onsite visit</li> </ol> <p>Interviews with the following:</p> <ol style="list-style-type: none"> <li>a. Warden</li> <li>b. DPSCS PREA Coordinator</li> <li>c. Inmate population</li> </ol> <p>Interviews with the Warden and DPSCS PREA Coordinator indicated CMCF does not house youthful offenders (under the age of 18) at CMCF. Offenders under the age of 18 years old are designated to the DPSCS Youth Detention Center located at 926 Greenmount Avenue Baltimore, Maryland 21202. At midnight on the day of the offender's 18th birthday, they are transferred at this time to an adult facility. If transportation cannot be made for the midnight hour, the offender will be removed from the general population and housed alone in the medical department until transported. Observation during the on-site visit and interviews with staff and random inmate population revealed their unawareness of any inmates housed at CMCF under the age of 18 years old.</p>

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. CMCF Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. Executive Directive OPS.200.0006 Assessment for Risk of Victimization</li> <li>3. DPSCS Executive Directive OPS.110.0047 Personal Search Protocols-Inmates</li> <li>4. Correctional Entrance Level Training Program Inmate Processing</li> <li>5. The Maryland Police and Correctional Training Commissions Lesson Plan Title LGBTI</li> <li>6. The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices</li> <li>7. Observation while on-site</li> <li>8. Opposite Gender Announcement Stop Sign</li> <li>9. Interviews with: <ol style="list-style-type: none"> <li>a. Random staff</li> <li>c. Random Inmates</li> </ol> </li> </ol> <p>115.15(a) The Maryland Police and Correctional Training Commissions Lesson Plan Title LGBTI and The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices states male inmates may be searched by both male and female staff however a female staff person may not touch the genital area of the male inmate. If there is reason to believe that the inmate to be searched is transgender or intersex, a frisk search is to be conducted by a female staff member.</p> <p>Directive OPS.110.0047, states that an inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer. Section .05F(3)(b) states that when circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. Section .05H(2) states, "Only a certified medical professional may perform a body cavity search of an inmate and only the certified medical professional and the inmate being searched may be present during the procedure. Executive Directive OPS. 110.0047 indicates if search and detection equipment indicate that suspected contraband has been ingested or inserted within the inmate's body, the inmate will be strip searched in accordance with the provisions of the directive that includes placing the inmate in a single dry cell or room until such time as the inmate has excreted or disgorged the contraband in accordance with the dry cell procedures status or transported to an off-site medical facility for a body cavity search in accordance. Therefore, a body cavity check will not be conducted at the facility.</p> <p>Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. Interviews with the inmate population did not reference any cross-gender searches and/or negative concerns while showering, performing bodily functions, dressing, etc. In accordance with the CMCF PAQ, interviews with random staff and inmate population, there were zero cross-gender visual strip and/or zero cross-gender visual body cavity searches at CMCF during the 12-month 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 by female correctional officer. (c) A managing official or a designee may, based on exigent circumstances, authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate." Discussion with staff and on-site observations verified that CMCF is designated as a male only facility.</p> <p>115.15(c) Directive OPS.110.0047, Visual body cavities checks are not conducted at DPSCS facilities. The inmate would be placed on dry cell observation and/or transported to a licensed medical facility. Section .05F(6)(b) each inmate search is (a) Documented on forms approved by the Deputy Secretary of Operations, or designee; Each Correctional Officer is responsible for compliance with the procedures established in the directive. Correctional Officers shall be the same sex as the inmate being searched, unless the inmate presents a Personal Search Exception card which specifies a different protocol</p>

for the search being performed. Section E. Unless a Personal Search Exception Card has been granted by the Warden, an inmate will be searched in accordance with the policies applicable to searches of the gender associate with the institution or housing assignment in which the inmate is assigned. The inmate is responsible to carry the Personal Search Exception card at all times and to present this card to the correctional officer prior to the start of a personal search. A male inmate search may be conducted by either a male or female correctional officer provided that a female officer does not touch the genital area of the inmate being searched. Female inmate shall be conducted by a female e correctional officer. CMCF only houses male inmates. Therefore, cross gender pat down searches of female inmates does not apply. The facility reported 0 cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12-month review period. Thus, there are no written reports or incidents of cross-gender strip searches or cross-gender body cavity searches as there have not been occurrences of such.

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

CMCF.200.0005.2 states, Inmates of the opposite gender are viewed in the stage of complete or partial undress only in exigent circumstances, or incidental to routine cell checks; never for the sole purpose of determining genital status. Staff of the opposite sex shall announce their presence when entering the housing unit. Signage of "Opposite Gender Must Announce Their Presence When Entering." This signage is located at each entry upon entering housing unit and on each tier as a reminder to opposite gender (female) staff prior to entering. There were no inmates identified as transgender and/or intersex for interview during the on-site visit. All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status and was knowledgeable of transgender and/or intersex inmates being allowed to shower separate from other inmates as requested.

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

115.15(e) Directive OPS.110.0047, Section .05F(3)(a) and Facility Directive CMCF.200.0005.26 states a "Strip search of Transgender of Gender Dysphoric inmates shall 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. There were zero inmates identified as transgender and/or intersex at CMCF during the on-site visit.

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

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

115.16	Inmates with disabilities and inmates who are limited English proficient
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 810 300">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="244 329 1236 1043" style="list-style-type: none"> <li data-bbox="244 329 766 358">1. CMCF Completed Pre-Audit Questionnaire (PAQ)</li> <li data-bbox="244 387 1107 416">2. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy</li> <li data-bbox="244 445 1236 474">3. DPSCS Executive Directive OSPS.050.0011 American with Disabilities Act of 1990, Titles I and II</li> <li data-bbox="244 504 879 533">4. DPSCS Executive Directive OS.050.0001 Sexual Misconduct</li> <li data-bbox="244 562 1090 591">5. Correction Entrance Level Training title "Special Management Issues Corrections."</li> <li data-bbox="244 620 536 649">6. PREA Brochure – Spanish</li> <li data-bbox="244 678 523 707">7. Interpreter Services Flyer</li> <li data-bbox="244 736 523 766">8. Observation while on-site</li> <li data-bbox="244 795 424 824">9. Interviews with: <ol data-bbox="244 853 507 1043" style="list-style-type: none"> <li data-bbox="244 853 507 882">a. Agency Head/Designee</li> <li data-bbox="244 911 405 940">b. Random staff</li> <li data-bbox="244 969 445 999">c. Targeted Inmates</li> <li data-bbox="244 1028 491 1057">d. Screening Staff/Intake</li> </ol> </li> </ol> <p data-bbox="244 1077 1485 1704">115.16(a)(b) Agency policy OSPS.050.0011 and OEO.020.0032 requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP). Agency policy also requires the head of the facility (or designee) that is responsible for the custody and security of an inmate shall ensure that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates. DPSCS has a contract with Ad Astra for all their interpreter needs. Ad Astra services are available in-person, or via phone call and email. They also provide services for the hearing impaired. Part of the intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This brochure covers the zero-tolerance policy and reporting information and is available in both English and Spanish. At orientation inmates are provided a copy of the Inmate Handbook that covers the agency's zero-tolerance policy. Additionally, inmates also participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. All PREA posters, PREA Orientation packets, inmate handbooks, to include information for outside resources to report PREA allegations are available in English and Spanish as they are the most common languages spoken. Staff identified upon the arrival of an inmate that speaks a language other than English and Spanish, services would be provide through the Ad Astra, or an available staff translator. Sign language services are available through Statewide Visual Communication Services. Staff were aware of flyers that provide instructions for use of Ad Astra language line that include contacting their supervisor if translation services are needed.</p> <p data-bbox="244 1738 1473 1899">Executive Directive OPS.050.0001 and Executive Directive OPPS.200.0005 "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: Department and agency policy prohibiting sexual misconduct, procedures for filing a complaint, an inmate rights related to sexual misconduct are effectively communicated to an inmate: (a) As part of inmate orientation; ((b) By inclusion in the facility's inmate orientation paperwork; and (c) If applicable, the facility's inmate handbook.</p> <p data-bbox="244 1933 1481 2157">In addition to providing appropriate translation services for those inmates identified as LEP, the agency also provides a training to staff during the Correction Entrance Level Training title "Special Management Issues Corrections." The training performance objectives include (1) identity the processes for managing inmates with special needs; (2) Identify the issues surrounding the management of inmates with physical challenges; (3) Identify the issues surrounding management to transgender inmates; (5) Identity the issues created by sexual behavior in the correctional setting; (6) Identity the issues created by homosexual behavior in the correctional setting; (7) Identity the process for managing sexual predators. Students are tested on the course and are required to receive a passing score of 75% or better.</p>



An interview with the Agency Head Designee indicated the Department employees an ADA Coordinator who assigned at each DPSCS facility and an ADA Coordinator in the Central Office has oversight of efforts of all facilities while serving as the Subject Matter Expert for the Agency. Documents are translated into the language spoken by various inmates (mostly Spanish). The Department has established a contract with Ad Astra for all their interpreter needs. Services are also available for inmates who are deaf. Documents are printed in large print for vision impaired inmates. Inmates identified as deaf have access to electronic message boards and are assigned appropriate cellmates after proper screening. Deaf inmates are issued devices that alert them of various activities. However, CMCF does not house inmates with disabilities that required additional services.

The following inmates with disabilities were interviewed by the auditing team: (2) physical disabled and (1) vision impaired (glasses). The inmates identified as physical disabled and vision impaired confirmed they were provided PREA education and continuously PREA material in formats that they could/can understand. There were zero inmates identified as deaf, blind, cognitive behavior, and/or Limited English Proficient (LEP) at the facility during the on-site visit.

115.16(c) Directive OPS.050.0001 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Directive OPS.200.0005 states, "Except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation, inmate interpreters, inmate readers, or other inmates." These policies provide guidance in the practice regarding the use of inmate interpreters. Interviews with staff identified they would only use another inmate to translate in an emergency situation to identify what the LEP inmate was attempting to report. Upon the discovering the inmate was reporting a PREA incident, they would immediately contact their supervisor so translation services could be provided through other official services. Per the PAQ, and staff who conduct risk screening indicated there were no instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

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

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> <li>1. CMCF Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance</li> <li>3. Criminal History Records Check – Non-Mandate Employees ADM.050.0041</li> <li>4. PREA Questions for Polygraph.pdf</li> <li>5. PREA DBM DPSCS JOBAPS Application Form</li> <li>6. COMAR 12.10.01.05 Correctional Training Commission</li> <li>7. Employment reference check form.pdf</li> <li>8. COMAR 17.04.03.10 Employment Background Checks</li> <li>9. Letter submitted by Assistant Secretary/Chief of Staff</li> <li>10. Code of Maryland COMAR 12.15.01.19 State Rap Back Program</li> <li>11. Code of Maryland COMAR 17.04.14.10</li> <li>12. DPSCS PREA Interview/Hiring Process guide</li> <li>13. DPSCS Interview form – Correctional Applicant</li> <li>14. Hiring and Promotional Records</li> <li>15. Criminal History Background Records Check Documentation</li> <li>16. Interview with: <ol style="list-style-type: none"> <li>a. Human Resource Manager</li> </ol> </li> </ol> <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. (2) The HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with to a service provider if the individual may have contact with an inmate. (3) Before hiring a new employee to perform duties involving contact with nan inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse. (c) Before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background record check of the contractor's employees who may have contact with an inmate.</p> <p>Criminal History Records Check – Non-Mandate Employees ADM.050.0041 identifies the Department responsibility and procedure as (a) A hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history record check is performed in order to determine the existence of criminal convictions that my specifically impact performance as an employee. (B) A hiring authority shall ensure that a criminal history record check is performed for a mandated employee as required under COMAR 12.10.01.05 (C) A hiring authority shall ensure that a criminal history records check is performed for a non-mandated employee as follows: (1) At a minimum, the hiring authority shall ensure that a State and federal criminal history records check is conducted based on the individual's full name and date of birth. (2) A hiring authority may conduct a State and federal criminal history records check base on fingerprint identification if the hiring authority has reason to believe that the name and date of birth criminal history records check may not reflect the individual's complete criminal history. (D) The criminal conviction information discovered as the result o f a criminal history</p>

records check under this directive shall be used in conjunction with other information available as part of the hiring process to determine the individual's suitability for employment with the Department.

