

PREA Facility Audit Report: Final

Name of Facility: Eastern Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/08/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Debra D. Dawson	Date of Signature: 02/08/2021

AUDITOR INFORMATION	
Auditor name:	Dawson, Debra
Email:	dddawsonprofessionalaudits@gmail.com
Start Date of On-Site Audit:	10/21/2020
End Date of On-Site Audit:	10/23/2020

FACILITY INFORMATION	
Facility name:	Eastern Correctional Institution
Facility physical address:	30420 Revells Neck Road , Westover , Maryland - 21890
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Capt. Donald Gallagher
Email Address:	donald.gallagher@maryland.gov
Telephone Number:	410-845-4103

Warden/Jail Administrator/Sheriff/Director	
Name:	Walter West
Email Address:	Walter.West@maryland.gov
Telephone Number:	410-845-4200

Facility PREA Compliance Manager	
Name:	Donald Gallagher
Email Address:	donald.gallagher@maryland.gov
Telephone Number:	O: 410-845-4103

Facility Health Service Administrator On-site	
Name:	Dr. Jason Clem
Email Address:	Jason.Clem@corizonhealth.com
Telephone Number:	410-845-4146

Facility Characteristics	
Designed facility capacity:	1860
Current population of facility:	3276
Average daily population for the past 12 months:	3250
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-80
Facility security levels/inmate custody levels:	Pre-Release/Minimum/Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	678
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	17
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	57

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

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

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

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Eastern Correctional Institution (ECI) on-site was originally scheduled June 2 - 5, 2020. The PREA Audit was coordinated through the Maryland Department of Public Safety and Correctional Services (DPSCS) and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor, Debra Dawson was assigned as the Lead Auditor. Ms. Jacqueline Kendall was assigned as support staff to assist in conducting on-site interviews and touring of the facility. DOJ Certified Auditor Ms. Crystal Norment was assigned as the Secondary PREA Auditor during the review of the submitted documentation. A line of communication was developed between the DPSCS PREA Coordinator Mr. David Wolinski, Assistant PREA Coordinator Funsho S. Oparinde and the assigned lead auditor through phone calls and emails. It was determined the facility would utilize the Automatic On-line System (OAS) for the audit. Due to the size of the facility and inmate population the on-site visit was scheduled for three days.

Pre-Audit Process

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

A line of communication began between the lead auditor and the ECI PREA Compliance Manager/Major Donald Gallagher through emails and telephone calls on January 22, 2020 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 posting was posted on April 29, 2020. Confirmation of the audit posting and access to viewing by the staff and inmate population was delivered through photographs with identified locations to the lead auditor. The postings were well more than the six-week requirement.

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

The 12-month review of documentation, practices and procedures was originally set for May 1, 2019 – April 1, 2020. The auditors, DPSCS PREA Coordinators and ECI PREA Compliance Manager continued with the pre-audit process through the submission and review of documentation in the OAS and continued communication through emails, phone calls and conference calls.

A joint determination was made to continue with the audit process by conducting several staff interviews virtually via Skype as a safety precautionary measure-based information provided by the Centers for Disease Control (CDC). Staff would be identified for interview by the lead auditor through utilization of

current rosters submitted by the ECI PCM and the facility's completed forms provided by the auditor collected from the PREA Training and Resource Portal. This procedure of conducting interviews was agreed upon by the DPSCS Commissioners, DPSCS PREA Coordinators, and lead auditor. An email was forwarded to the PREA Resource Center for input and/or guidance by the lead auditor that remained pending until a response was provided on November 30, 2020. The notification acknowledged that such interviews was considered acceptable for the inmate only prior to notice forwarded on November 30, 2020. The virtual interviews via Skype were conducted on June 2 – 3, 2020, for several of the specialized and supervisory staff. The inmate count on June 16, 2020 was 3068. Therefore, it was determined that 50 inmate interviews would be needed that included 25 targeted group inmates and 25 random inmate interviews. The lead auditor conducted Skype interviews with 19 targeted inmates and 15 random inmates by using the current day rosters presented by the ECI PCM for the selection of inmates. The lead auditor identified the inmates, and they were scheduled by the ECI PCM. The auditing team continued conducting interviews during the on-site visit on October 21 -23, 2020, with targeted group inmates, specialized staff, random staff interviews and random inmate interviews at the East and West Compounds and the ECI Annex. The auditing team exceeded in conducting the required total of 50 inmates with the combination of those conducted via Skype and on-site for a total of 90 inmate interviews.

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

On September 28, 2020, the new on-site visit was scheduled for October 21 -23, 2020. The revised notice of the on-site visit was forward to the ECI PCM on September 28, 2020 and posted on September 29, 2020. As the revised notice would not meet the requirement of six weeks posting prior to the on -site visit, the notice would remain posted for an additional two weeks after the on-site visit.

The completed Pre-Audit Questionnaire (PAQ) was submitted timely for review prior to the site visit. Although, the ECI PCM did a phenomenal job in submitting documentation in support of the standards as his first PREA audit, in several instances the documentation was not sufficient to support compliance with numerous standards. The auditing team identified standards that required additional documentation, that included policies, documentation of practice and procedures. This information was shared with the ECI PCM and DPSCS PREA Coordinators followed by conference calls who worked as a team to submit the necessary documentation. In addition to the conference calls with the DPSCS PREA Coordinators, the lead auditor and ECI PCM maintained an open level of communication throughout the pre-audit and post-audit phrases with frequent phone calls, and numerous emails regarding the audit. In addition to the information provided previously in the PAQ, the identified information that was uploaded in the OAS supplemental files consisting of links to DPSCS Directives facility policies, inmate orientation handbook, training curriculums, organizational charts, background checks, confirmation of staff and inmate PREA education, DPSCS and facility policies. PREA risk screenings, specialized training for investigators, medical and mental health, and a variety of other PREA related material. Identified information continued to be uploaded in the OAS supplemental files throughout the post -audit phrase.

The lead auditor reviewed the Department's website and observed the annual PREA reports and prior PREA Audit Report for ECI. The lead 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 ECI during the requested review period.

The ECI Staffing Plan addresses the eleven requirements as indicated in this provision. The average inmate count for the previous 12 months prior to the global pandemic of COVID-19 was 3276. However, due COVID -19 the average daily population began to reduce due to the inmates releases and/or those at the Annex being placed on home detention. Inmate movement was restricted throughout DPSCS to reduce the spread the global pandemic (COVID-19) to staff and the inmate population. Forty-two inmates arrived at ECI from August 2020 through the on-site visit on October 21, 2020. The inmate count on the first day of the on-site visit was 2872.

The lead auditor utilized inmate rosters to make a random selection of 68 inmates PREA education, 72-hour initial risk screening and 30-day follow-up risk screenings that included inmates from the West and East Compounds and ECI Annex for review. The inmates were selected from the three sites as the following: East side 26; West side 27; and Annex 15. There were no discrepancies noted in the PREA screening being conducted within 72 hours of the inmate's arrival by Intake Staff 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 (normally after 21days) or on the 30th date, but never 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 auditing team utilized rosters provided by the ECI PCM to select random personnel files for the 4 of the 7 new hires and 4 of the 7 staff selected for promotions during the review period. Background checks and self-evaluation PREA forms were reviewed. The lead auditor selected various names from staff rosters confirmation of PREA training and received a computer-generated roster of 628 security and non-security staff completion of training. Certificates of specialized training was provided for all mental health and medical staff. A computer-generated roster of all the Intelligence and Investigation Division Investigators was provided.

The facility has 380 cameras which are strategically located throughout the facility and more are scheduled for installing during the previous approved camera project. The camera project includes the addition of video cameras and an upgrade of the existing system. 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. Although camera viewing was observed of cubicles in the ECI Annex, Dorchester dormitory/open bay and cell housing units, inmates are required to dress and undress in the large common area bathroom that is available to them. The auditing team reviewed a copy of the plans that was developed for the addition cameras. The installation of additional cameras throughout the ECI Complex will only strengthen staff's ability to provide a safer environment in the prevention of sexual abuse and sexual harassment.

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, finish kitchen areas, 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 at the ECI Annex, East Compound and West

Compound, warehouse, and centralized kitchen.

The PREA information posted throughout the ECI Annex, East Compound and West Compound 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 number was posted and/or stenciled on walls throughout the facility at all three sites in every department and program areas. The PREA Hotline number was tested by the lead auditor with no discrepancies noted. Advocate information was also noted on the inmates' bulletin boards in all housing units and other areas throughout the facility. All information was professional place in a manner that was eye catching to all. The auditing team was impressed in the continuous PREA presentations and the way it was presented to the staff, inmate population and all visiting personnel.

Twenty random staff and 32 specialized staff interviews were conducted. Random staff interviews included security staff from the various shifts, a variety of non-security staff that included but not limited to maintenance staff, mailroom staff, food service, case management, etc. Specialized staff was selected based on their position and their duty assignment at West, East and/or Annex Compounds and included those interviews conducted via Skype and on-site. The 32 specialized staff interviews included: (1) Agency Head (1) Warden; (1) Annex Facility Administrator; (2) Assistant Director of Nurses (contract); (1) Infection Control Nurse (contract); (1) Health Services Administrator; (2) Non-Security First Responders; (1) Mental Health Counselor; (1) Registered Nurse; (1) Lead Psychology Nurse (state); (1) IID Investigator; (1) Facility Investigator; (2) Supervisory Human Resource Personnel; (1) DPSCS PREA Coordinator; (1) ECI PREA Compliance Manager; (1) JUST Detention International Representative; (1) Incident Review Team Member; (1) Designated staff member charged with monitoring retaliation; (1) Staff assigned to segregation housing; (1) Forensic Nurse Coordinator (SAFE); (1) Agency Contract Administrator; (2) Intermediate or higher supervisors; (2) Staff who perform risk screening; (3) Intake staff; (1) MCASA Representative.