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

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

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

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

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

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

COMAR 17.04.03.10 Employment Background Checks indicates the appointing authority shall determine the necessity of investigation the background of an eligible individual for purposes of verification of suitability for employment. When appropriate and job-related, areas of investigation may include but are limited to employment history, academic credentials, military records, criminal conviction records, and personal references. (2)

In conducting the background investigation, the appointing authority shall (a) Provide written notification to the eligible individual that (a) a background investigation may be conducted, and (ii) Consequences for fraudulent or false information may include bur are not limited nonelection, decertification, termination of employment in situation where employment has begun, notification to the Secretary, and criminal prosecution: (b) Obtain a release of information from signed by the eligible

individual' (c) Take any other appropriate action appropriate. Human resources staff reported that the centralized hiring unit performs all administrative and criminal background checks and efforts to contact all prior institutional employers of new employees.

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

The PAQ identified 11 new hires and 0 promotions during the 12-month period. The auditor randomly selected 5 of the 11 new hires files for confirmation of completed background checks prior to hiring. The review confirmed a thorough background investigation check was completed for each of the 5 selected staff prior to the applicant being offered the position. Records indicated that applicants were asked about behavior described in 115.17(a) (1-3). Documentation indicates that all applicants were asked again during a polygraph examination. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who do not meet the requirements of this provision.

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

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

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

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

115.17(g) Directive DPSCS.020.0026, section .05F states, "A material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment." Additionally, the Application Form also contains the following language "I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should

investigation at any time disclose any misrepresentation or falsification, I shall be subject to immediate termination and/or my application will be disapproved, my name removed from the eligible list, and that I will not be certified for employment in any position under the jurisdiction of the Department of Budget & Management. I am aware that a false statement is punishable under law by fine or imprisonment or both."

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

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

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

## **115.18 Upgrades to facilities and technologies**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

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

1. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. Observation
3. Interviews with:
  - a. Agency Head Designee
  - b. Warden

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

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

Per an interview with the Warden, there has not been any modifications at the facility since the previous PREA audit. She added she will be submitting a plan of actions for the facility but it the plans does not include modifications. The Warden also stated DPSCS was approved for camera projects that will include enhancing inmate safety from sexual abuse.

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

## 115.21 Evidence protocol and forensic medical examinations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPA.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
3. DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses
4. DPSCS Internal Investigative Unit Procedures A01.A.09.006.001/IIU.220.002 titled Evidence and Personal Property Collection, Storage, and Disposition
5. MCASA and TurnAround Inc. Websites
6. National Protocol Overview, Protocol Adaptation
7. COMAR 10.12.03 Patient Care
8. SAFE Program, SANE Resources
9. COMAR 10.27.21 Forensic Examination Qualifications
10. "What do I do, What do I say" PREA Event Guide for Medical
11. Protocol Letter
12. National Protocol - Overview
13. Protocol Adaptation
10. Investigation Files
11. Interviews with:
  - a. IID Investigator
  - b. Warden
  - c. Mercy Medical Center Emergency Room Nurse
  - d. Random Staff
  - e. TurnAround Inc. Victim Advocate and Clinical Director

115.21 (a) Confirmation of the DPSCS responsibility to meet the requirements of this standard is outlined in the numerous Departmental policies: OPS.050.0001 § .05D &G; OPS.200.0005 § .05D, F &G; IIU. 110.0011§ .05C & D and IIU. 220.002. IIU 110.0011. An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. A reported allegation of PREA related incidents is categorized as a Priority #2 on the Serious Incident Category Descriptions and is the part of beginning stage of the investigation by the on-duty security shift supervisor. The shift supervisor is responsible for contacting the IIU Duty Officer for a case number. Per the IIU Investigator, detectives with the IIU are sworn law enforcement officers by the Attorney General in Baltimore and are authorized under Maryland law to conduct both administrative and criminal investigations. These investigators are assigned to the Internal Investigative Unit/Division. Directive IIU.110.0011, section .03 states, "The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator." Per an interview with an IIU investigator, all reported PREA allegations are initially identified as criminal. However, upon the conclusion that no criminal acts committed, the investigative case is continued and closed as an administrative case. All investigations criminal or administrative are tracked and conducted by and IID investigator. Interviews with random staff indicated they were aware and understood DPSCS protocol for obtaining usable physical evidence if an inmate alleged sexual abuse. All indicated they would utilize the first responder's duties that include securing the area, separating the alleged victim from the alleged abuser, contacting their

supervisor, and attempting to prevent those involved from destroying any and all physical evidence on their person and the identified area.

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

115.21(c) Executive Directive Number: OPS.050.0001 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. CMCF use Mercy Medical Center for all forensic examinations. The auditor was unable to contact a SANE and/or SAFE employee at Mercy Medical Center. However, the auditor was able to conduct an interview with the hospital Emergency Room Charge Nurse. The Charge Nurse explained the hospital has a Sexual Assault Response Team that is called in upon an incoming individual report of sexual assault. The forensic nurse examiners program at the hospital offers treatment 24 hours 7 days a week by trained forensic nurse examiners for sexual assault victims. Although they are not on duty at the hospital 24/7, they are on call 24/7 and required to report to the hospital within 1 hour. Hospitals with SAFE Programs have specially trained Forensic Nurse Examiners (FNE) or physicians available to provide both medical attention and evidence collection services. Medical care provided during SAFE includes acute injury care and medication for the prevention of sexual transmitted infections (STIs), HIV, and pregnancy. All services and medical care, including HIV prevention medication (nPEP), provided during a SAFE are free of cost. However, the inmate must consent to receipt of a forensic examination and all medical treatment. Zero inmates received forensic examination during the review period.

115.21(d) DPSCS utilizes the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. Inmates are given a MCASA brochure upon their arrival to the facility during intake in which services offered are explained in detail. MCASA indicate when receiving a SAFE the inmate will have to opportunity to receive advocacy services. These services will be provided by a local Rape Crisis Center or the hospital at where the services are being performed. Advocacy services include, but are not limited to, accompaniment during the exam, safety planning, and referrals for long-term services. CMCF uses the local Hospital (Mercy Medical Center) for all forensic examinations. After several unsuccessful attempts to conduct interviews with the hospital's SANE Coordinator, the auditor conducted interviews with an Emergency Room Charge Nurse. She indicated SANE staff are not on duty 24-7 but are always on call and are required to report to the hospital within one hour of being notified. The Emergency Room Charge Nurse indicated hospital staff contact the Sexual Assault Response Team and members of the team who serve as victim advocates report to the hospital and offer support to the victim as an advocate upon acceptance by the victim. The PAQ indicates that there have been 0 forensic exams performed in the last 12 months.

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

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) Per an interview with the Mercy Medical Center who operates a Sexual Assault Response Team (SART), victim advocate services are offered by the Mercy Medical Center as part of the forensic medical examination. Medical staff makes notification to the Sexual Assault Response Team that includes a victim advocate. The members of the SART provide all services related to a forensic examination.



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. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive 050.0001 Sexual Misconduct - Prohibited
3. DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses
4. Correctional Services Title 10. State Correctional Services Subtitle 7
5. PREA Investigative Case Files
6. Interviews:
  - a. DPSCS Assistant PREA Coordinator
  - b. CMCF PCM
  - c. IIU Investigator

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

Per review of the PAQ, review of the PREA investigative casefiles, and interview with CMCF PCM and DPSCS Assistant PREA Coordinator, there were 4 PREA reported allegations during the 12-month review period that included: 1 inmate-on-inmate Unsubstantiated sexual abuse (no alleged penetration); 2 staff-on-inmate alleged sexual abuse allegations in which both was determined as Unfounded; 1 staff-on-inmate sexual harassment with a finding of Unfounded.

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

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

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

Directive OPS.050.0001 identifies upon completing an investigation of a complaint of alleged sexual misconduct, the investigator shall: (a) Thoroughly document all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution

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

Information on how the public can report sexual abuse and /or sexual harassment allegations is located on the Agency's website at <https://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.

## 115.31 Employee training

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence reviewed to include documents and interviews.

1. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Correctional Entrance Level Training
3. DPSCS 030.0001 Pre-Service and In-Service Training
- 4 DPSCS 200.0005 Inmate on Inmate Sexual Conduct - Prohibited
5. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
6. COMAR 12.10.01.16 Correctional Training Commission requires annual training.
7. Special Management Offenders Lesson Plan
8. Sexual Harassment Lesson Plan
9. PREA Training Lesson Plans
10. PREA In-Service Lesson Plan
11. PREA Training Rosters
12. Interviews with:
  - b. Random Staff

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

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

Due to COVID-19 in-service group training was suspended. However, the facility provided refresher PREA training to all staff in the various facility departments as staff was required to complete a self-study PREA refresher and a test at the completion. Staff was required to receive a score not less than 75%. A copy of all staff completed PREA tests was provided as documentation of completed refresher PREA training.

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

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

The DPSCS training curriculums are not gender specific to working with male or female inmates. The curriculum includes training that meets the requirement of working with both male and female Inmates. Therefore, staff are not required to receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa." The training provided to staff is designed for those to be able to function in both female and male facilities. CMCF houses male inmates only.

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

115.31(d) The review of numerous DPSCS PREA Lesson Plans require the staff member to submit to testing upon the completion of training requiring a minimum score of 75%. Due to COVID-19, in-service training was postponed in 2020 throughout the on-site visit. However, the CMCF PCM provided PREA refresher training to staff within all departments during the review period as they were required to complete the written test from the PREA Lesson Plan. DPSCS and CMCF staff resumed in-service training during the corrective action period. Although, as of the submission of the final report all staff have yet to complete the 2021 in-service training. PREA education is conducted during DAY 3 via the PREA Lesson Plan. Confirmation of staff's completion of the in-service 2021 training by attendance rosters documenting their signatures and/or through computer-generated rosters.

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

## 115.32 Volunteer and contractor training

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

1. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPSP.050.0001 Sexual Misconduct
3. CMCF PREA Brochure issued to Volunteers and Contractors
4. DPSCS Volunteer Services Orientation Manual
6. Certification of PREA Training for Contractors and Volunteers
7. DPSCS Website
8. Interviews with:
  - a. CMCF PCM
  - c. Medical

115.32 (a), (b) Directive OPSP.050.0001 states an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools thus, these identified groups are subject to the same type of training as employees. Directive OPS.050.0001 states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee complete approved training related to preventing, detecting, and responding to acts of sexual misconduct." The Volunteer Program Administrative Manual states during orientation a volunteer shall complete approved orientation, which may be tailored to the classification of the volunteer, prior to beginning an assignment. Volunteer orientation shall be a minimum of 2 hours, approved by the Director, and, at a minimum, include Department and unit policy and procedures that address the offenders 'rights if the volunteer has contact with the offenders. Specifically, the volunteer will receive responsibilities related to preventing, detecting, and responding to sexual abuse or sexual harassment of an offender that include the Department's zero tolerance for such behavior, how to report allegations of sexual abuse or sexual harassment of an offender. The contractors and volunteers are also issued a DPSCS A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders for Volunteer and Contractor. Each is required to acknowledge receipt for the booklet with their signature. However, the CMCF PCM reported the facility does not have any volunteers.