ECI reported the inmate population of 2872 inmates on the first day of the on-site visit. Therefore, 50 inmate interviews were required. Eighty inmates were interviewed to include during Skype interviews, and during the on-site visit. This count includes 4 inmates who submitted confidential correspondence to the lead auditor. There were no inmates housed at ECI during the on-site visit within the following targeted groups: youthful inmates; Limited English Proficient; intersex; blind; lesbian; cognitive disabled and/or who were placed in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse. Current daily inmate rosters were utilized by the lead auditor for the selection of 50 random inmate interviews. Inmates identified for the targeted group categories was selected based on their identified category. Twenty - six inmates within the targeted groups were interviewed as the following: (2) Bi-sexual; (8) Gay; (4) inmates who reported prior sexual victimization during risk screening; (2) physical disabled; (3) inmates who reported sexual abuse; (1) hearing impaired; (3) vision impaired; (4) Transgenders. There were (0) inmates placed in segregated housing for risk of sexual victimization /who allege to have suffered sexual abuse. ECI 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.

There were no discrepancies noted in the specialized training for the Intelligence and Investigative Division (IID) investigators are sworn law enforcement officers and conduct both administrative and criminal investigations. Investigative files were reviewed during on-site visit and appeared to thoroughly document the investigative process per the Department procedures and PREA standards. There was a total of 39 PREA reported allegations investigate by the IID for investigation during extended review

period of May 2019 – August 2020, due to restricted entry. These cases consisted of 17 sexual abuse allegations and 22 sexual harassment allegations. The auditing team randomly selected 14 sexual abuse case files and 11 sexual harassment case files for review that included Substantiated, Unsubstantiated and Unfounded cases. Of the 17 sexual abuse cases, 1 was determined as Substantiated (inmate-on-inmate touching), 10 were determined as Unsubstantiated and 6 were determined as Unfounded. The incident review team conducted incident reviews within 30 days of the completed investigations for the 1 Substantiated case and each of the 10 Unsubstantiated cases. There were no criminal charges determined by the IID Investigators that warranted prosecution and or a referral to a staff member's licensing body.

The PAQ indicates there were 3 forensic exams performed in the extended review period of 16-months. However, only 1 forensic medical examination was completed by the SAFE. Three inmates who reported allegations of sexual abuse were transported to the local hospital at Peninsula Regional Medical Center. It was determined upon the allegations reported by one inmate (touching only) a forensic medical examination was not applicable. One inmate refused to cooperate with the SAFE during an attempt to conduct the examination and was returned to the facility. His investigative case was determined to be Unsubstantiated. The last inmate completed the forensic examination, however there were no evidence to support any type of sexual abuse activity and his investigative case was determined to be Unsubstantiated. Two of these identified inmates were released from ECI and DPSCS custody prior to the completion their sexual abuse investigation. Their investigative cases were determined Unsubstantiated by IID Investigators. The remaining inmate was transferred to another DPSCS facility. The inmate who completed the forensic medical examination outside medical documentation noted the inmate as not receiving advocate services. Documentation of the three inmates transported to the local hospital and the services provided to include notes by the SAFE was included in the inmates' investigative casefiles. The lead auditor was unable to conduct an interview with the SAFE because they report to the hospital only as needed 24/7. However, the lead auditor was able to conduct an interview with the local hospital Forensic Nurse Coordinator at Peninsula Regional Medical Center. She confirmed it is the hospital's protocol to contact a SANE or SAFE who is required to report to the hospital within one hour of being notified. She continued in stating, it is also the hospital's protocol to offer a victim advocate to all victims of sexual abuse and the protocol include inmates at ECI. However, the victim has the option of accepting or refusing the offer of victim advocate services. Medical staff will only contact a victim advocate if the victim request one. Inmates also receive a MCASA pamphlet upon their arrival at the facility that list a variety of resources for a victim advocate if they would like to have one.

The lead auditor made a continuous effort to complete a full interview with a staff representative from MCASA utilizing the PREA Audit Supplementary Questionnaire on Community Advocate Engagement during the pre-audit, and post-audit process but was unable to get a committed confirmation for completion. However, the staff representative did acknowledge advocate services are available throughout the State of Maryland to include DPSCS through their agency. Confirmation of these services were confirmed during an interview with the Forensic Nurse Coordinator at Peninsula Regional Medical Center who stated all individuals who report to the hospital who allege sexual abuse are offered the services of a victim advocate however it is the victims' choice on rather they would like to receive the services of one.

COVID-19 had an enormous effect on staff and inmate population at ECI during the pre-audit, on-site visit, and post-audit phases. The facility was affected through continuous staff shortage, closure of departments and programs, and the development of alternative methods in providing services to the inmate population that included establishing quarantine procedures for affected inmates and ensuring as much as possible a safe working environment for staff and atmosphere for the inmate population. The

normal operations of the ECI facilities caused for reconstruction to reduce the spread of COVID-19 to staff and the inmate population by implementing social distancing. This included the eliminating the pre-release inmate population jobs within the community, limiting inmates' interactions to include while in their housing unit to include the release of only 5 cells (maximum capacity of 10 inmates) for recreation, showering, phone access, etc., that included the East and West Compounds. Recreation activities are now limited to outside activities only. The Chaplain does not provide group services in the Chapel. Religious services are recorded and are shared with the inmate population through the inmate channel. The number of inmates assigned to work details have been reduced such as identified by food service workers when the inmate detail has reduced from 50 to 21 inmates. Inmate access to the library is limited to 10 inmates and access is scheduled by submitting a request to Library Staff. Those inmates working on legal case work are scheduled as a priority. Inmate class sizes will be reduced to 10 to 15 inmates depending on the area. Religious services programs are recorded and played on the inmate television channel, transportation for transfers and new arrival was suspended from March 2020 to September 2020, inmate visitation is conducted via Skype, inmates' meals are delivered to their housing units at the East and West and are grab and go at the ECI Annex. Inmate interaction to include the sizes of classrooms, programs and work sites was decreased and/or will be decreased upon resuming. Mental health staff and selective medical staff conduct telework through telehealth and schedule meetings with the inmate population via virtually.

Day 1 Site Visit:

The on-site visit began on Wednesday, October 21, 2020, at approximately 8:00 a.m. An entrance meeting for an introduction and to discuss the audit process. The following were in attendance: Debra Dawson DOJ PREA Auditor; Jacqueline Kendall PREA Auditor Support Staff; Walter West Warden; William Bailey Assistant Warden; David Wolinski DPSCS PREA Coordinator; John Milligan Major; Major/ECI PCM Donald Gallagher. The auditor requested the inmate count which was identified as 2872. A request was also made to have available upon returning from the tour various inmate rosters, and staff rosters for a selection of staff and inmate interviews. A request for private offices to conduct the interviews was also made and identified. The auditor advised the management staff that a minimum of 50 inmates to include (25 targeted and 25 random), however it was determined by the lead auditor the auditing team would exceed the required amount of inmate interviews as many had been conducted previously via Skype and the current of decreased amount of COVID infected inmates. be interviewed and the selection of inmates would be from a selection of inmates identified from a current roster and those identified within the targeted groups.

Immediately following the entrance meeting, the auditing team was taken on a tour of the East Compound followed by a tour on the West Compound lead by Donald Gallagher ECI PCM/Major; David Wolinski DPSCS PREA Coordinator.

The East and West Compounds are essentially mirror images of each other except for the facility's one infirmary which is located on the East Compound. Additionally, there is only one Intake and Identification department that processes inmates assigned to the East Compound, West Compound and ECI Annex.

The tour on the first day of the on-site visit began on the West Compound and ended after the completed tour on the East Compound. The tour consisted of entering the following areas of both the West and East Compounds: all housing units including disciplinary segregations, protective custody, general population, administrative segregation, medical and mental health, infirmary (East Compound) libraries, education departments, vocational classrooms, gymnasiums, chapels, food services, recreation yards, inmate visiting rooms, human resource area, front lobby, control centers; inmate showers, inmate cells, social worker/addiction counseling, intake and Identification, case management areas, transportation

department, inmate property, and inmate barber shop. Entry into areas throughout the facility was secured prior to entering. There were no areas observed that brought immediate concerns to the auditing team for the safety of inmates and staff regarding sexual misconduct and/or security. The auditing team observed that inmate housing units, program areas, and work areas occupied by inmates appeared to be properly staffed. Staff was observed interacting and monitoring the inmates' movement, activities, in housing units, and on work sites. Except for housing units, the number of inmates allowed in these areas has been reduced due to COVID-19.

Upon entering the housing units, the opposite gender announcement was made each time by the escorting staff. Logbooks were reviewed by the auditing team during the tour in all housing units and custody post assignments. 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. The logbook reviews also revealed the female staff documents their opposite gender announcement were made at the beginning of their shift and the time the announcement was made. The announcement includes advising housing unit inmates to remain appropriately dress. Upper-level management staff also conduct rounds in the housing units and these rounds are documented in the housing unit visitors' log.

In meeting the mandate of the DOJ PREA Working Group FAQ definition of a housing unit, ECI has a total of 42 housing units.