Volunteers would be required to complete an application to become a volunteer on-line through the DPSCS website. The auditor verified an informative page on the DPSCS website specifically for volunteers, with contacts for further information as well as other convenient links. The Volunteer Orientation Manual on the DPSCS website provide training material to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per the Department policy and procedures. The DPSCS .020.0026, Prison Rape Elimination Act Federal Standards Compliance and OSPS. 050.0001 Sexual Misconduct - Prohibited are included for review on the under-Volunteer Forms: Additional Material. The CMCF PCM reported the facility has cancelled all volunteer services as of January 2020. However, confirmed of PPRE training was provided for 2 volunteers completed in 2019.

There are 0 mental health staff assigned to CMCF. Inmates are transported to Baltimore City Booking and Intake Center for mental health services. However, due to COVID-19, these services are conducted virtually. The contract medical staff receive PREA training through both DPSCS and their contract agency, CORIZON. Interviews conducted with medical staff. Confirmed receipt of PREA training during pre-service and in-service. Four medical staff are assigned permanently at the facility. Other attending medical staff are assigned to other DPSCS facilities and provide coverage/assistance. Copies of PREA training for the medical staff assigned at CMCF were provided. Permanent contract staff such as medical and medical health who have direct contact with the inmate population attend the Non-Academy Pre-service Orientation training for new employees in addition to bi-annual in-service training.

115.32 (b) Per the CMCF contractors attend pre-employment using the department's PREA lesson plan and on-line for in-service through their contracting agency. Contractors who come in one time only are given a PREA brochure in which they acknowledge receipt. Confirmation of PREA training was provided for 4 contract vendors.

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. There are 2 Keefe contract workers who are approved for entry and have completed PREA training. Copies of their completed PREA training were presented for review.

Additional confirmation of service contractors was provided that included their signature as receipt of PREA training. The contract workers do not have direct contact with the inmate population and are escorted and remain with DPSCS security staff.

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.

**Inmate education**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

1. CMCF 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. Inmate PREA Orientation Receipt
6. Observation on site
7. Interviews with:
  - a. CMCF PCM
  - b. Intake Staff
  - c. Case Management Staff
  - d. Random inmates

115.33(a)(b) (c) The PAQ and an interview with the CMCF PCM identified 311 inmates who arrived at the facility within the 12-month review period and remained beyond 30 days. 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. This information shall be included in the facility's inmate orientation paperwork, and if applicable the facility's inmate handbook.

Per interviews with 2 Receiving and ID Officers (Intake Staff), each stated they provide the inmates the PREA education within hours of their arrival at the facility on the day of their arrival. Intake staff continued in identifying the PREA Hotline and PREA posters on the walls and bulletin boards are pointed out as reference during the in processing of the arriving inmates and PREA risk assessments.

DCD.2002.0001 Each Warden shall ensure the newly received inmates are provided information about inmate rights, general institution schedules, procedures and institutional plans. This orientation may be provided through group sessions or by giving the inmate an orientation package. If the orientation materials or handbook are given to inmates, the institution shall make the materials available to the inmate for reference in the library or designated area.

The inmate orientation handbook discusses the facility zero tolerance for sexual assault/rape in the institution while describing various methods in which it is defined. The handbook lists methods of reporting PREA allegations to include immediately reporting to institution staff and/or the provided PREA Hotline #410-585-3177.

115.33(d) The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Directive OPS.050.0001 section .05C(5) states, "Procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under §.05E(4) of this directive." When necessary, telephone interpretation services are needed, the available services are through the Language Line. The auditing team conducted interviews with 2 inmates identified as LEP (Spanish) using a staff interpreter. The inmates identified they were able to read the PREA information posted throughout the facility in their Spanish language, but they had not received an inmate handbook in the Spanish language. These two inmates received the facility handbooks in their language during the on-site visit. Although the auditor interviewed 2 inmates with vision impairment, they impaired to the extent of being blind and were able to read and understand the PREA information presented to them and posted. There were no inmates at MCI-H with disabilities that included, blind, deaf, or cognitive disabled during the on-site visit.

115.33 (e) The auditor requested a random selection of 39 inmates' documentation of PREA education. The PREA Training Acknowledgement Inmate Education forms that are signed by the inmates acknowledging the receipt of PREA education was provided for review. The receipt of receiving PREA training by the inmate population varied. Inmates were advised to initial all that applied on the form to include watching a video; receiving a PREA brochure; receiving a MCASA brochure regarding



outside support services, receiving an inmate handbook containing PREA information and a chance to have questions answered. Some inmates did not initially receive all forms but did acknowledge receiving more than one of the listed items. They did acknowledge receiving an orientation packet that included material such as the DPSCS PREA and Sexual Assault Awareness brochure and a copy of the Intake and Reception Sheet. The PREA brochure, inmate handbook, and Intake and Reception are informative on various ways to report PREA allegations: talk to any staff member that you feel comfortable with. This can be a correctional officer, teacher, nurse, chaplain – ANYONE. Report the incident to the PREA Hotline at the toll-free number (410) 585-3177 while giving instructions. Inmates are also informed they may report the incident through the Administrative Remedy Process (ARP).

115.33 (f) PREA information was observed to be readily available to the inmate population throughout the facility. A massive amount of PREA education was posted throughout the facility on all walls, bulletin boards, gym/multipurpose rooms, barbershop, departmental staff offices, inmates housing units, medical, Case Management, Receiving and ID, visiting area, library, dietary. The PREA education was presented in both English and Spanish. The PREA Hotline number was posted and stenciled on housing unit walls, program areas and throughout the facility in large font that was easily identified.

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, on-site visit)

1. IIU Orientation
2. OSPS.200.0004 Inmate Sexual Misconduct
3. Position Description
4. OSPS.050.0030 Sexual Conduct
5. MD Correctional Services Article 10-701
6. Police Entry Level Objectives

Interview:

- a. IID Investigator

115.34(a) Directive OPS.050.0001 states in part, "To the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations." Directive OSPS. 200.0004 states to the extent possible, but in every case where the allegation of alleged inmate on inmate sexual conduct involves sexual abuse, the investigator assigned to investigate the allegation shall be received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) Interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings protecting against self-incrimination; (c) Sexual abuse evidence collection; and (d) criteria and evidence necessary to substantiate administrative action and , if appropriate, referral for criminal prosecution.

Directive IIU.110.0011, section .03B states, "Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting." IID has jurisdiction over both administrative and criminal investigations. IID investigators are required to meet training standards in order to maintain law enforcement certification and are sworn officers.

MD Correctional Services Article 10-701 requires a minimum qualification for an individual who is employed as an investigator in the Internal Investigative Unit shall meet the minimum qualifications required and satisfactorily complete the training prescribed by the Maryland Police Training Commission.

The position description identifies IID Investigators are required to meet training standards established by the Maryland Police and Correctional Training Commissioner for police to maintain certification, as well as advanced training in investigative techniques to enhance career development. IID Investigators training Organization Principle and Law -01 training includes but not limited to: Identifying the basic element of a Rape Crime; Identifying the basic elements of Sex Offenses; Identifying the various styles of attack in Rapes; and defining the terms most often used in dealing with various sex offenses. IID handles all allegations of sexual abuse and sexual harassment. All investigations of sexual abuse and sexual harassment, criminal and administrative, are initially forwarded to the IID unit. IID will subsequently determine if the allegation will be investigated locally by facility staff or investigated by an IID investigator. The Maryland Police and Correctional Training Commission Lesson Plan – Specialized Training: Investigations which is required of all IID detectives before conducting sexual abuse and sexual harassment investigations was reviewed and covers the requirements of this standard. Upon completion of training, IID detectives are issued a certificate of completion indicating that the detective has successfully completed training in conducting PREA investigations.

DPSCS employees 36 IID Investigators who are assigned to different Regions through Maryland to conduct facility investigations. Confirmation of the completed specialized training is maintained, and computer-generated roster was provided that documented completion, date completed, hours created and test scoring. An interview with the IID Investigator confirmed their completion of required training.

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

## 115.35 Specialized training: Medical and mental health care

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

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

1. CORIZON Health Site Orientation
2. Nursing Encounter Tools Support Document PREA Recommended Interventions
3. CORIZON General Health Services Policy and Procedures
4. DPSCS Directive Number 020.0026 PREA – Federal Standards Compliance
5. PREA- CHSSO eLearning Module

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

Additional training is provided through Centurion referencing a PREA overview consisting of 57 pages with the learning objectives: (1) Increase understanding of the goals of PREA; (2) Review general expectation of PREA National Standards; (3) Review expectations of PREA National Standards for medical and mental health staff and (4) Encourage familiarity with local policies related to PREA and responsibilities under the policies. Confidentiality with the learning objectives of: Confidentiality in Correctional Healthcare; HIPAA and PREA Requirements. Medical and some mental health staff are contract employees who must complete the agency’s PREA training and specialized training received from the contractor (CORIZON or Centurion). The training curriculums for the 3 medical staff assigned at the facility were presented. CMCF does not have mental health staff at the facility. Mental health services are provided to the inmate population via video from mental health behavioral staff at Baltimore Central Booking and Intake Center.

Interviews were conducted with the Health Services Administrator and a Doctor not permanently assigned. There were 3 medical staff and zero mental health staff assigned at CMCF during the on-site visit. Certificates document the 3 medical staff receipts of specialized training. Specialized training is completed before staff are allowed to have contact with the inmate population. PREA Specialized training is conducted through literature, educational material and on-line yearly ad as needed.

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

115.35(c) The auditor also reviewed training certificates indicating the 3 medical staff completed specialized training.

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

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**

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

1. Directive OPS.200.0006
2. Complete PREA Intake Screening Forms in Supplement File

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

CMCF lists the responsibilities of Case Management staff to conduct the inmate's risk level reassessed within 30-days of arrival at CMCF for additional information which may occur since the inmate's initial intake screening. An inmate's risk level can be reassessed any time during incarceration and when new relevant information becomes available.

The PAQ identified 325 inmates reported to the facility who stayed was more than 72 hours and 311 inmates arrived who stay was longer than 30 days during the review period of March 1, 2020 – March 1, 2021, and all inmates received risk assessments upon their arrival. The Intake Officers are responsible for conducting the initial 72-hour risk screening assessments of all newly arriving inmates and the Case Managers are responsible for conducting the 30-day risk assessments. Interviews were conducted with Intake and Case Managers who are assigned to conduct the inmate's risk assessments indicated the inmate received the initial risk assessment on the day of arrival to the facility. The Intake/Traffic Officers 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. Intake Staff and Case Managers indicated the PREA Intake Screening is the one form utilized to conduct screening for the risk of sexual victimization and risk of sexually abusing other inmates. Inmates are scored on their responses and are identified as at risk of victimization and/or risk of abusiveness and/or neutral.

Inmates provided various responses to the questions of being asked the following questions upon their arrival if they were asked whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify with being gay, lesbian, or bisexual, and whether they thought they might be in danger of sexual abuse at the facility? Responses range from yes, maybe I don't recall, I think so, no I don't remember being asked, no I wasn't asked, and I was asked by medical. However, during further interview, most inmates acknowledged they were asked the questions related to the PREA Intake Screening form.