The East and West Compounds are identified by staff as having 4 housing units each. However, the West compound consist of housing units #1 – #4. Housing units #1, #2, and #3 houses general population inmates and has 4 tiers each (A, B, C, D). Each tier is double bunk with a capacity of 96. Housing unit #4 is designated as the special management unit and has three tiers (A, B, C). A-tier is designated to house protective custody inmates (84); B-tier is designated as disciplinary segregation (96); C-tier is designated as administrative pending investigation and /or pending transfer (90).

The East Compound consist of housing units #5 - #9. Housing units #6, #7, and #8 houses general population inmates. Each of the units has 4 tiers (A, B, C, D). Each tier is double bunk with a capacity of 96. Housing unit #5 is designated as the special management unit and has three tiers (A, B, C). A-tier is designated to house protective custody inmates (84); B-tier is designated as disciplinary segregation (96); C-tier is designated as administrative pending investigation and /or pending transfer (90). Housing unit #9 is in the infirmary and house inmates that have prolonged /lifetime illness that prevents them from coping the general population.

The tour of the 15 housing units on the West Compound and 16 housing Units on the East Compound that include all tiers and the Administrative Segregation Observation Area for mental health patients in housing unit #9 on the East Compound that is located within the infirmary was completed on the first day of the on-site visit.

A description of the housing units is noted in detail within the facility characteristics. 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.

A tour was conducted in the Maryland Correctional Enterprises (MCE) at both West Compound and the

East Compound. The textile operation is located on the East Compound and is the largest of the MCE operations in square footage, inmate workers and staff assigned. Staff within the department provided additional escort throughout the plant while giving a briefing of the operation and assisting the auditing team in identifying the locations of mirrors and cameras throughout the facility that was strategically installed in a manner that provided monitoring ability. Inmates were observed working in various areas of the factories and was appropriately supervised by both DPSCS staff and MCE staff was observed and indicated during interviews they are continuously walking and monitoring the inmates within the factories. The number of inmates assigned to this area has also been decreased since March 2020. PREA information was posted in both factories on methods of how to report PREA allegations on various walls throughout. The PREA Hotline # 410-585-3177 was visible to the inmate population and staff complement.

The furniture restoration factory is located on the West Compound is a smaller factory operated by staff and the inmate population. Staff assigned to the department provided addition escort while explaining the operation and assisted in identifying the location of cameras and mirrors that eliminated blind spots within the factory.

At the completion of the tour, the lead auditor randomly selected inmates from each of West Compound housing units to include those within the target group for interviews. The auditing team was provided current inmate rosters from each housing unit and Post Assignment Worksheet (PAWS) of staff schedule for the selection of random interviews.

Day 2 Site Visit:

Upon arrival to the facility, the auditing team met escorting staff at the ECI Annex for a tour of the site to include the 11 housing units that included all tiers. The auditing team was escorted by the ECI PCM and William Bailey ECI Facility Administrator. Due to the size of the ECI Annex and staff on leave due to COVID-19, three non-security staff were available for interview that included food service, medical, and unit management staff and four security staff. Housing units at the ECI Annex includes dormitory style/open bay and cell assignments. The description of the housing units is noted in the facility characteristics.

The ECI Annex has four housing units. One housing units has two dormitories/open bay. The remaining three housing units has three tiers each (A, B, C). Therefore, there are 11 housings at the ECI Annex in accordance with DOJ PREA Workgroup FAQ.

PREA posters were posted throughout the ECI Annex in each tier and all dayrooms in English and Spanish that include the ZERO tolerance or sexual abuse and sexual harassment and how to report it. The MCASA pamphlet that provide outside resources was observed on the inmate bulletin boards in each tier. The PREA Hotline number # 410-585-3177 is also stenciled on the walls in the housing units, and support building that is accessible to staff, visitors, and the inmate population.

After completing targeted and random inmate and staff interviews at the ECI Annex the auditing team returned to designated offices at the East Compound to continue conducting staff and inmate interviews. At the completion of interviews for the day, the auditing began conducting a review of files and documentation pertaining to various PREA standards.

Day 3 On-site visit

Upon arriving to the facility, the auditing team conducted a tour of the Centralized Kitchen that prepare meals for the ECI Annex, East Compound and West Compound. The food services areas at three sites

are responsible for finishing the meals prior to delivering to the inmate population.

The centralized kitchen located outside the secure perimeter prepare the meals for delivery to the East, West and Annex. The central kitchen was also built in 1987 without concentration on the PREA standards as the standards had not been established. The physical layout and installation of large equipment and machinery created numerous blind spots throughout. It was determined by the auditing team, ECI PCM and DPSCS PREA Coordinators that mirrors would be purchased and installed in addition to the relocation of existing mirrors, barriers were to be put in place to eliminate those identified blind spots. A copy of the purchase order for mirrors was presented for review on November 11, 2020. Photographs of the installed mirrors in the identified locations was provided to the lead auditor on January 21, 2021. Seven mirrors were strategically installed throughout the centralized kitchen, the installation of barriers and repositioning of equipment that eliminated inmates' access to entering behind machines and equipment aided in the elimination of the identified blind spots.

Two blind spots were identified in both the West and East compound kitchen areas. A 180- degree mirror was installed on the upper wall center of the dish rooms that provides full coverage to supervising staff from other areas within the kitchen.

The blind spot was identified in the kitchen dry storage areas at both the East and West compounds. A large 180-degree mirror was installed on the top wall that provided staff monitoring ability over large equipment and a hallway within the area.

At the completion of the centralized kitchen, the auditing team returned to the East Compound and finalize inmate and staff interviews and review file documentation. Those selected for interviews included random staff, supervisory staff, specialized staff, security, contract staff, and non-security staff assigned to the East and West Compounds and the ECI Annex that included via Skype, telephonic and in-person due to numerous staff are telework from home and/or was on leave, to include due to COVID-19 and/or not assigned to the facility. In addition to conducting security staff assigned to the sites compound, security staff assigned to the various shifts were included.

Continuous PREA information was clear and neatly posted throughout on walls and bulletin boards in all areas at both the East Compound and the West Compound in both English and Spanish. The PREA Hotline #410-585-3177 is stenciled on the walls throughout the West Compound and East Compound accessible to the inmate population and staff. The PREA Hotline number posting is available for both staff and the inmate population and is connected to the Life Crisis Center. A review of numerous PREA cases revealed most inmates elected to utilize the PREA Hotline number to report their allegation. Once the call is reported through the PREA Hotline #, the receptionist forwards the information to the DPSCS PREA Coordinator who then reports the information to the ECI PCM and/or shift commander on duty.

An exit briefing was conducted on Friday, October 23, 2020 with the following in attendance: Debra Dawson DOJ PREA Auditor; Jacqueline Kendall PREA Auditor Support Staff; Walter West Warden; William Bailey ECI Facility Administrator; John Milligan Major; Major/ECI PCM Donald Gallagher. The auditing team provided an overview of the pre-audit and on-site visit while acknowledging the essential staff members who assisted throughout the site visit.

The blind spot areas identified in the centralized kitchen and finishing kitchens at both the West and East Compounds was discussed. Two blind spots were identified in both the West and East compound kitchen areas. A 180- degree mirror was installed on the upper wall center of the dish rooms that provides full coverage to supervising staff from other areas within the kitchen. Photographs of the mirror installation was forward to the lead auditor.

The blind spot was identified in the kitchen dry storage areas at both the East and West compounds. A large 180-degree mirror was installed on the top wall that provided staff monitoring ability over large equipment and a hallway within the area. Photographs of the mirror installation was forward to the lead auditor.

The physical layout and installation of large equipment and machinery that created numerous blinds spots throughout was also discussed. It was determined by the auditing team, Warden, ECI PCM and DPSCS PREA Coordinators mirrors would be purchased and installed in addition to the relocation of existing mirrors was needed to eliminate those identified blind spots. It was determined mirrors would be purchased by the DPSCS PREA Coordinator and installed in a manner that would eliminate the identified blind spots. A copy of the purchase order for the mirrors and photographs would be provided to the lead auditor upon completion. A copy of the purchase request for the recommended mirrors and photographs of installation was forward to the lead auditor for review. Seven mirrors were strategically installed throughout the centralized kitchen, the installation of barriers and repositioning of equipment that eliminated inmates' access to entering behind machines and equipment aided in the elimination of the identified blind spots.

The lead auditor also discussed the general observations and preliminary findings, and the post-audit phase that included the timeliness for submitting the additional documentation.

AUDIT FINDINGS

Facility Characteristics:

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

The Eastern Correctional Institution Complex is located at 30420 Revells Neck Road, Westover, Maryland 21890. The facility was built in 1987. The Mission Statement for ECI is the protection the community and the staff of the Department of Public Safety and Correctional Services. This shall be accomplished through the safe and secure confinement of offenders in an atmosphere conducive to rehabilitation and self-change.

The West and East Compounds are surrounded by a razor-ribbon covered double-perimeter fences with a 115 feet wide corridor separating them. Pedestrian and vehicle sallyport entrances are at both ends of the corridor. Security staff provide armed coverage from Towers 1 and 5 are manned 24/7 at each end. Perimeter security is provided by roving armed patrol security officers 24/7. The ECI Annex is a stand alone facility.

Staff and visitor enter the compounds through the Master Central Control. Staff and visitors must clear an x-ray machine, walk -through metal detector and pat-search, and have a normal temperature prior to entering any of the three sites.