115.41(c) (d) Directive OPS.200.0006, section .05A requires the implementation of a screening instrument and cites the criteria utilized to perform the risk assessment. The PREA Intake Screening form is the agency-approved standardized screening instrument. At the pre-audit phase, the auditor requested a roster of all inmates who arrived at CMCF during the review period. The auditor randomly selected 39 inmates risk assessment for review from March 1, 2020, through March 1, 2021. All risk assessments were conducted using an objective screening instrument. The PREA Intake Screening form is a one-page form that assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12 separate questions to determine a detainee being at risk of victimization factors and 6 additional questions to determine an inmate's risk of abusiveness factors. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the inmate's history during the initial screening. The Department does not include a question of "whether the inmate is detained solely for immigration services," as the DPSCS does not house inmates solely for civil immigration purposes.

Intake/Traffic Officers and Case Managers utilize the same (one) PREA Intake Screening form that allows staff to sign at the completion of each. Specifically, it is continuously sheet for both assessments. Interviews with staff who conduct risk screening (case managers) identified numerous questions on the PREA Intake Screening as areas assist in determining the risk of the inmate such as his age, build, height, weight, current and past criminal history, prior acts of violence, sexual

assault history. She continued in stating the case managers have access to computers with programs that allow them to retrieve some of the information prior to the inmate's arrival. Any adjustments needed are made by the case managers. Normally the only change would be the inmate's weight.

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

115.41(f) Directive OPS.200.0006, section .05B (2) and CMCF200.0005.2 require case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility. The auditor requested a roster noting the arrival date of all inmates during the 12-month review. The auditor randomly selected 39 inmates for review of their initial PREA Intake Screening and 30-day follow-up PREA Intake Screening. There were zero discrepancies noted in the completion of the inmates receiving the initial PREA Intake Screening and/or the 30-day follow-up. The case managers are assigned to specific housing units and have a specific caseload of inmates. Interviews with three case management staff identified reassessments are conducted after 14 days and always prior to 30-days of the inmates' arrival. All stated due to COVID-19, there were several months in which there was 0 incoming inmates to the facility. The auditor randomly selected 39 inmates from the incoming of inmates who arrived during the review period. The reassessments were completed not sooner than 14-days after the initial risk screening and never after 30-days of the inmates' initial risk assessment. Some inmates interviewed acknowledged being asked questions from the PREA Risk Screening by the Intake/Traffic Officer and/or reassessment by case managers. However, the staff assigned to conduct risk assessments demonstrated their knowledge, practice, and the procedure of conducting risk assessments in accordance with DPSCS and provisions of this standard through the documentation of the 30-day reassessments being completed timely.

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 a Case Manager Supervisor and Case Managers who are assigned to conduct the 30-day reassessments indicated an inmate risk level will be reassess when warranted due to a referral, request, incident of sexual abuse or receipt of additional. Their responses coincided with the requirements for screening for risk of victimization/abusiveness outlined in OPS.200.0006.

115.41(h) Directive OPS.200.0006, section .05B (5) states inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening reported the inmates are not disciplined for refusing to respond or for not disclosing complete information and stated most are cooperative and provide responses. Interviews with Intake/Traffic Officers and Case Managers confirmed the inmates 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." Per an interview with the Case Managers, upon completion, the PREA Intake Screening forms are placed in the inmate's base file. Interviews with the Case Manager Supervisor and Case Managers the inmates' files are secured in a designated office area identified as the base file room that are accessible only to case management staff security staff supervisors.

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. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
3. Executive Directive OSPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited
4. PREA Intake Screening Instrument
5. Interviews with:
  - a. CMCF PCM
  - b. Staff who conduct risk assessment screening

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

115.42(b) Directive OPS.200.0006, section .05C(1)(b) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: When making individualized determinations as how to ensure the safety of each inmate." As indicated above, the information from each inmate's individual risk screening is reviewed and utilized to keep inmates safe. The Case Manager Supervisor and other staff who are assigned to conduct risk assessments confirmed individual determinations are based on the responses provided by the inmate and scoring on the PREA risk screening to ensure the safety of each inmate.

115.42(c) Directive OPS.200.0006 states, "When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case-by-case basis, determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex.

Directive OSPS.200.0005 states when making deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by basis determining if the placement or assignment: (i) making deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by basis determining if the placement or assignment: (i) ensures the inmate's health and safety; and presents management or security problem Transgender or intersex inmate's own view with respect to personal safety shall be seriously considered.

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

There were zero inmates assigned at CMCF identified as transgender and/or intersex during the review period. One inmate identified as transgender arrived at CMCF on January 25, 2021. However, this inmate was discovered deceased on April 6, 2021. No external injuries were identified. The transgender was not assigned to the facility for a period that would require a bi-annual assessment.

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

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. Staff interviewed confirmed inmates identified as transgender and/or intersex are awarded the opportunity to shower at separate times from the general population of male inmates. They are awarded the opportunity to shower during times that the showers are closed to the remaining inmates within their housing unit. There has not been an inmate identified as intersex at the facility during the audit review period and/or on-site visit.

115.42(g) Directive OPS.200.0006, section .05C (5) states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates." There were zero inmates identified as transgender and/or intersex at the facility during the on-site visit. Only one inmate identified as transgender had been assigned to CMCF during the review period. The PREA Coordinator stated that the State of Maryland places gay, bisexual, transgender, or intersex inmates throughout their facilities throughout their agency. At the facilities they are placed in general population housing units. He also stated that the State of Maryland does not have a consent decree.

Therefore, based on the review of policies and staff's understanding, documents, interviews and analysis, the limited period an inmate identified as transgender were assigned to CMCF, the facility has demonstrated compliance with all the provisions of this Standard.

**Protective Custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

1. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. DOC.100.002 Case Management Manual
3. Observation during on-site visit
4. Interviews
  - a. CMCF PCM
  - b. Security Supervisor Staff

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. Per the PAQ and an interview with Warden, zero inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Per the Warden, the alleged aggressor would be placed in transfer as CMCF does not have a segregation housing unit.

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.

CMCF does not have a segregation housing unit.

115.43(c) The DOC– Case Management Manual section 17 required an inmate assigned to administrative segregation shall be reviewed by the case management team at least once every 30 days every 7 days for the first 60 days, then every 30 days thereafter for the ACA accredited facilities. The PAQ noted zero no inmates were held in involuntary segregated housing for longer than 30 days during the review period of March 1, 2020 – March 1, 2021. CMCF does not have a segregation housing unit. Inmates receiving disciplinary segregated housing are transferred to another DPSCS facility.

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

115.43(e) The DOC – Case Management Manual section .18B(2)(c) requires a case management team to 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. CMCF does not have a segregation housing unit.

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

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

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

The auditing team observed the PREA Hotline 410-585-3177 and other PREA information stenciled on walls throughout the facility. This information is accessible to staff, visitors, and the inmate population. All departments, and inmate housing provide continued PREA awareness, methods of reporting and the PREA Hotline number for reporting PREA allegations. Interviews with the staff and inmate population confirmed their awareness of methods to report PREA allegations while stating the hotline number is posted everywhere throughout the facility. The most common method of inmates reporting PREA allegations was through the PREA hotline, although they did state they could report directly to staff. Staff indicated they would report through the chain of command and in a private manner.

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

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

CMCF does not house detainees solely for civil immigration.

115.51(c) Directive OPS.050.0001 and Directive OPS.200.0005 requires an employee receiving a complaint of sexual abuse or sexual harassment to immediately report the complaint to a supervisor, manager, shift commander, or head of the unit and subsequently document the report in a written format. Additionally, reports of sexual abuse or sexual harassment may be submitted verbally, in writing (including electronic documents), anonymously, and by third parties. 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 states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice regarding privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited the PREA hotline, and or directly notifying their supervisor 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. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. COMAR 12.02.28 DPSCS Administrative Remedy Procedures to Resolve Inmate Complaints
3. Interviews with:
  - a. CMCF PCM
  - b. Grievance Coordinator

Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title12-DPSCS, Subtitle 02-Division of Correction, Chapter 28-Administrative Remedy Procedures (ARP) to Resolve Inmate Complaints, Section .04B), An inmate may not use the ARP to resolve a complaint concerning: (5) The following acts by staff or another inmate, which shall be addressed according to Department procedures for addressing complaints under the Prison Rape Elimination Act: (a) Rape; (b) Sexual assault, sexual harassment, sexual abuse; and (c) Other sexual misconduct. If a complaint is made through the ARP, it is treated as any other written form of reporting and forwarded directly to the supervisory correctional staff on duty, Grievance Coordinator and to IID to be processed for investigation.

DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse and/or sexual harassment as such reported occurrences are required to be immediately forward for investigation by an IID Investigation. Per the CMCF PCM all reported allegations are required to be addressed immediately and reported to the IID Investigators for a thorough investigation. However, during the review period, an inmate submitted an ARP alleging his PREA rights were infringed due to his belief he had been videotaped in the shower by a correctional supervisor. The ARP was dated April 24, 2020. It was discovered by a newly assigned Grievance Coordinator on August 10, 2020 and forwarded to the CMCF PCM and Shift Commander. The inmate was interviewed by the CMCF PCM and a PREA investigation was initiated with a case number assigned by the IID Unit. During the interview with the CMCF, the inmate refused to cooperate regarding the allegations he previously reported but elected to complain about the denial of home detention. The previous assigned Grievance Coordinator did not possess a clear understanding of the DPSCS policy and procedures following the receipt of ARP alleging PREA allegations. However, upon the assignment of the incoming Grievance Coordinator, the ARP was immediately forwarded to the CMCF PCM and IID Unit for an investigation in accordance with DPSCS policy.

Although facility staff initially failed to follow policy outlined by DPSCS, once identified a corrective action was applied and an investigation was conducted by an IID Investigator. A review of the case file confirmed a thorough investigation was completed just as all other PREA reported allegations.

An interview was conducted with the current CMCF Grievance Coordinator. She identified the manner an ARP alleging PREA allegations are to be properly handled. She stated upon receipt of the ARP, it is stamped with the following: "Dismissed for procedural reason: Final per C.O.M.A.R 12.02.28.04.B. (5)(a) Inmates may not seek relief through the ARP regarding: Rape, sexual assault, sexual harassment, sexual abuse, sexual misconduct, inmate on inmate sexual conduct, or other areas afforded protections by standards established under the authority of the PREA and related Department procedures, which shall be addressed according to the Department procedures for reporting, investigating, resolving, and documentation PREA related incidents." The ARP is immediately forward to the CMCF PCM, Shift Commander, Facility Administrator and the IID Unit for an investigation. She would meet with the inmate and advise him that his allegation(s) has been forward for an investigation by the IID Unit. She has not received any reported PREA allegations through the ARP since her assignment as the Grievance Coordinator.

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

## 115.53 Inmate access to outside confidential support services

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA and Sexual Assault Awareness Brochure
3. MCASA Packet Content
4. Intake and Reception Sheet
5. Draft MOU Agreement
6. PREA Posters
7. Interviews with:
  - a. Random staff
  - b. DPSCS Assistant PREA Coordinator
  - c. Intake /Traffic Officers
  - d. Inmates

115.53(a) (b) During intake, inmates receive the DPSCS PREA and Sexual Assault Awareness Brochure that informs inmates of reporting options. As part of the orientation packets, inmates also receive an Intake and Reception and Intake Sheet that informs inmates of services (including victim advocates for emotional support services related to sexual abuse by giving the mailing addresses and telephone numbers, including toll-free hotline number where available, of local, State, or national victim advocacy or rape crisis organizations. The facility is responsible for enabling reasonable communication between inmates and these organization s and agencies, in as confidential a manner as possible. Telephone calls to the agencies may be monitored. Written communication will remain confidential. The following agencies are available to the inmate population: These available services include TurnAround 1200 N. Charles Street Suite 404 Baltimore, MD 21201 (443) 279-0379; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring, MD 20907 (301) 328-7023/ 800-939.7273; Sexual Assault Legal Institute P.O. Box 8782 Silver Spring, MD 20907 (301) 564-2277/877-496-SALI; JUST Detention International 1900 L St, NW, Suite 601 Washington DC, 20036 202-506-3333; RAINN Rape, Abuse & Incest National Network No Written Correspondence 800.656.4673.

Interviews with inmates indicated they were unaware of outside services available to them as most stated they have had not encountered a reason to become knowledgeable of them. They did state they have seen various PREA information identifying such, but they had not taken an interest to read it.

115.53 (c) The PAQ identified the agency or facility does not maintain a memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. This information is incorrect. DPSCS has a paid contract with the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. The DPSCS Purchase Request dated July 15, 2020 was submitted for the description of services that included 250 hours of consulting and coordination services to support the PREA with respect to standards 115.21; 115.31, and 115.53. The specific objective for MCASA will be (1) Continue effort to set up agreement with Rape Crisis Clinic to provide services required by PREA standard 115.53. (2) Provide training to sexual assault victim advocates who provide services relating to 115.21 and 115.53.

MCASA core members are the state's 17 rape crisis and recovery centers. Services provided through MCASA include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. The agreement specifically states, "MCASA will develop procedures to meet PREA Standard 115.53 in providing access to outside confidential services for Inmates. MCASA will provide technical assistance as needed, including researching, and developing policies to address problems and concerns related to provision of confidential emotional support services."

The DPSCS PREA Coordinator and DPSCS Assistant PREA Coordinator are in the developmental stage with the Director and other staff at MCASA on developing procedures and practices to be utilized in providing some of the services to and within the various State facilities. The purpose of the MOU is to assure a unified effort between the entities involved to provide victim-inmates with confidential emotional support, crisis intervention, information and referrals related to sexual

violence as required by PREA stand 28 C.F.R. 115.21 and 115.53. A copy of the draft MOU was presented to the auditor for review.

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

## 115.54 Third-party reporting

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

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

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

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://dpdcs.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

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

1. CMCF 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. Limits of Confidentiality
8. Md. Family Law Code Ann. §5-704 (2013)
9. Interviews with:
  - a. Warden
  - b. DPSCS PREA Coordinator
  - c. Medical Staff
  - e. Random staff
  - d. IID Investigator

115.61(a) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident." Directive OPS.050.0001 and Directive OPS.200.0005 requires employees who receive a complaint of or otherwise have knowledge of alleged sexual misconduct/sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document the incident. It also requires the supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct/sexual conduct occurred notify the managing official responsible for the facility receiving. If the incident occurred at another facility, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident, shall notify the managing official of the facility where the incident occurred. If the incident occurred at a facility that is not under the authority of the department the facility head or agency head responsible for the facility where the incident occurred and the IID regardless of the jurisdiction where the incident occurred. Directive OPS. 020.0003 identify PREA related incidents as a priority #2 within the serious incident category descriptions. The policy lists staff responsibility and procedures in reporting such incident. All reporting incidents are to be documented on an incident report (matter of record) by the initial reporting staff member. Interviews with 15 random staff indicated they were aware of their responsibility to report any knowledge of PREA allegations to include harassment, sexual abuse, and retaliation. All security staff stated they would report to the correctional supervisor on the shift. Non-security staff also indicated they would report to their immediate supervisor in addition to the security supervising staff on duty. All reported they would document verbal reports of PREA allegations in a matter of record as soon as possible and always prior to the end of the shift. The requirement for the shift commander who receive PREA allegations during their shift to report to the IID is also noted in OPS.020.0003.

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 in an authority position who had a need to know such as the CMCF PCM, Major and/or Shift Commander on duty. Staff reported they would not document the circumstances of the reported PREA allegation in their unit logbooks and would not share with other staff without a need to know.

115.61(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be

required to report sexual abuse pursuant to paragraph a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with various medical staff confirmed they are aware of their duties required by this provision that includes their duty to report. Interviews with the Health Services Administrator and a medical doctor indicated they are obligated to disclose their limitation of confidentiality and duty to report and as it is a requirement of their state license. duty to report to the inmate at the initiation of services. Each inmate is provided a consent form annually while staff stress PREA and the requirement of release of information. Medical staff identified reporting to Director of Nursing, Director of Operations, doctor on call, mental health, shift commander, facility PCM, and dental staff.

Mental health services are provided by staff assigned at Baltimore Center Booking and Intake Center via transport and/or virtual.

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, CMCF, staff and observation during the on-site visit, CMCF does not house youthful inmates under the age of 18 years old or an adult under a State or local vulnerable person statute. However, an interview with medical indicated they are required by law to report to family services, social services, and the county health department in accordance with the Licensing Board Professional Counseling and Therapy.

The DPSCS PREA Coordinator provided a response of when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered a vulnerable adult under state or local law. Under both circumstances the Department are required to report the allegations to the local Police Department and to the Department of Children and Family Services. The IID Unit will make the notifications.

115.61(e) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. OPS. 200.0005 indicate a complaint of alleged inmate on inmates sexual conduct may be submitted by the victim, an individual with knowledge of an incident of alleged inmate on inmate sexual conduct, or a "third party or other individual who has knowledge of the alleged inmate on inmate sexual conducted. It also notes a complainant of inmate-on-inmate sexual conduct received anonymously shall be accepted and processed the same as a compliant received from an identified and may remain anonymous. An interview with Warden indicated all reported allegations of sexual abuse and sexual harassment are reported to the IID Unit for investigation. A review of the 4 reported PREA allegations identified 2 were reported by the alleged inmate victim; 1 was reported via the PREA Hotline and 1 was reported by the alleged victim through the Administrative Remedy Procedure that was forward to the IIU for investigation.

Based on the review of policies, documents, interviews and analysis, the facility has



**Agency protection duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

1. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited

115.62 Executive Directive OPS.200.0005 .05 D. Responding to an Incident of Inmate on Inmate Sexual Conduct – A supervisor, manager, or shift commander shall: (a) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate-on-inmate sexual conduct inmate on inmate sexual conduct: (b) If aware of an act of alleged inmate-on -inmate sexual conduct, ensure that a complaint is immediately filed according to established procedures for reporting an inmate rule violation through the Inmate Disciplinary Process; and (c) Ensure the safety of a victim inmate on inmate sexual conduct, through a coordinated response to a complaint of inmate on inmate sexual conduct ensuring (i) Continued person protection is provided; (ii) Medical and mental health care follow up is conducted; and (iii) Non-medical or mental related counseling and support services are offered. This information is also covered in the PREA lesson plan. In accordance with OPS.200.0005, in Section 5C1a, staff are required to utilize information collected during the risk screening to properly separate inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.

Staff were provided a variety of scenarios during the interview process of incidents where an inmate may identify being at risk of sexual abuse. During each interview, staff identified they would take immediate actions in removing the inmate from the area of threat and/or not allow the inmate to report/return to an area in which the inmate expressed a risk of being sexually abused. Each staff continued in stating they would also immediately notify their supervisor or higher-ranking supervisor if the incident involved their immediate supervisor. All staff are issued a PREA response card that provide guidance upon becoming aware of an occurrence of sexual abuse and/or sexual harassment. The PAQ identified there were no instances where an inmate was identified subject to a substantial risk of imminent sexual abuse where immediate actions to protect the inmate was initiated. An interview with the Warden indicated based on the physical layout of the facility, to ensure safety of an inmate identified as at risk of substantiated sexual abuse, it may be necessary to transfer the inmate to another facility such as a facility with inmate cells rather than dormitory style at CMCF. Immediate actions to protect the inmate would be made. An interview with the Special Assistant to the Deputy Secretary of Operations confirmed an immediate action of separating the victim and all measures of protecting the victim will be utilized to include protective custody.

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. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. DPSCS Executive Directive OPS.2000.0005 Inmate on Inmate Sexual Conduct Prohibited
4. CMCF.200.0005.2 Sexual Misconduct- Prohibited
5. Interviews with:
  - a. Agency Head Designee
  - b. Warden

115.63 (a-d) Executive Directive OPS.050.0001 and Executive Directive OPS. 200.0005 states: 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.

CMCF.200.0005.2 Sexual Misconduct- Prohibited states it is the responsibility of CMCF Warden/Designee to ensure; a reported allegation which occurred at another facility is reported to the Agency head or designee of the facility where the allegation of abuse occurred. This notification shall occur no later than 72 hours after receiving the allegation and shall be documented.

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

The PAQ indicated in the past 12 months, there was 0 allegation the facility received that an inmate was abused while confined at another facility. The Warden identified the procedure of notifying the Warden at an affected institution upon an occurrence. However, she reported the facility has not received notification by an inmate that he was sexually abuse and/or sexually harassed at a previous institution upon arriving at CMCF.

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. CMCF 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. CMCF.200.0005.2 Sexual Misconduct- Prohibited
5. Interviews with:
  - a. Agency Head Designee
  - b. Warden

115.63 (a-d) Executive Directive OPS.050.0001 and Executive Directive OPS. 200.0005 states: 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.

CMCF.200.0005.2 Sexual Misconduct- Prohibited states it is the responsibility of CMCF Warden/Designee to ensure; a reported allegation which occurred at another facility is reported to the Agency head or designee of the facility where the allegation of abuse occurred. This notification shall occur no later than 72 hours after receiving the allegation and shall be documented.

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

The PAQ indicated in the past 12 months, there was 0 allegation the facility received that an inmate was abused while confined at another facility. The Warden identified the procedure of notifying the Warden at an affected institution upon an occurrence. However, she reported the facility has not received notification by an inmate that he was sexually abuse and/or sexually harassed at a previous institution upon arriving at CMCF.

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

**Coordinated response****Auditor Overall Determination:** Meets Standard**Auditor Discussion**

1. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. Executive OPS.200.0005 Inmate on Inmate Sexual Conduct Prohibited
3. Executive Directive OPS.050.0001 Sexual Misconduct
4. CMCF.200.0005.2 Sexual Misconduct -Prohibited
5. Interviews with:
  - a. Warden

An interview with the Warden identified DPSCS has agency policies, and the facility has its own policy. 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. However, the facility failed to submit the written institutional plan. The CMCF PCM reference OPS.20002.0005 OPS.050.0001 that does not include the facility's written institutional plan. These policies note to: Ensure the safety of a victim of inmate- on- inmate sexual conduct, through a coordinated response to a complaint of inmate - on - inmate sexual conduct ensuring: (i) Continued personal protection is provided; (ii) medical and mental health care follow up is conducted; and (iii) non-medical or mental health related counseling and support services are offered.

Based on a review of the provided policy, interviews and analysis, the facility does not meet compliance with this standard. The identified policies submitted did not include the facility's coordinated response to reported allegations of sexual misconduct. Therefore, CMCF was placed in a 60-day corrective action period to submit the required documentation for compliance.

**Corrective Action Applied:**

The auditor was presented with the facility policy CMCF.200.0005.2 Sexual Misconduct that outlines the facility's coordinated response to a reported allegation of sexual misconduct. This information was received during the 60-day corrective action period. The written policy details staff's response to an incident of sexual abuse that includes as a first responder, supervisory security staff, medical to include transport to the a local hospital for a forensic medical examination by a SANE/SAFE, availability of a victim advocate, mental health services, case management update of the inmate's PREA screening, and alerts for the involved inmates on the OCMS, mental health evaluation of the inmate abuser, and the completion of a sexual abuse incident review at the conclusion of the PREA investigation unless the investigative findings are determined as unfounded.