The complex consists of the East Compound, West Compound and ECI Annex on 620 acres. The Eastern Correctional Institution inmate capacity rate during the on-site visit was 3,444. The ECI Annex has a capacity rate of 605 that is included in this count. The West Compound has a capacity rate of 1433. The East Compound has a capacity rate of 1403. The total inmate count for the ECI on the first day of the on-site visit was 2872. The inmate population range from the age of 18 – 80 and the average length of stay at ECI Compounds varies at each location. The average stay of inmate assigned to the East is 84.6 months has average sentence of length is 234.7 months. Those inmates assigned to the West averages 75.9 months has an average sentence length of 257 months. The inmates assigned to the ECI Annex have an average length of stay of 39.4 months and an average sentence length of 116.7 months. Inmates with a medium custody level are assigned to the East and West Compounds. The East and West Compounds are essentially mirror images of each except for an infirmary identified as housing unit #9 on the East Compound. The infirmary provides services of all inmates throughout the three sites whose medical conditions are long term, and the inmate's medical conditions require ongoing constant medical care and are not able to be house in the general population.

The staff compliant consisted of 702 staff with 615 security staff, 87 non-security, 31 volunteers, and 40 contract staff that includes Centurion (mental health), CORIZON (medical), and Keefe (inmate commissary). There are 11 contract mental health staff (Centurion) and 21 contract medical staff (CORIZON) and 9 Keefe contract staff. Due to COVID-19, as of March 2020, volunteers and Keefe workers have not been allowed entry into the facility. All volunteers and Keefe staff are escorted by security staff when inside the facility.

Security staff ranking being as Correctional Officer I, Correctional II, Segreant, Lieutenant, Captain, Major, Security Chief followed by upper-level management staff Assistant Warden and Warden. The security staff hours of work variety upon assignment at the individual compound. Staff assigned to the

Annex and East compounds hours of work are the following: 7:00 a.m. – 3:00 p.m.; 3:00 p.m. – 11:00 p.m.; and 11:00 p.m. – 7:00 a.m. Staff assigned to the West compound hours of work are: 8:00 a.m. – 4:00 p.m.; 4:00 p.m. – 12:00 a. m.; and 12:00 a.m. – 8: 00 a.m.

A support building is located upon entry at both the East and West Compounds. The following departments are in this building: education and vocational; inmate identification and property, medical, psychology, administration staff offices, inmate commissary, inmate and staff dining, finishing kitchen, case management department and social worker/addiction. All staff offices are constructed with a large window that allow viewing from the inside and outside.

The West Compound has cameras within the interior perimeter, outside housing units, gym, classification, medical and mental health, dietary, dining room, education, all housing units, housing unit tier foyers, and the inmate dayrooms.

The East compound has cameras within the interior perimeter, outside housing units, gym, classification, medical and mental health, dietary, dining room, education, all housing units, and the inmate dayrooms.

The West Compound consist of housing units #1 – #4. Housing units #1, #2, and #3 houses general population inmates and has 4 tiers each (A, B, C, D). Each tier is double bunk with a capacity of 96. Upon entering the outer door of each housing unit, staff have visibility into all housing unit tiers provided through glass. Six single stall showers are located on each tier in the right corner of the dayroom. A wall separates the day room activities from the showers area. Additionally, each shower has a door that extends at a height that only allows viewing of the inmates' head while in use. The physical layout of the showers and cells with entry doors prevents cross-gender viewing by opposite gender staff. The physical layout of the showers and cells with entry doors prevented cross-gender viewing by opposite gender staff.

Housing unit #4 is designated as the special management unit and has three tiers (A, B, C). The A (84beds) beds and B (96 beds) tiers are designated as administrative segregation pending adjustment. C tier (96 beds) is designated as disciplinary segregation. Upon entering the outer door of each housing unit, staff have visibility into all housing unit tiers provided through glass. Six single stall showers are in the right corner of the dayroom. A wall separates the day room activities from the shower area.

Additionally, each shower has a door extends to the height that only allows viewing of the inmates' head while in use. The physical layout of the showers and cells with entry doors prevents cross-gender viewing by opposite gender staff. An all-in-one toilet and sink are in each of the housing unit cells with sliding electronic doors operated by staff in the control center. Eight correctional staff was assigned to this housing unit with 2 officers in control center, one officer assigned to A-tier; 2 correctional officers assigned to B-tier and C-tier and one additional officer to assist in escorting inmates.

The East compound consist of housing units #5 - #8. Housing units #6, #7 and #8 houses general population inmates and has 4 tiers (A, B, C, and D). Each tier is double bunk with a capacity of 96. Upon entering the outer door of each housing unit, staff have visibility into all housing unit tiers provided through glass. The cells have an all-in-one toilet and sink. Six single stall showers are located on each tier in the right corner of the dayroom. A wall separates the day room activities from the showers area.

Additionally, each shower has a door extends to the height that only allows viewing of the inmates' head while in use. The physical layout of the showers and cells with entry doors prevents cross-gender viewing by opposite gender staff.

Housing unit #5 is designated as the special management unit and has three pods (A, B, C). A (84 beds) tier is tiers are designated to house protective custody inmates; B-tier (96 beds) and C tier (90 beds) are

designated as administrative pending investigation and /or pending transfer (90). Inmates assigned to the protective custody unit top and bottom tiers can interact. Upon entering the outer door of each housing unit, staff have visibility into all housing unit tiers provided through glass. An all-in-one toilet and sink are in each of the housing unit cells with sliding electronic doors operated by staff in the control center. The cells have an all-in-one toilet and sink. Six single stall showers are located on each tier in the right corner of the dayroom. A wall separates the day room activities from the showers area. Additionally, each shower has a door extends to the height that only allows viewing of the inmates' head while in use. The physical layout of the showers and cells with entry doors prevents cross-gender viewing by opposite gender staff. Eight correctional staff was assigned to this housing unit with 2 officers in control center, one officer assigned to A-tier; 2 correctional officers assigned to B-tier and C-tier with one additional officer to assist in escorting inmates.

Medical staff and mental health staff are assigned to specific sites but aid as needed to the others. One infirmary provides services for the three sites. The infirmary consists of three wards, A, B, and C. The A, and B wards are designated for those inmates who are sick and not well enough to return to their housing unit. B-ward was originally devoted to providing physical therapy. However, physical therapy is not being conducted at this time due to COVID-19. C-ward is for total care inmates to include extending for years. Isolation cells are also located in the infirmary for segregation inmates that need medical attention. The infirmary has a capacity rate of 43 inmates. Twenty-four inmates were housed there during the on-site visit. Medical staff are not allowed to conduct one-on-one examinations with the inmate population. Two staff are required to be present. Outside medical services to include forensic medical examination are provided at the local hospital Peninsula Regional Medical Center in Salisbury, MD.

Inmates assigned to housing unit #9 (located in medical infirmary) are those with illness that medical staff provide direct continuous medical care for. Inmate capacity in this unit was 6 prior to COVID-19 but has since been reduced to 5. The inmates assigned are elderly men who have been determined to not being able to function within the general population. The beds in this unit are in a one large cell that houses all inmates. The cell is equipped with a toilet, sink and shower with an appropriate shower curtain that allows privacy during use and a large television for viewing.

The Administrative Segregation Observation Area is near the infirmary and has 24 single cells within this area. The cells are equipped with all-in-one toilet and sinks. Two showers are located outside the cells with doors and a food slot for the application of hand restraints during movement. Inmates determined to be placed on mental health status are now being held in housing unit #4 and monitored as directed by a scale of 1 - 4. Inmates who are on quarantine status are also held in this area in addition those inmates from the East and West Compounds being held on a specific tier in housing unit #4. PREA information is on the walls in English and Spanish and on the recreation yard that also has 2 telephones accessible to the inmates with the PREA Hotline number posted for viewing.

A finish kitchen is located on the West Compound and East Compound with separate dining rooms for inmate and staff. Due to COVID-19 all inmate meals are delivered to the housing units. An interview with food service staff at the East and West Compounds indicated prior to COVID-19 the number of inmates assigned was 50, but since the number has decreased to 21 inmates with a minimum of two staff supervising.

Inmates on the West and East Compounds attend gardens located on their assigned compound. The ECI Garden Program grows and harvest produce that has donated to the local Health Department for distribution through non-profits to needy residents whose poverty rate is 29.6%, the highest in Maryland. The program has donated over 32,875 pounds of vegetables to the local community.

The tour at the ECI Annex began in the Support Building which includes visitation/intake area, case management wing, security supervisor office, programs/library, medical, chaplain office, property room, and kitchen. The two inmates assigned to the property room and was supervised by a property room officer. A security staff identified as Support Building Officer, monitor all inmate movement from various areas of the Support Building while conducting rounds and documenting 30-minute rounds throughout the building and departments.

The ECI Annex is a minimum-security satellite facility outside the secure perimeter of the East and West Compounds. Most inmates assigned at the ECI Annex are from the ECI East and West Compounds in addition to inmates arriving from the 4 local counties. The Master Control overlook the front lobby, visiting room and 2 courtyards. There are four housing units Somerset, Wicomico, Worcester, and Dorchester each with individual pods.

The Annex has cameras in medical/ classification and dining room. An ongoing camera project is in process to install cameras in all housing units. Twenty-five cameras have been installed in the Wicomico housing unit. The Dorchester housing unit previously had cameras only in the visiting area, prior to the installation of 28 cameras. Cameras as also scheduled to be installed in the remaining 2 housing units, Somerset, and Worcester. These cameras are monitored by security staff and can only view live time. The Annex Shift Commander and the Annex Facility Administrator have access to monitor video footage up to a 30-day retention period.

The Somerset, Wicomico and Worcester housing units are a mirror image of each other, and all have three tiers each A, B, and C with a dayroom. A security staff's station is in the middle of the unit and has good visibility into the entire housing units. The inmates are assigned to cells with all-in-one sink and toilet that allows privacy during change of clothing and performing bodily functions. Six individual showers are located at the top of each tier and has a shower curtain at the entry that provide privacy when in use from cross-gender viewing. A laundry area is in front of each tier and available to the inmate population for clothing only, no bedding. These items are delivered to the centralized laundry.