## **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. CMCF 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 maintain its right to manage staff. It has discretion regarding the assignment, hiring and firing of staff and no limitations to the agency's ability to remove employee sexual abusers from contact with inmates.

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

## 115.67 Agency protection against retaliation

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.67 (a) Executive Directive OPS.050.0001, states the head of a unit, or a designee, is responsible for ensuring an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual or feared retaliation.

115.67(b) The Directive states that if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: Application of available medical or mental health services or counseling; Changes to inmate housing assignments, change in inmate work assignments, disciplinary actions, staff work assignments, staff write-ups, inmate and/or staff change in behavior.

Per interviews with the Agency Head Designee, there are multiple ways to protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations, the actions taken would be depended on the situation but could be housing changed, transfer of the abuser provide protective custody, and provide emotional support.

The Warden indicated staff are assigned to monitor the inmate for safety. Staff assigned to conduct retaliation monitoring, conduct interviews with the inmate to see if there are any changes in housing, increase security level, job changes, and or disciplinary actions and are required to document the meetings with the inmate. All actions of retaliation would immediately be addressed accordingly to include disciplinary action and/or transfer.

A staff member would be monitored to ensure there are no changes in their assignments, to include their regularly assigned shifts, disciplinary write-ups, and other changes from the previous actions. An interview would be conducted with the staff's supervisor in question and all such actions of retaliation would immediately be addressed to include disciplinary actions up to termination.

115.67(c) (d) (f) Executive Directive OPS.050.0001, identifies changes that may suggest possible retaliation by inmates or staff, which may include, but is not limited to unreasonable or unjustified: Discipline; Changes in work or program assignments; Transfers or placements; or Denial of privileges or services. These must be monitored. The facility presented Retaliation Monitoring forms, that includes inmate's name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a place for reporting within 2 weeks, within 30 days, within 60 days, final 90 days, and additional space available for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates.

An interview with the CMCF PCM indicated she is responsible for conducting retaliation monitoring. Per the CMCF she meets with every person who reports PREA allegations and reviews any adjustments that may have occurred such as disciplinary, housing, and job changes. She inquires whether the individual may have encountered any negative interactions with staff and/or inmates and document their responses. She continued in that she and the inmate document their signature on the retaliation monitoring form notating the meeting. She meets with the inmate within 2 weeks of the reported incident, followed by within 30 days, within 60 days and within 90 days and beyond if needed as there is no maximum time an individual would be monitored. She would continue retaliation monitoring beyond 90 days if deemed appropriate, however, there has not been any circumstances deemed necessary for extended monitoring.

A review of the 4 PREA casefiles revealed there were only 1 inmate-on-inmate sexual abuse allegation was reported on

February 4, 2020. The inmate was transferred on March 2, 2020, and the investigation was concluded as Unsubstantiated on March 30, 2020. The CMCF PCM forward a copy of the completed investigation report to the inmate's receiving facility on March 30, 2020. No documentation was presented to support the inmate's receiving institution was advised of the inmate's retaliation monitoring status at any time.

A reported allegation of staff on inmate sexual misconduct for CMCF was reported after the inmate's transferred to another facility. As the inmate was assigned at his new institution when he reported the allegation, the receiving institution conducted the retaliation until the investigative findings were determined as unfounded.

An inmate reported an allegation of staff -on-inmate sexual harassment on February 2, 2021. The investigation was determined as unfounded on March 3, 2021. The inmate admitted the reported allegations were false and the investigative findings were unfounded.

On August 14, 2020, a newly assigned Grievance Officer discovered a previously submitted grievance dated April 24, 2020 submitted by an inmate. The ARP was forward to the CMCF PCM who in turn submitted it to the IID for investigation and logged as a PREA case. Further review of the reported allegation confirmed the allegation reported did not meet the criteria of a PREA investigation. However, as the case was logged as a PREA case, it was required to be closed as such and was closed on September 22, 2020 with an investigative finding of unfounded. The CMCF PCM documentation an attempt to meet with the inmate, however his only interest was being granted home detention.

Based on the CMCF PCM did not present the requested documentation to support inmates who reported allegations of sexual abuse were completed in accordance with the provisions of the standard. CMCF is determined as not compliant with the Standard. The facility was placed in corrective action for 60-days.

**Corrective Action Applied:**

Documentation was presented to support the CMCF PCM documented that the inmate who reported an allegation of sexual abuse on February 14, 2020 was seen by her on that day. The inmate was transferred on March 2, 2020 and the PCM notified the facility of his ongoing PREA investigation for further retaliation monitoring which was confirmed by emails.

As the original CMCF PCM resigned her position with CMCF and the DPSCS, the Assistant DPSCS PREA Coordinator and auditor provided training to the incoming CMCF PCM to ensure an understanding of the standard provision and requirements during retaliation monitoring to include when and/or if an inmate transfers during the retaliation monitoring period.

Based on a review of the documents, interview and analysis of the investigative casefiles confirmed there was only 1 reported allegation of sexual abuse. Documentation supports the facility followed the provisions of the standard. Therefore, CMCF has demonstrated compliance with this Standard.

## 115.68 Post-allegation protective custody

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

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

115.68 (a) DOC.100.0002 Case Management Manual, indicates that Protective Custody is appropriate when required for the protection of the inmate. It goes on to say, "every effort shall be made by Case Management Staff, and the managing official, to find suitable alternatives to protective custody housing." Suitable alternatives identified in the Case Management Manual include transfer of the inmate victim to another housing unit within the facility, a lateral transfer of the inmate victim to another facility of the same level, and transfer of the inmate's documented enemy, or enemies, to another facility. Every Protective Custody placement is, by policy reviewed every 30 days. Inmates housed in Protective Custody are allowed the same out-of-cell activity as in their regular housing unit, have the same access to Health Care and Case Management services, the same visiting opportunities, the same access to the library and legal reference materials, the same access to programming, including religious programming, and to educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations. However, CMCF does not have a segregation unit.

In an accordance with the PAQ, and an interview with Warden zero inmates were placed in segregation at the facility as the facility does not have a segregation unit. Inmates could be moved to a different housing unit such in the A -Building and/or B-Building. She added if it was necessary to transfer an inmate, ideally the inmate would be moved within 24 hours pending the location of a bed/facility, in regards to the inmate's custody level and an attempt to transfer the inmate close to his family. An investigation would be completed and as always, the inmate's own view of his safety would be considered.

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. CMCF 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 Executive Directive OPS.020.0003 Reporting Serious Incidents
6. DPSCS A01.A.09.003/IIU.020.0002 Complaint, Receipt, Document & Process
7. Md. Correctional Services Code Ann. §10-701
8. Interviews with:
  - a. Warden
  - b. PREA Coordinator
  - c. CMCF PCM
  - d. IID Investigator

115.71(a) Directive IIU.110.0011 states, "The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator." Directive OPS.050.0001 and OPS.200.0005 states in part, "Investigating, Documenting, and Resolving a Complaint. An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct and inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards related to: (a) Collecting and preserving evidence; (b) Interviewing victims, witnesses, and suspected perpetrators; (c) Conducting and using polygraph examinations; (d) Identifying suspects; (e) Preserving an individual's personal dignity and legal rights; and (f) Maintaining confidentiality of the investigation." Reports may be in writing, verbal anonymous or from third parties. Verbal reports shall be documented promptly but not later than the end of the shift. Inmates and staff also have access to the PREA hotline that shall refer any reports back to the facility for investigation. Staff can dial the number privately and anonymously from any facility phone."

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

The investigators indicated all reported allegations of sexual abuse and/or sexual harassment are investigated in the same manner regardless of how they are reported.

Although the PAQ identified 4 reported PREA allegations occurring at the facility during the 12-month review. There were zero Substantiated cases There was one staff on inmate sexual harassment allegation that was determined to be Unfounded and one staff on inmate sexual abuse investigation that was determined to be Unsubstantiated and 2 staff -on inmate sexual misconduct with an investigative finding of Unfounded (no alleged touching/penetration). There was one delay in the initiation of an investigation that was first submitted through an ARP and misplaced by the outgoing ARP Chairperson. However, upon being discovered by the incoming ARP Grievance Chairperson, the ARP was immediately forward to the IIU for investigation. The reported PREA allegations were reported and completed as the following: 1-PREA allegation was reported on February 14, 2020 and completed on March 30, 2020; 1 allegation was reported on September 2, 2020 and completed on October 21, 2020; 1 allegation was reported on February 3, 2021 and completed on March 4, 2021. The fourth PREA allegation was reported on July 12, 2020 and the investigative findings was determined on January 22, 2021. The review of the investigative casefiles confirmed the investigations were initiated shortly after an incident was reported and a

thorough and objective investigation was conducted. This was verified via the supporting documents (i.e. investigation narrative, medical documentation, and witness statements, various records completed, available video footage) contained within the investigation files. A facility investigator and an IID investigator was interviewed. Per the IID Investigator, investigations are typically initiated immediately, however, the amount of information received, when the incident was alleged to have occurred, and when it was reported compared to a more recent incident reported timely to collect circumstantial evidence and the circumstances surround the alleged incident is given consideration. All interviews are conducted privately. Anonymous and third-party reports of sexual abuse and sexual harassment would be processed in the very same manner as any other reported verbally or in writing of sexual abuse and sexual harassment.

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

115.71(c) Directive OPS.050.0001 and Directive OPS.200.0005 states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department or agency procedures, or other reasonably accepted standards related to: (a) Collecting and preserving evidence; (b) Interviewing victims, witnesses, and suspected perpetrators; (c) Conducting and using polygraph examinations; (d) Identifying suspects; (e) Preserving an individual's personal dignity and legal rights; and (f) Maintaining confidentiality of the investigation." Directive IIU.110.0011 addresses investigator responsibilities including interviews and the collection and preservation of evidence. Review of Investigation documents demonstrate that investigators do "gather and preserve direct and circumstantial evidence." Investigation documents contained such information as victim and witness interview statements, electronic case management information, physical evidence such as letters, and photographs. The facility did not report any sexual abuse cases where a forensic examination was conducted for the collection of DNA evidence. Per an interview with the IID Investigator, the investigators gather all physical evidence, review phone records, witness statements, search the crime scene, video review, prior history of inmates, ensure safety of alleged victim from the alleged aggressor, interview the alleged victim and alleged aggressor, develop a report and refer to the prosecutor for possible criminal charges as applicable. Those allegations reported anonymously are investigated no difference than any other reported allegation. However, on occasions there is not enough information provided to continue with an investigation, but the investigators make every effort to complete a thorough investigation just as all other reported allegations. A review of the 4 completed PREA investigative files contained a variety of detailed supporting documentations that met the elements listed.

115.71(d) When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." Directive IIU.110.0011 states, "If appropriate, work with the prosecutor to develop the case for criminal prosecution." The IID investigator indicated they are sworn peace officers therefore, they communicate with prosecutors for presenting criminal charges, request of a search warrants to include body searches, but are not required to consult with the prosecutors prior to conducting compelled interviews. There were zero Substantiated allegations of sexual abuse and/or sexual harassment determined during the review period of March 1, 2020, through March 1, 2021. Additionally, there were reported PREA allegations during the post-audit phase and/or corrective action period.

115.71(e) Directive OPS.050.0001 and Directive OPS.200.0005 prohibits victims of alleged sexual misconduct or sexual conduct from being compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct. Directive IIU.110.001, section .05E states, "(1) Credibility of a victim, witness, or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. (2) A victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of an incident involving a sex related offense." Review of investigation files did not indicate the use of a polygraph or other truth-telling device or examination. Additionally, credibility assessments appear to be appropriate given the information contained within the investigation report. Investigators were able to articulate the main ideals of the standard stating that credibility of an alleged victim, suspect, or witness is considered on an individual basis. The IID Investigator indicated she has never and would not require an inmate victim to submit to a polygraph examination. There were zero inmates assigned at CMCF during the on-site visit.

115.71(f) Directive OPS.050.0001 and Directive OPS.200.0005 requires agency investigators to thoroughly document all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate,

referral for criminal prosecution. Directive IIU.110.0011, section .05D(6) states, "Conduct post-incident investigative actions to complete a comprehensive investigation of the incident that intends to: (a) Identify the perpetrator; (b) Determine if employee action or lack of action contributed to the occurrence; and (c) Collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings. There were zero Substantiated allegations of sexual abuse/sexual harassment. Therefore, zero PREA cases referred for criminal prosecution.

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

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

The PAQ, and review of the PREA investigative case files identified there were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit.

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

115.71(j) Directive OPS.050.0001 and Directive OPS.200.0005 sets the requirement for the continuation of an investigation. Per policy, the departure of an employee or inmate alleged to have committed sexual misconduct is not a basis for terminating an investigation of alleged sexual misconduct or alleged inmate on inmate sexual conduct. Also, the departure of the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct or alleged inmate on inmate sexual conduct. Investigator interviews indicate that, once initiated, investigations will proceed until completion.

115.71(k) (l) Directive IIU.110.0011 states, IID handles all allegations of sexual abuse and sexual harassment and has jurisdiction over both administrative and criminal investigations. Per interview with the Warden, IID Investigator, DPSCS PREA Coordinator, and CMCF PCM, DPSCS conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

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

## **115.72 Evidentiary standard for administrative investigations**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

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

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

2. PREA Investigative Casefiles

3. Interviews

a. IID Investigator

115.72 (a) OPS. IIU. 110.0011 indicates upon conclusion an investigation involving an inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence. A review of the two completed investigative files to include one sexual abuse and one sexual harassment, confirmed the investigative findings were determined on the collection of evidence recovered during the investigative process, to include interviews conducted, and physical evidence collect, available video monitoring, review of inmate recorded telephone calls, and medical examinations. A review of the 4 completed investigative files confirmed the IID Investigators does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse/sexual harassment is substantiated as confirmed by the IID Investigator during the interview process. She confirmed the preponderance of evidence is the standard necessary to substantiate an allegation for sexual abuse/harassment through collected evidence and interviews.

Based on a review of the relevant policy, review of investigative files and interview, it is determined that CMCF 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, on-site visit)

1. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
2. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
4. Inmate Notifications
5. PREA Investigative Case Files
6. Interviews:
  - 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 inmate 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 inmate. The IID Investigator then documents all notifications in the summary of the investigative report. Three notifications of investigative findings were documented via the inmate's signature on the Inmate Notification form and in the investigative summary. The fourth inmate's notification of findings was documented in the investigative summary after notification to staff at the inmate's receiving institution and the CMCF PCM.

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. However, the CMCF PCM noted 3 investigations were completed by outside agencies. The IID Unit is a department within the DPSCS and does not meet the definition of an outside agency.

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 was zero Substantiated finding of staff-on-inmate sexual abuse and/or sexual harassment during the review period of March 1, 2020, through March 2021.

115.73 (d) Directive IIU.1100011 requires if an investigated incident involved an inmate committing a sex related offense on another inmate, the investigator will arrange for the victim detainee/inmate to be advised, if known that the perpetrator was indicted or a charge related to as related offense occurring at the facility: and if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. CMCF.200.0005.2 states the CMCF PCM is responsible to ensure victim notification or final determination and any charges against the perpetrator are made by the investigative captain (IID) in accordance with the requirements of PREA standard 115.73 (Reporting to Inmates). There were zero Substantiated findings of inmate-on-inmate sexual abuse and/or sexual harassment during the review period.

115.73 (e) IIU.110.0011 states the investigator shall document victim notification in the investigative report to include the name of the individual who notified the victim: the date, time, and location that the victim was notified and how the victim was notified. There were 4 reported PREA allegations during the review period of March 1, 2020, through March 1, 2021. Three notifications of investigative findings were documented via the inmate's signature on the Inmate Notification form and in the investigative summary. The fourth inmate's notification of findings was documented in the investigative summary after notification to staff at the inmate's receiving institution and the CMCF PCM.

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

Based on the review of policies, investigative summaries, interviews conducted and analysis, the facility has demonstrated

compliance with all provisions with this Standard.

## 115.76 Disciplinary sanctions for staff

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

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

1. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Review of Investigative PREA casefiles
3. Standards of Conduct & Internal Administrative Disciplinary Process
4. Ann Code of MD 10-701
5. PREA Investigative Case Files

115.76 (a) (b) (c) and (d) Ann Code of MD 10-701 states an investigator in the Intelligence and Investigative Division may exercise the power of a peace or police officer in the State on property that is owned, leased, operated by, or under the control of the Department.

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

There were zero Substantiated findings of staff-on-inmate sexual abuse and/or sexual harassment investigative cases during the review period of March 1, 2020, through March 1, 2021. Therefore, zero disciplinary actions and/or termination of staff was required to be reported 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. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. Volunteer Orientation Manual
4. PREA Investigative Casefiles
5. Interviews with:
  - a. Warden

115.77(a) Executive Directive OPS.050.0001 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.

115.77 (b) The CMCF PCM identified in the PAQ that the facility does not take appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. This information was entered incorrectly due to the misunderstanding of the requested information as the facility does. Executive Directive OPS.050.0001 states a contractor determined to have committed sexual misconduct is: (a) Considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department of agency; (b) Subject to sanctions according to provision of the contract or other agreement; (c) Is subject to criminal prosecution; (d) If applicable, notification of a relevant licensing authority.

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. PREA training provided to contractor workers and volunteers include a guideline for security briefing that discusses (a) Federal laws signed in 2003 to prevent, detect and respond to incidents of sexual abuse and sexual harassment of an inmate by either inmate, staff, contractor or volunteer; (b) ZERO tolerance policy; (c) Allegations of sexual abuse or harassment are accepted verbally, in writing, anonymously and from third parties, internally or to an outside agency; (d) You are subject to disciplinary action and /or civil liability if found in violation of PREA.

Per an interview with the Warden, volunteers and contractors accused of sexual misconduct shall be prohibited from contact with inmate population, denied entry into the facility and all other DPSCS facilities immediately until an investigation is completed. If the accusation is substantiated the individual's volunteer and/or contractual status shall be terminated, and the individual shall be subject to criminal prosecution if the behavior is deemed to be criminal in nature. A review of the 4 reported PREA allegations, there were zero reported PREA allegations reported against contractor and/or volunteers during the review period of March 1, 2020 and March 1, 2021. Per the CMCF PCM, due to COVID-19, no volunteers had been allowed entry into the facility since January 2020 throughout the on-site visit.

Based on the review of policies, review of investigative case files, 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, on-site visit)

1. OPS.050.0001 Sexual Misconduct - Prohibited
2. OPS. 200.0005 Inmate on Inmate Sexual Conduct - Prohibited
3. COMAR 12.02.27
4. COMAR 12.03.01.4 Inmate Rule Violation Summary
5. PREA Investigative Casefiles

115.78(a) DSPCS.020.0026 states The Department does not tolerate sexual abuse or sexual harassment of an inmate. The policy identifies sexual abuse of an inmate by another inmate to include the following acts, if the victim inmate does or does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse: (i) Acts listed under §§ .04B(3)(a)(i) and (ii) of this directive; (ii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and (iii) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin breast, inner thigh, or the buttocks of another inmate, excluding contact incidental to a physical altercation. OPS.200.0005 states: The Department does not (1) Tolerate inmate on inmate sexual conduct; (2) Consider alleged or actual consent as a defense to an allegation of inmate-on-inmate sexual conduct. COMAR 12.03.01.4 identify the inmate violation summary code has 117 – An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act. Per the review of the 4 PREA investigative casefiles zero inmates received disciplinary sanctions for violation of code 117.

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

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

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, counseling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process. Mental Health are not assigned at CMCF. Mental health services are provided by staff at Baltimore City Booking and Intake Center prior to COVID-19, inmates were transported to there for counseling services. Since COVID-19 inmates receive individual counseling services via video. However, the available intervention services are provided to the inmate upon the inmate volunteering to attend the programs.

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

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

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

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

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

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CMCF 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 Policy on Procedure in the Event of Sexual Assault
5. Interviews with:
  - a. Medical
  - b. Staff who conduct risk screening
  - c. Inmates who disclose prior victimization during PREA Screening

115.81 (a) OPS.050.0001 states, "whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with a medical or mental health practitioner within 14 days of the initial PREA screening. It also indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a copy of the intake screening will be referred to the mental health department. Interviews with Intake/Traffic Officers and Case Manager who perform screening for risk of victimization indicated mental health referrals are available to all inmates who have experienced prior sexual victimization and who were identified as an abuser. Mental health services are provided by staff assigned at BCBIC. Prior to COVID-19, inmates were transported there for these services. However, during the heavy period of COVID-19, sessions were completed virtually. The PAQ identified 0 inmates reported to the facility during the review period who was identified as having experienced prior sexual victimization. However, the CMCF did present documentation that confirmed one inmate requested a mental health follow-up during his initial risk assessment after the review period and prior to the on-site visit. The auditor requested documentation to confirm the inmate was seen by mental health within the 14-follow-up period, but the CMCF PCM failed to provide documentation to support inmate was seen as she stated. The facility was placed in corrective action for 60-day period to submit confirmation of the follow-up.

Four additional inmates were identified as having experience prior sexual victimization during risk assessment screening. The auditor conducted interviews with 2 who both stated they were offered a follow-up with mental health but declined. One inmate identified as reporting prior victimization during the risk assessment screening refused to cooperate with an interview.

115.81(b) OPS.200.0006 indicates 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.

One inmate reported to CMCF during the 12-month review period who was scored as previously perpetrated sexual abuse. The CMCF also presented the completed risk screening forms for 3 additional inmates who arrived in 2019, prior to the review period who was scored as previously perpetrated sexual abuse. Documentation was presented that confirmed all 4 inmates declined a follow-up with mental health.

15.81(c) CMCF is not a jail.

115.81(d) The PAQ identified that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. 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 interviews with the staff who conduct risk screening, they indicated the specific details related to sexual victimization or abusiveness is strictly limited. Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments. This helps protect the confidentiality of information and helps ensure that any information related to sexual victimization or abusiveness is kept confidential and access is strictly limited to those with a need to know.

115.81(e) CORIZON Policy on Procedure in the Event of Sexual Assault states, "medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. In addition, interviews with medical staff verified they would be required to

obtain an informed consent from inmates before reporting sexual abuse that did not occur in an institutional setting by completing appendix G and H of the Medical Records Manual (consent forms). CMCF does not house inmates under the age of 18 years old.

115.81 (a) The auditor requested documentation to confirm the one inmate was seen by mental health within the 14-follow-up period, but facility staff failed to provide documentation that the inmate was seen as she stated. The facility was placed in corrective action for 60 days to submit confirmation of the follow-up.

Corrective Action Applied:

Mental health staff are not assigned at CMCF. Prior to COVID-19 inmates were transported to BCBIC for mental health services. During the heavy months of COVID-19, these mental health services were conducted virtually. The CMCF presented email communication between herself and the mental health provider at BCBIC discussing services rendered to the inmate who requested a mental health follow-up. Mental health staff identified the inmate had been assigned a psychiatric provider and confirmation of seeing him.