Tier B in the Worcester housing unit is designated for inmates assigned at the ECI Annex and require placement on quarantine. Newly arriving inmates designated to the ECI Annex are quarantine for 14 days.

The Dorchester housing unit is a dormitory style within an open bay unit for per-release minimum inmates and has two tiers, north and south. Each tier is designed to house 70 inmates. However, during the on-site visit, 19 inmates were assigned to the north and 15 were assigned to the south. Due to the spread of COVID-19, those inmates who qualified for home detention were release and placed on monitoring status using ankle bracelets. The tiers are separated by the officer station and a dayroom. Each tier has multiple open showering a shower curtain is located at the entry area to prevent cross gender viewing. Both tiers have a common area bathroom with toilets in individual stalls and that provides privacy during use. The inmate population share 6 telephones located on each tier. The PREA hotline number and how to report is located near these phones.

The inmate dining was closed, and all meals at the ECI Annex is grab and go. Per an interview with the ECI Annex Facility Administrator, the inmate population at the ECI Annex has lost several jobs due to not being allowed to work in the local community, due to COVID-19. However, several new job assignments have been added at the facility in janitorial services that include constant cleaning and sanitizing. Other jobs for the inmate population include the warehouse, central kitchen, and road crew (facility trash detail).

PREA posters were posted throughout the Annex in each pod and all dayrooms in English and Spanish

that include the ZERO tolerance or sexual abuse and sexual harassment and how to report. The MCASA pamphlet that provide outside resources was observed on the inmate bulletin boards in each pod. The PREA Hotline number is also stenciled on the walls in the housing units, Support Building accessible to staff and the inmate population.

Due to COVID-19 the approved occupancy of inmates in all program areas and work assignments throughout the Complex has decreased to enable appropriate social distancing. Visitation for the three sites is conducted via Skype and is limited to 30 minutes. Privacy is provided in each of the visitation visual search areas surrounded by barriers/panels and are conducted by the appropriate staff. Female and male staff are assigned as inmates identified as transgender has elected to be searched by female staff. The male inmates receive visual searches by male staff only. A toilet and sink are also located behind the barrier/panels that provides privacy when in use. Due to visitation currently being conducted via Skype, visual searches are not required.

A variety of outside only recreation activities are available to the general population inmates due to COVID-19 at the three sites. Inmates assigned to the East and West Compounds are only released by half of tier (5 cells) to the recreation yard. Video monitoring and direct staff monitoring is accessible to all inmate program areas to include in outside recreation, pool halls, weightlifting areas, hallways, vocational programs, and various room activities that include full viewing of all areas through the construction layout of ½ wall and 1/2 windows throughout the lengthy hallway providing access to all areas.

The transportation department provide transport of both male and female inmates for all DPSCS correctional institutions. The staff complement in this department consists of 16 correctional staff, 13 male and 3 females. The inmates are transported to court hearings, and direct transfers up to six hours. Prior to COVID-19, inmates were transported to court hearing. These hearing are now conducted virtually. Staff hours of work are determined on their daily travel assignments. As of March 2020, through September 2020, transportation staff only provided transportation services for inmate medical trip assignments. Inmates are required to complete a visual strip before departure and upon return from transport as a security measure and by two officers.

The education department consist of 26 staff at the East, 27 at the West and 15 at Annex. The department provided academic programs form literacy through DED. Vocation al programs include Automobile Mechanics, Residential Construction, Masonry, Desk Top Publishing and CADD. However, several classrooms and program areas were not being utilized. The education staff conducted telework for 26 weeks. The Principal and Librarian returned in August and remaining staff returned in September. The inmate population began testing only in August. The teachers were in the preparation phrase for inmates return to class during the on-site visit. The inmate participation in classes and program sizes will be reduced by numbers and hours of daily attendance to allow for appropriate social distancing.

Addiction Counseling service is being hold on-one rather than the before group sessions. Prior to COVID-19 inmates assigned to work release could leave the facility for their jobs at the local poultry plant and the local roofing industry.

The centralized kitchen located outside the secure perimeter prepare the meals for delivery to the East, West and Annex. The central kitchen was also built in 1987 without concentration on the PREA standards as not yet established. The physical layout and installation of large equipment and machinery created numerous blinds spots throughout. It was determined by the auditing team, ECI PCM and DPSCS PREA Coordinators that mirrors would be purchased and installed in addition to the relocation of existing mirrors was needed to eliminate those identified blind spots. Seven mirrors were strategically installed throughout the centralized kitchen, the installation of barriers and repositioning of equipment that

eliminated inmates' access to entering behind machines and equipment aided in the elimination of the identified blind spots.

Two blind spots were identified in both the West and East compound kitchen areas. A 180- degree mirror was installed on the upper wall center of the dish rooms that provides full coverage to supervising staff from other areas within the kitchen.

The blind spot was identified in the kitchen dry storage areas at both the East and West compounds. A large 180-degree mirror was installed on the top wall that provided staff monitoring ability over large equipment and a hallway within the area.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	1
Number of standards met:	44
Number of standards not met:	0

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

115.12, Contracting with other entities for the confinement of inmates

115.13, Supervision and monitoring

115.14, Youthful inmates

115.15, Limits to cross-gender viewing and searches

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

115.17, Hiring and promotion decisions

115.18, Upgrades to facilities and technologies

115.21, Evidence protocol and forensic medical examinations

115.22, Evidence protocol and forensic medical examinations

115.31, Employee training

115.32, Volunteer and contractor training

115.33, Inmate education

115.34, Specialized training: Investigations

115.35, Specialized training: Medical and mental health care

115.41, Screening for risk of victimization and abusiveness

115.42, Use of screening information

115.43. Protective Custody

115.51, Resident reporting

115.52, Exhaustion of administrative remedies

115.53, Inmate access to outside confidential support services

115.54, Third-party reporting

115.61, Staff and agency reporting duties

115.62, Agency protection duties

115.63, Reporting to other confinement facilities

115.64, Staff first responder duties

115.65, Coordinated Response

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

115.67, Agency protection against retaliation

115.68, Post-allegation protective custody

116.71, Criminal and administrative agency investigations

115.72, Evidentiary standard for administrative investigations

115.73, Reporting to inmates

115.76, Disciplinary sanctions for staff

115.77, Corrective action for contractors and volunteers

115.78, Disciplinary sanctions for inmates

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

115.82, Access to emergency medical and mental health services

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

115.86, Sexual abuse incident reviews

115.87, Data collection

115.88, Date review for corrective action

115.89, Data storage, publication, and destruction

115.401 Frequency and scope of audits

115.403 Audit contents and findings

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. ECI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. Facility Directive ECI.050.0001 Sexual Misconduct-Prohibited 5 ECI Organizational Chart and DPSCS Organization Chart 6. Interviews with: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. ECI PREA Compliance Manager <p>115.11(a) Facility Directive ECI.050.0001 states the purpose of the directive is to implement the facility's zero tolerance approach to sexual misconduct and establish procedures for reporting, responding to, and resolving a complaint of sexual misconduct. It is also the facility's policy to protect all inmates and staff who report or cooperate with investigations of sexual abuse or sexual harassment from retaliation by other inmates or staff. Executive Directive DPSCS. 020.0026 Prison Rape Elimination Act-Federal Standards Compliance section .03 states, "The Department does not tolerate sexual abuse or sexual harassment of an inmate." The Directive clearly outline the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in the Department facilities. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited section .03 B. states "the Department shall ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual misconduct comply with applicable federal standards (28 CFR Part 115.11 - August 20, 2012) established under the authority of the Prison Rape elimination Act (PREA) of 2003 (P.L. 108 -79). The Directive identify sanctions to be imposed on staff who participate in outlined prohibited acts regarding the zero-tolerance consistent with PREA standards include up to termination. Sanctions for those that have participated in prohibited behaviors in the facility is outlined in the Directive. Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited contains information on inmate discipline in addition to the inmate rule book identifies the inmate rule violation 117 - as any manner, arrange, commit, perform, or engage in a sex act or sexual conduct. Inmates who are determined by the IID Investigator to have committed the criminal act of sexual misconduct to another inmate and or staff will be prosecuted.</p> <p>115.11(b) In accordance with a review of the DPSCS organizational chart, the Department has designated an upper-level Special Assistant who reports directly to the Deputy Secretary of Operations as the DPSCS PREA Coordinator. An DPSCS Assistant PREA Coordinator is also</p>

employed to assist the DPSCS PREA Coordinator in overseeing the agency's efforts regarding PREA in all its facilities. The DPSCS Assistant PREA Coordinator reports directly to the DPSCS PREA Coordinator. The auditor interviewed the DPSCS PREA Coordinator who confirmed he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

115.11(c) The facility has designated a PREA Compliance Manager, who is assigned these duties along with duties as the Major. The facility's organizational chart was provided for review. The chart shows the ECI PCM position as a dedicated position who reports directly to the Assistant Warden and Warden. The auditor interviewed the ECI PCM and confirmed he has time to fulfill his position as the PREA Compliance Manager. He is always given the allowable time to ensure his duties as the PREA Compliance Manager is attended too and completed. He added if there is an where the facility failed to maintain compliance with a standard, he would review the affected area to make corrections as needed such as provide additional training to staff, the addition of a mirror and/or do what mearsures are needed to become compliant.