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

## 115.82 Access to emergency medical and mental health services

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CMCF 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
5. DPSCS Office of Clinical Services/Inmate Health Medical 'Evaluations Manual Chapter 13 Sexual Assault on an Inmate
6. CORIZON Health
7. Inmates who reported sexual abuse medical and mental health follow-ups
8. Interviews with:
  - a. Medical staff

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

Directive OPS.200.005 states if the alleged inmate on inmate sexual conduct involves sexual abuse, the assigned investigator shall: (a) If evidentiarily or medically appropriate, offer the victim access to a medical forensics examination at no cost to the victim that is performed by a: (i) A sexual Assault Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); or (iii) If after document attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examinations.

DPSCS Office of Clinical Services/Inmate Health Medical Evaluations Manual Chapter 13 Sexual Assault on an Inmate states, a detainee/inmate reporting to have been sexually assaulted while in DPSCS custody shall be managed using guidelines consistent with the PREA. An initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. DPSCS medical vendors will not participate in or conduct a forensic examination. All specimen collection for forensic examinations will be done after the patient is transferred to an approved off-site medical facility for assessment by an independent provider or nurse who conducts forensic examination. Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination. Interviews with a contract Health Service Administrator verified victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical staff is scheduled 24/7 therefore, is always on duty to provide medical care. The inmate would receive emergency medical treatment as soon as medical staff are notified. Mental health staff are not assigned at the facility. Mental health services are provided at BCBIC, where inmates are escorted too and/or the services are provided virtually.

CMCF.200.0005.2 Sexual Misconduct - Prohibited states Upon the inmates return to the facility from medical or the hospital, the inmate will be placed in a holding area until released by mental health staff. Psychology staff shall follow up with the alleged victim by no later than the next business day. Ongoing treatment shall be provided as needed and documented. Mental health staff are scheduled Monday – Friday and are provided by staff assigned at BCBIC. Medical staff indicated it is their belief that the medical care and mental health care provided to the inmate population is equal to that in the community, and the services rendered are based on their professional judgement while ensuring the State requirements are followed.

An interview was conducted with the Infectious Control Nurse who reported to the facility on the first day of the on-site visit for an assignment. She indicated screening would be limited to HIV and Hepatitis C. Additional testing is conducted at the local hospital for sexually transmitted infections and if the test results are positive, medical care services would be provided by facility medical staff. There were zero inmates who received forensic medical examinations during the review period.

The auditor requested confirmation that the 3 inmates who reported allegations of sexual abuse was referred to mental health but did not receive the requested documentation.

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 the victim safe, contact the shift commander and the inmates would be escorted to medical. At the time of the reported PREA allegations, the alleged victims and alleged aggressor had previously been separated. Therefore, there were no instances where security and/or non-security staff served as first responders that required separation and/or preservation of evidence. There were no reported allegations of contact between the penis, anus, or groin.

115.82(c) CORIZON Health has a policy which addresses the requirement of this provision which states, "prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases." Inmate victims of sexual abuse while incarcerated shall be offered timely information about timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There were zero forensic medical examinations conducted and/or testing related to for sexually transmitted or other communicable diseases as there was no evidence collected by the SAFE to support sexual activity as alleged by the inmates. The 3 reported allegations of sexual misconduct did not report allegations of contact between the penis, anus, or groin.

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

115.82 (a) The auditor requested confirmation that the 3 inmates who reported allegations of sexual abuse was referred to mental health but did not receive the requested documentation. Based on the review of policies, documentation, interviews and analysis, and the failure of the auditor receiving documentation that would support the 3 inmates who reported sexual misconduct were seen by mental health and 2 inmates to include were seen by medical services was not provided, the facility is determined not compliant with all provisions of this standard.

**Corrective Action Applied:**

The auditor, newly appointed CMCF PCM and Assistance PREA Coordinator conducted further review of the 3 reported PREA cases files that was originally noted as sexual abuse, and identified the cases was reported as sexual misconduct not sexual abuse. One allegation was reported by an inmate previously housed at CMCF upon his arrival at another DPSCS facility. There were no reported allegations of contact between the penis, anus, or groin. The remaining two reported allegations did not involve any physical contact, verbal communication and/or reported allegations of contact between the penis, anus, or groin between the alleged victim and alleged aggressor. Therefore, a medical and/or mental health evaluation was not required.

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

## 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. CMCF Completed Pre-Audit Questionnaire (PAQ)

115. 83 (a) CMCF failed to provide a documentation in response to does the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

115.83 (b) CMCF failed to provide a documentation in response does the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

115.83 (c) CMCF failed to provide documentation in response to the facility shall provide such victims with medical and mental health services consistent with the community level of care.

115.83 (d) CMCF failed to provide documentation in response to Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.83 (e) CMCF failed to provide documentation in response If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.83 (f) CMCF failed to provide documentation in response Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.83 (g) CMCF failed to provide documentation in response to Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.83 (h) CMCF failed to provide documentation in response If the facility is a prison, it attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

The CMCF failed to upload documentation within the OAS as identified and advised by the auditor. Therefore, based on the failure of the facility to complete the standard provisions, CMCF does not meet compliance with this Standard.

**Corrective Action Applied:**

CMCF staff presented documentation in support of each standard provision for review.

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

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.

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

Per DPSCS Office of Clinical Services/Inmate Health Administrative Manual Chapter 9 Continuity of Care Section A General - Inmates leaving the DPSCS facilities (Pre-Trial, Sentenced, and Home Detention Units) will be provided with information

and access to systems that will enable them to continue care for diagnosed disease process that was received while the inmate was incarcerated.

Per an interview with the Regional Social Worker, the facilities social workers schedule aftercare services for inmates who experience sexual abuse while incarcerated upon their release from incarceration. She stated upon being notified of a sexual abuse victim being released, follow-up appointments are scheduled in the inmates' local community for mental health, medical and other available resources.

115.83(c) An interview with the Health Services Administrator indicated the level of care provided to the inmates are consistent with the community level of care.

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

115.83(f) Per Chapter 13, Section F of the Manual, all follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. Per Section M of the Manual, the patient and alleged abuser shall be offered follow-up STI testing within 60-90 days of initial testing to include HIV, HCV, and syphilis serology.

There were no reported allegations of contact between the penis, anus, or groin. Therefore there were 0 forensic medical examination committed and/or testing related to sexually transmitted infections as there was no evidence collected by the SAFE to support sexual activity as alleged by the inmates.

115.83(g) Per Chapter 13, Section O, of the Manual, all treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Directive OPS.050.0001 If the alleged sexual misconduct involves sexual abuse, the assigned investigator shall: if medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by a: (i) A sexual Assault Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); or (iii) If after document attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examinations. Per medical staff, the inmates are never held responsible for the financial cost of medical treatment resulting from a reported allegation of sexual abuse to include expenses 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. Mental health staff are not assigned at CMCF. However, inmates are transported to BCBIC for these services. However, an interview with a regional mental health supervisor stated staff would offer an abuser counseling intervention on an individual basis. However, the Department does not offer group sessions for sex offenders that she is aware of.

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



## 115.86 Sexual abuse incident reviews

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. CMCF Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.020.0027
3. CMCF.200.0005.2 CMCF Sexual Misconduct - Prohibited
4. PREA Incident Reviews
5. Interviews with:
  - a. Warden
  - b. Incident Review Team Member

115.86(a)(b)(c) OPS.020.0027 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.

CMCF.200.0005.2 states CMCF shall conduct a sexual abuse incident review at the conclusion of each PREA investigation unless it is determined to be Unfounded. This review shall be held in concert with the violence reduction meeting. The review shall occur within 30 days of the conclusion of the investigation. The PCM shall lead this review and complete a Sexual Abuse Incident Review. The completed form shall be sent to the Warden and a copy shall be maintained in the PCM file for that incident.

There were zero Substantiated and 1 Unsubstantiated findings of sexual abuse investigations during the 12-month review period. The facility provided a copy of a completed Sexual Abuse Incident Review being conducted within 30-days of the completed investigation. The investigation was noted as closed on March 30, 2020, and the incident review is noted as conducted on April 23, 2021.

An interview with the Facility Administrator as a member of the Sexual Assault Incident Review identified the team would consist of mental health staff virtually through google meet, medical, facility investigator, shift supervisor during the incident, other custody supervisors, herself and the PCM. A copy of the required Sexual Assault Incident Review dated as completed during the review period identified the reviewing staff as the Facility Administrator, Major, Medical Staff and the CMCF PCM.

115.86(d) OSP.S020.0027 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the location where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing in these areas. The team is required to prepare a report of findings for the managing official and PCM that identifies problem areas, necessary corrective action, and recommendation for improvement.

An interview with the Facility Administrator Assistant Warden who is also a member of the Incident Review Team stated the committee take all factors into consideration. The committee look at the identified areas to see if there are any blind spots, if additional mirrors or cameras are needed, or more staff is need. Also consider if policy and procedures were followed by staff.

The review team documented the following: there were no physical barriers in the area that would enable sexual abuse in the shower; (2) Identified the compliance of the staff plan regarding the number of staff assigned; (3) and those cameras are not allowed in the inmate shower area. The review team did not identify any recommendations to be made.

115.86(e) OSP.S020.0027 requires the managing official shall work with the PCM to implement the facility incident review team's recommendations for improvement from the review team; or if a recommendation is not implemented, document the reason for not adopting the recommendation. Confirmation of a completed incident reviews was not presented.

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

standard.

**Data collection**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

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

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

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

115.87(c) The DPSCS provided a copy of their most recent SSV-2, SSV-1A, and SSV-3 reports that demonstrated that the data collected is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence.

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

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

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

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

standard.

## 115.88 Data review for corrective action

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

1. CMCF 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

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

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

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

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

## 115.89 Data storage, publication, and destruction

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

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

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

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

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

The auditor and support staff were provided access to all areas of the facility with the opportunity to observe practices and procedures in the various departments, in addition to inmate movement, activity in work assignments, medical, dietary, programs, recreation and inmate housing. The auditing team was provided office space to conduct staff and inmate interviews. Additionally, the auditor conducted informal interviews with staff and inmates during the tour of the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information during the audit process. The auditor did not receive any correspondence from the staff and/or the inmate population. An interview with staff assigned to process inmate mail confirmed the mail is sealed for by the inmates prior to placement in outgoing mail. This procedure allowed the inmate population confidentiality in communicating with the auditor just as communicating with a legal counselor.

## **115.403 Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

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



## Appendix: Provision Findings

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

**115.13 (a)****Supervision and monitoring**

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

**115.13 (b)****Supervision and monitoring**

In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
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**115.13 (c)****Supervision and monitoring**

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
		Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	<b>Hiring and promotion decisions</b>	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
		Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
		Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	<b>Hiring and promotion decisions</b>	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	<b>Hiring and promotion decisions</b>	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	<b>Upgrades to facilities and technologies</b>	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	<b>Upgrades to facilities and technologies</b>	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	<b>Evidence protocol and forensic medical examinations</b>	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	<b>Evidence protocol and forensic medical examinations</b>	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
		Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes



<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (c)</b>	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

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

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

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes

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

Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
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<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	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
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes



<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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.)	yes

**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.)

yes

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.)

yes

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.)

yes

**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.)

yes

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.)

yes

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.)

yes

**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.)

yes

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.)

yes

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.)

yes

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.)

yes

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.)

yes

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.)

yes

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.)

yes

**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.)

yes

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

**115.67 (c)****Agency protection against retaliation**

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

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

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

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

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

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

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

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

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

**115.67 (d)****Agency protection against retaliation**

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

**115.67 (e)****Agency protection against retaliation**

If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? yes

**115.68 (a)****Post-allegation protective custody**

Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? yes

**115.71 (a)****Criminal and administrative agency investigations**

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) yes

Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) yes

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes



<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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