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

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. ECI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. Contract DPSCS Q00B9400025 for Pre-Release Services 4. PREA audit reports of Threshold, Inc. 5. Interviews with the following: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator <p>The DPSCS has entered one contract for the confinement of inmates. The contract is with Threshold, Inc. for pre-release services. Threshold Inc. is a private non-profit agency incorporated under the Laws of the State of Maryland to provide community-based treatment and work release services for persons incarcerated in the State Prison System. Review of the contract confirmed it contained language that the facility is to comply with the requirements of the Prison Rape Elimination Act. The auditor also reviewed the 2015 and 2018 PREA Audit reports for Threshold on the DPSCS website @ Maryland.gov. ECI does not contract for the confinement of inmates. Interview with the DPSCS PREA Coordinator indicated the agency does monitor compliance with the contract and he serves as the Agency Contract Monitor for this contract.</p> <p>Based on the review of the contract, audit reports and interview, the facility has demonstrated compliance with all provisions of this Standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. ECI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management 4. DPSCS Staffing Analysis and Overtime Management Manual 5. ECI Staffing Plan Summary of Authorized Positions 6. Log of unannounced rounds 7. Eastern Staffing Plan Annual Review 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. Warden b. PREA Coordinator c. PREA Compliance Manager d. Intermediate or Higher-Level Staff <p>115.13(a) Directive OPS.115.0001 states the requirements of a facility staffing plan. These requirements contain the eleven requirements stated in this provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels and requirements and the documentation of any deviations to these requirements. The Eastern Correctional Institution and Annex Staffing Plan addresses the eleven enumerated requirements as indicated in this provision. The staffing plan was based on 3275 inmates. Interviews with the agency PREA Coordinator, Warden and ECI PCM indicated the facility does develop and comply with a staffing plan as outlined in The Staffing Analysis and Overtime Management Manual. The Warden indicated the staffing plan is reviewed every year while looking for blind spots, level of staffing and consider each element of this provision. Each Monday, he receives correctional rosters and basically, reviews the occupational level for level 1 then possible level 2 for collapsing post only. Level 3 can only be collapsed for an emergency lock down. The facility has not had any instances of non-compliance, but they would be documented if they occurred.</p> <p>115.13(b) Directive OPS.115.0001 states the requirements of a facility staffing plan. The Overtime Manuel provides guidance regarding minimum operational staffing levels and requirements for documenting any deviations with these requirements. The facility staffing plan is developed with these requirements in mind and a daily Post Assignment Worksheet (PAWS) is developed to deploy staff in accordance with the stated staffing plan. The PAWS</p>

identifies positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. Any deviations from the staffing plan are documented on the PAWS with an explanation as to why that position was closed. The Warden reported that deviations are required to be documented, and the PAWS ensures that staffing levels are maintained at the required level. The Warden stated deviations would be documented in the manner of an internal packet to document in a memorandum vacating the critical post as they occur. Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution. However, due to the facility's response to COVID-19, inmate activities and movement during the on-site visit was limited.

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. ECI provided a copy of the Staffing Plan Review dated July 26, 2019. The form considers all the criteria required for a staffing plan review as required in this Standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility compliance manager and agency wide coordinator. The review documented no adjustments to the plan was recommended.

The facility also completes a Staffing Plan for the Eastern Correctional Institution Annex in addition to the main facility in accordance with Directive OPS.115.00001. This Staffing Plan also received a final review on July 26, 2019 and documented no adjustments to the plan was recommended. An interview with the Facility Administrator at the Annex indicated the Staffing Plan is reviewed and approved by the Director of Security Operation and by the Warden. He added he is not involved in the review. However, he does have the ability to reassign special assignment staff to cover special projects, He added he has a Major and a Duty Lieutenant assigned at the ECI Annex with security officers and an inmate capacity of 608. There are between 20 -24 staff on the day shift, 16-17 security staff on the evening shift and 10 on the midnight shift. The inmate count at the Annex on the first day of the on-site visit was 372. This number is included in the total complex count noted on the first day of the on-site visit at 2872. The ECI Annex has not been at a full capacity since March 13, 2020, due to the COVID-19. Hundreds of inmates were sentenced to home detention to decrease the inmate population and the spread of COVID-19. Those chosen for home detention were assigned an ankle bracelet for monitoring. He acknowledged he is aware that the Staffing Plan is reviewed annually.

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

rounds are occurring the three shifts. An interview with intermediate or higher levels staff indicated that unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted each shift by security supervisory staff and at least weekly by upper-management staff. Review of various logbooks in all housing units confirmed supervisory shift conduct rounds during each shift and document such rounds in red ink. Upper-level management staff document their rounds in the visitor's logbook. These rounds were noted throughout the facility to include the ECI Annex, West Compound and East Compound. Security supervisory staff indicated they do not complete their rounds in one setting and the rounds are not conducted in a pattern that advises the inmates and/or staff of their forthcoming arrival to the areas. Documented rounds were provided from all areas and a variety of shifts, days and months that confirms supervisory staff are conducting appropriate rounds to identify and deter staff and inmate sexual misconduct.

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

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. ECI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. Observation during onsite tour 4. Interviews with the following: <ol style="list-style-type: none"> a. Warden b. ECI PCM <p>Review of the PAQ, policy and interviews, confirmed the facility does not house Youthful Inmates.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none">1. ECI Completed Pre-Audit Questionnaire (PAQ)2. DPSCS PREA Audit Manual3. Executive Directive OPS.200.0006 Assessment for Risk of Victimization4. DPSCS Executive Directive OPS.110.0047 Personal Search protocols-Inmates5. Police and Correctional Training Commission -Lesson Plan- Security and Control6. DPSCS Search exception cards7. Observation while on-site8. Interviews with:<ol style="list-style-type: none">a. ECI PCMb. Random staffc. Random Inmatesd. Inmates identified as Transgender <p>115.15(a) 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. 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. However, the PAQ listed 15 cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months. ECI houses male inmates only. The ECI PCM stated he documented the 15 cross-gender searches based on female staff conducting searches on transgender inmates. He was advised the search of transgender inmates by staff who elected to be searched (female staff) was not considered cross-gender searches. He was given an example of cross-gender search as being a female staff member conducting a visual search of a male inmate that does not identify himself as transgender or intersex. Therefore, there were zero cross-gender visual strip and/or zero cross-gender visual body cavity searches at ECI during the 16-month extended review.</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 ECI is designated as a male only facility. However, the ECI transportation department provides escort services for the female population at the Maryland Correctional Institution for Women. Interviews with staff assigned to provide inmate escort identified female staff and male are assigned to the transportation department and at no time do the male escort officers conduct pat searches and/or visual searches on the female inmates, nor does the female staff conduct such searches of the male inmates. Additionally, the male staff does not conduct pat searches and/or visual searches of transgender inmates.

115.15(c) Directive OPS.110.0047, Section .05F(6)(b) regarding all strip searches states, “(b) Log or report the search in accordance with established procedures.” Section .05H(1)(b) regarding body cavity searches requires prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported 15 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 16-month extended review period. ECI only houses male inmates. The ECI PCM stated he documented the 15 cross-gender searches based on female staff conducting searches of transgender inmates such as conducting medical escort trips and/or intake. He was advised the search of transgender inmates by the staff the transgender inmates have elected (female staff) was not considered cross-gender searches. He was given an example of cross-gender search as being a female staff member conducting a visual search of a male inmate that does not identify himself as transgender or intersex. Thus, there are no written reports or incidents of cross-gender strip searches or cross-gender body cavity searches as there has not been any occurrences of such. a. Staff interviews did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security and/or medical staff in the past 16 month extended review period. Likewise, inmate interviews did not indicate any occurrence of cross-gender viewing by female staff during a strip search with the exception of transgenders who have elected to be searched by the female staff. Visual cavity searches are only authorized to be conducted by medical staff. There were no visual cavity searches conducted during the 16-month review period. Therefore, cross gender pat down searches of female inmates does not apply.

115.15(d) Directive ECI states, “Staff of the opposite sex announce their presence when entering a housing unit at least at the start of their shift.” Additionally, during the tour it was noted that the facility implemented procedures that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. The inmate cells in the East and West Compounds each have an all-in-one toilet and sink for the inmate’s personal usage. Six showers are located in each dayroom on the east and west side. The showers are designed to be individual stalls with a full wall between each and a $\frac{3}{4}$ wall between each. A visual into the showers is limited to the viewing of the inmate head. Housing unit camera coverage was noted as not having the ability to see into the inmate cells nor the showers in the various housing units.

The ECI Annex also has two housing units with dormitory style living. The inmate restroom areas are within the common area but does not allow viewing without entering. However, the

toilets and showers are in individual stalls and privacy is awarded by doors.

Overall inmates indicated that opposite gender staff announce their presence when entering a housing unit. This practice was also observed by the auditor during the on-site tour. Inmates indicated that they were not able to be viewed by female staff when using the toilet, showering, or changing clothes. Random staff interviews indicated that opposite gender staff announcements are made prior to entering the housing units. ECI provided unit logbooks entries that documented a transgender inmate could shower alone and a copy of interoffice communication between the ECI PCM and two inmates identified as transgender regarding their option to shower alone was presented for review. Logbooks entries were also reviewed indicating female security staff assigned to the housing units document the opposite gender announcement at the beginning of their shifts and informing the inmates to always remain dress appropriate.

115.15(e) Directive OPS.110.0047, Section .05F(3)(a) regarding strip searches of transgender and intersex inmate's states, "A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate's genital status." If an inmate's status is unknown it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. All staff interviewed reported that the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status.

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy
4. DPSCS Executive Directive OSPS.050.0011 American with Disabilities Act of 1990, Titles I and II
5. Translation Services Documentation
6. Observation while on-site
7. Interviews with:
 - a. Agency head
 - b. Random staff
 - c. Inmates with disabilities

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 Orientation 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. The video presentation has audio and is also available in Spanish. Sign language services are available through Statewide Visual Communication Services. However, inmates who would require sign language services would not be assigned at ECI. During the interview with the agency head/designee, he indicated that language line and sign language services are available to inmates. There were no inmates at the facility identified as LEP, blind, and/or cognitive disabled. The following inmates with disabilities were interviewed by the auditing

team: (2) physical disabled; (3) vision impaired; (1) hearing impaired. All inmates confirmed they were provided PREA education and continuously PREA material in formats that they could/can understand.

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. During interviews, staff indicated they rarely encounter inmates that cannot speak English and were aware that inmate interpreters should not be used regarding a PREA allegation.

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

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance
3. Code of Maryland COMAR 17.04.14.10 and .20
4. Code of Maryland COMAR 12.15.01.19
5. DPSCS PREA Interview/Hiring Process guide
6. PREA DBM DPSCS JOBAPS Application Form
7. PREA Interview Questions
8. Polygraph Questions for Mandated Positions
9. DPSCS Interview form – Correctional Applicant
10. Hiring and Promotional Records
11. Criminal History Background Records Check Documentation
12. Interviews with:
 - a. DPSCS PREA Coordinator
 - b. Administrative (Human Resources) Staff
 - c. Central Hiring Unit Supervisor

115.17(a) Directive DPSCS.020.0026, section .05F(1) regarding the Human Resources Services Division (HRSD) states, “shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B(3) of this directive.” Human resources staff reported that hiring and background checks of new employees, promotions, and contractors are performed by the centralized hiring unit which is located offsite of the facility. The applicants select the general geographic area in which they would like to be assigned if selected for employment. The determined location is made by the Centralized Hiring Unit which is a section of the Human

Resource services Division. The background investigation is extensive in the collection of data regarding applicants that includes but not limited to: consideration of the applicant's criminal background; previous employment history; review of current tattoos for possible gang 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.

A review of 4 background investigations and personnel documentation for new hires and staff promoted within the review period confirmed a thorough background is completed prior to the applicant being offered the applying 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. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who does not meet the requirements of this provision. It also prohibits the acquisition of services from any contractor who does not meet the requirements of this provision

115.17(b) Directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, which was effective August 7, 2015 notes the Department shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate. Human resources staff reported that incidents of sexual harassment are considered during the application, interview, and background investigation for all staff to include contract staff. She continued in that if a substantiated allegation were identified during the background check, the applicant would not be considered for hire. The Human Resource Service Division (Central Hiring Unit) is responsible for initiating background checks on all DPSCS and contract staff assigned to various departments in the DPSCS.

Per an interview with the Human Resource Manager staff at the facility conducts partial background checks at the facility level and the Central Hiring Unit staff conducts all backgrounds. Background checks are not completed on veteran staff, only new hires.

115.17(c) Directive DPSCS.020.0026, section .05F(3) states, "Before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) Consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse." Human resources staff reported that the centralized hiring unit performs all administrative and criminal background checks and efforts to contact all prior institutional employers of new employees. It was reported that investigators are assigned and attempt to contact all previous employers. Background checks are not conducted by a staff member who applies for promotions; however, these employees must complete a self-disclosure. There were 7 new staff hires during the review period and 7 staff selected for promotions. The auditor reviewed the 4 background checks for the new hires and the PREA self-declaration for 4 staff who received promotions during the original 12-month review. Of the 4 background employee records it was noted that a criminal background check and efforts to contact all prior employers was performed for all applicants. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers.

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

115.17(e) Directive DPSCS.020.0026, section .05I states, "For each subordinate employee and contractor service provider who may have contact with an inmate, an appointing authority, or a designee, shall conduct a criminal records background check, at minimum, every five years, or have in place a system for otherwise capturing such information for current employees and contractors." Pursuant to COMAR 12.15.01.19 regarding the state "Rap Back" program, arrest reports are monitored for employee contact with law enforcement, on a continuous basis. The "Rap Back" program is a continuous real time monitoring program. If an employee has any contact with law enforcement, the contact is immediately reported to the agency. At least annually the Central Repository shall prepare and distribute a list of previously processed 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. Human resources staff interviewed indicate that hiring and promotion applications include these questions. She confirmed IID Investigator conducts a vetting background check on staff who apply for a promotion which is still a background check and is completed through the Central Hiring Unit. This was confirmed via a review of application documents. Human resources staff also report that agency policy requires staff to report such conduct within 5 days in accordance with the DPSCS Employee Standards of Conduct DCD.50.2.

115.17(g) Directive DPSCS.020.0026, section .05F states, "A material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment." Additionally, the Application Form also contains the following

language "I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, I shall be subject to immediate termination and/or my application will be disapproved, my name removed from the eligible list, and that I will not be certified for employment in any position under the jurisdiction of the Department of Budget & Management. I am aware that a false statement is punishable under law by fine or imprisonment or both."

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

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

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. Observation
4. Agreement Meeting Minutes
5. Interviews with:
 - a. Warden

115.18(a) The Audit Manual states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect inmates from sexual abuse. The Pre-Audit Questionnaire indicated that there had been additions to the video monitoring systems at ECI. An interview with the agency head designee indicates that when designing, acquiring, or planning substantial modifications to facilities the agency considers PREA requirements relevant blind spots in building plans regarding camera placement. The agency also considers statistics (e.g. a prevalence of incidents), considers needs, past problem areas and evidence-based practices. LED lights were added and continued to be added and/or replace older lighting throughout the complex.

115.18(b) The Audit Manual states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department’s ability to protect inmates from sexual abuse.” The Pre-Audit Questionnaire indicated new installation or update to the current video monitoring systems. An interview with the Warden who said they consider statistics (e.g. a prevalence of incidents), past problem areas, blind spots and evidence-based practices. A review of the Security Electronics Upgrade- Phrase agreement revealed the ongoing camera upgrade project was approved in 2018 but continues to be a work in progress. Several cameras have been installed throughout the east side, west side, and Annex to include housing units with several more forthcoming. It is documented in a meeting minutes that the ECI PCM was awarded the opportunity to review and provide input in the installation and upgrade of the video cameras that provided consideration to the mandate of the PREA standards.

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. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing
3. DPSCS Executive Directive OSPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
4. DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses
5. MCASA Website
6. Investigation Files
7. Interviews with:
 - a. Facility Investigator and IID Investigator
 - b. Warden
 - c. Peninsula Regional Medical Center Forensic Nurse Coordinator

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 the beginning stage of the investigation by the on-duty security shift supervisor. The shift commander 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 an 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 for 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 OSPA. 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. ECI uses Peninsula Regional Medical Center for all forensic examinations. The lead auditor conducted an interview with the Forensic Nurse Coordinator at the medical center regarding inmates being provided forensic examination and access to a victim advocate. Hospitals with SAFE Programs have specially trained Forensic Nurse Examiners (FNE) or physicians available to provide both medical attention and evidence collection services. The Forensic Nurse Coordinator indicated the medical center does not have a SANE/SAFE at the hospital 24/7. However, upon the arrival of a victim of sexual assault, the emergency room charge nurse will contact the on-call SANE/SAFE who must report to the hospital within 1 hour of being notified. Medical care provided during SAFE includes acute injury care and medication for the prevention of sexual transmitted infections (STIs), and HIV. ECI does not house female inmates, therefore medication for the prevention of pregnancy was not applicable. All services and medical care, including HIV prevention medication (nPEP), provided during a SAFE are free of cost. An interview with the facility Infection Control Register Nurse indicated her ability of screening is limited to HIV and Hepatitis C which are the two screening tools at the facility. Additional tests would be conducted at the local hospital. If a test is identified as positive from the outside hospital, medical services would be provided by medical staff. She concluded that she is on the list to be informed of all PREA allegations and upon notification, she sees the inmate. The inmate must consent to receipt of a forensic examination and all medical treatment. Confirmation of the 3 inmates were transported to Peninsula Regional Medical Center for forensic examinations. However, a review of the 3 investigative files revealed only 1 inmate received a complete forensic examination. It was determined by the SAFE that due to no transfer of biological material between the alleged victim and suspects, a forensic examination was not applicable.

An inmate signed the Consent for Authorization for Sexual Assault Examination and Disclosure of Medical Information prior to the beginning of the forensic examinations and completed the forensic examination. The local hospital records indicated there were no evidence to support his allegation of sexual assault. The SAFE had previously noted that the determination of medication the inmate would receive was based on the pending outcome of the test results. Based on the forensic findings by the SAFE, no medication was prescribed.

The third inmate transported to the Peninsula Regional Medical Center did sign the Consent for Authorization for Sexual Assault Examination and Disclosure of Medical Information prior to the beginning of the forensic examinations. The medical documentation noted the determination of medication would remain pending the outcome of the test results. The inmate refused to allow the SAFE to conduct several phrases of the forensic examination. Therefore, the inmate was transported back to ECI due to refusing medical treatment. No medication was prescribed.

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 indicates when receiving a SAFE the inmate will have the 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. ECI uses Peninsula Regional Medical Center for all forensic examinations. The lead auditor conducted an interview with the Forensic Nurse Coordinator at the medical center regarding inmates being offered a victim advocate upon reporting sexual assault/abuse. She indicated the medical center has a protocol to advise the victim of the available service of receiving a victim advocate. If the alleged victim accepts the offer to have one, a call is then made for the on-call victim advocate to report to the medical center. She stated a victim advocate will not be called unless the alleged victim requests to have one after being advised of the availability. The PAQ indicates that there have been 3 forensic exams performed in the extended review period of 16-months. However, only 1 forensic medical examination was completed by the SAFE. These services were completed at Peninsula Regional Medical Center and the medical documentation was presented for review. Activation of Life Crisis Advocate was noted as not activated. As stated by the Forensic Nurse Coordinator this is a service the inmate has the option to refuse or accept the services.

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). Mental health staff have been identified as competent to service in this role.

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

115.21 (g) Not applicable

115.21(h) ECI.050.0001 identifies if the inmate victim is being sent to the hospital for a forensic exam, the medical provider shall ask the inmate if he wants a victim advocate to accompany him at the hospital during the exam. If so, the hospital is notified to make arrangements for the victim advocate. However, per an interview with the Peninsula Regional Medical Center Forensic Nurse Coordinator, it is the hospital protocol to always offer the victim a victim advocate upon their arrival and the victim has the option to accept or refuse the services. The investigative case files of inmates who were transported to the local hospital for the intention of forensic medical examination contained the medical services provided at the hospital. The activation of Life Crisis Advocate was noted not as activated for the one inmate who completed for forensic medical examination. As stated by the Forensic Nurse Coordinator this is a service the inmate has the option to utilize.

The inmate who received a forensic medical examination and the inmate who received a partial forensic medical examination had been released from DPSCS custody prior to the on-site visit and was therefore unavailable for interviews. The facility has identified mental health social workers as meeting the qualifications of a victim advocate based on their professional training of mental health and interpersonal interaction with inmates dealing with all levels of crisis.

Based on the review of policies, interviews, medical documentation 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. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
5. DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing
6. 2019 and 2020 PREA Tracking logs
7. Investigation Files
8. Interviews with:
 - a. IID Investigators and Facility Investigator
 - b. Warden

115.22(a) Directive IIU.110.0011, section .03 states, "The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator." Directive OPS.050.0001 and Directive OPS.200.0005 states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct." The agency head reported that every allegation of sexual abuse or sexual harassment goes through IID. All investigations, criminal or administrative, are tracked by the facility and IID. The PAQ identified there were 36 reported allegations of sexual abuse and/or sexual harassment in where an administrative investigation was conducted during the review period of January 2019 – January 2020. This information is incorrect. The audit review period was scheduled for May 2019 – May 2020, but was extended through August 2020 for reported PREA allegations due to the COVID-19 and the delay of the on-site visit. During this audit review period, there were 39 allegations of sexual harassment and sexual abuse reported. Each of these PREA allegations were completed as an administrative investigation. There were 17 allegations reported for sexual abuse and 22 reported allegations for sexual harassment. One allegation of sexual abuse was originally determined as Unsubstantiated but later reopened upon the development of additional information and resulted in a Substantiated finding. However, the victim elected to not pursue criminal charges against the inmate (touching involved only) and the case continued as an administrative investigation.

115.22(b) (c) (d) (e) Directive IIU.110.0011, section .03 states, "The Department shall

promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.” An interview with the Warden and IIU Investigator noted that every allegation of sexual abuse or sexual harassment goes through IID.

Per interviews with the Agency Head designed, Warden, IID Investigator, and review of PREA investigative case files, DPSCS IID investigators are responsible for investigations of sexual abuse and sexual harassment. Information on how the public can report sexual abuse and /or sexual harassment allegations is located on the Agency’s website at

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

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

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS 030.0001 Pre-Service and In-Service Training
3. ECI.050.0001 Sexual Misconduct – Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
5. COMAR 12.10.01.16 Correctional Training Commission requires annual training.
6. PREA Training Lesson Plans
7. PREA Training records and Rosters
8. Interviews with:
 - a. ECI PCM
 - 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.”

An electronic generated copy of training for 628 non-security and security staff was provided that confirmed staff completed the required PREA training. Random staff interviews indicated in-service training is provided annually during Day 2 in-service training. The training department tracks staff progress via computer-generated spreadsheet to ensure completion of training. Furthermore, anyone who did not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline. 100% (20) of the random staff interviewed reported that in-service training contains all the information required by this provision. An interview with the ECI PCM indicated prior to COVID-19, he attended shift briefing and presented various scenarios pertaining to PREA as a training tool.

Additionally, COMAR 12.10.01.16 Correctional Training Commission requires completion of annual training by December 31st of each calendar year. PREA training is part of the annual training curriculum. DPSCS uses two PREA lesson plans. A Correctional Entrance Level Training Program (for new employees) and a Correctional In-Service Training Program (for

current employees). Both lesson plans are similar in content. Training is two hours, lecture based with a slide presentation, and followed by a test. Staff must score 75% or better to successfully pass the training. The lesson plans cover the 10 topics specified in this provision.

The PREA Audit Manual states, "Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa." Training is designed for officers to be able to function in both female and male facilities. ECI 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 PREA Audit Manual states, "The Department shall document, through employee signature or electronic verification that employees understand the training they have received." COMAR 12.10.01.16 Correctional Training Commission section F(3) states, "An agency head or training director sending a mandated employee to another academy for Commission-approved mandated employee training shall maintain records of in-service and firearms training and qualification provided by the academy conducting the training until audited by the Commission. Completion of staff completing PREA training was presented through electronic verification noting the PREA course code and staff who completed it.

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

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

ECI Completed Pre-Audit Questionnaire (PAQ)

1. Executive Directive OPSP.050.0001 Sexual Misconduct
2. ECI Lesson Plan for Volunteers and Contractors for PREA
3. DPSCS Volunteer Services Orientation Manual
4. Certification of PREA Training for Contractors and Volunteers
5. DPSCS Website
6. Interviews with:
 - a. ECI PCM
 - c. Medical and Mental Health Contractors

115.32 (a), (b) Directive OPSP.050.0001 states an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools thus, these identified groups are subject to the same type of training as employees. Directive OPS.050.0001 states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct." 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 PREA Information Booklet for Volunteers and Contractual workers. Each is required to acknowledge receipt for the booklet with their signature. Mental health staff and medical staff complete additional PREA training. Medical staff also completed General Health Services Policy and Procedure title Responding to Sexual. Mental Health staff also complete have also received training from the Mental Health Services Manual Program and Services Mental Health Services Chapter 18. The auditing team submitted a random selection of verification of PREA training for the selection of volunteers and contract staff. The PAQ and ECI

PCM identified the facility with a total of 41 contractors and volunteers. However, this number is incorrect. There are 33 volunteers, 11 contract mental health staff (Centurion) and 21 contract medical staff (CORIZON). There are also 9 Keefe contract staff in which 5 are drivers and do not enter the facility and/or contact with the inmate population. Confirmation of the 33 volunteers' receipt of PREA education along with 7 CORIZON, 11 Centurion, and 3 Keefe staff was provided for review. The volunteers and contract staff with the exception of medical and mental health are always escorted inside the facility.

Volunteers complete an application to become a volunteer on-line through the DPSCS website. The lead auditor verified an informative page on the DPSCS website specifically for volunteers, with contacts for further information as well as other convenient links. The Volunteer Orientation Manual on the DPSCS website provide training to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per the Department policy and procedures. The DPSCS .020.0026, Prison Rape Elimination Act Federal Standards Compliance and OSPS. 050.0001 Sexual Misconduct - Prohibited are included for review on the under-Volunteer Forms: Additional Material. Rosters and signatures of volunteers acknowledging receipt of PREA training were provided for review.

Interviews conducted with medical, mental health contract staff confirmed their receipt of PREA training. Contract staff attend the Non-Academy Pre-service Orientation training for new employees in addition to annual pre-service. The contract Assistant Director of Nursing and a Registered Nurse indicated staff attend PREA training before hiring and during in-service through Learning Management System – CORIZON (contracting agency) University on -line training. Those interviewed stated they were notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report it. Each stated they would report to a security supervisor and their immediate supervisor.

115.32 (b) Per the ECI PCM, contractors attend pre-employment using the department's PREA lesson plan and on-line for in-service through their contracting agency. Volunteers and contractors who have minimal inmate contact are trained using the volunteer manual. Contractors who come in one time only are given a PREA sign off information sheet. Review of documentation indicated the volunteers and contractors have received training based on the services they provide and level of contact they have with inmates. Medical and mental health contract staff receive PREA training through both DPSCS and their contract agency, CORIZON and/or Centurion.

The Volunteer Coordinator is responsible for providing training to all volunteers. The Volunteer Orientation Manual is provided to each volunteer and includes a signed and dated agreement by the volunteer and witnessed by the trainer. The agreement indicates the volunteer understands and will comply with the requirements provided to them in the Orientation Guide, rules of conduct, written guidelines and handouts provided and explained to them during orientation. Pages 21 -23 in the Volunteer Orientation Manual covers the agency's policies regarding sexual abuse and sexual harassment, as well as the expectations, responsibilities, and rules of conduct for each volunteer. Additionally, the volunteer coordinator reviews PREA information with them, including zero tolerance for sexual abuse and sexual harassment, that incidents must be reported and how to report. Due to COVID-19 the Volunteer Coordinator had been reassigned from this position and was not available for interview due to no volunteers having been allowed entry since March 2020.

115.32(c) Documentation of contract staff and volunteer completion and understanding of the

PREA education received is confirmed by their signature on the PREA education acknowledgement form.

The approved volunteers nor Keefe staff have been allowed entry into the facility since March 2020 due to COVID-19.

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

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.33(a)(b) (c) The PAQ and an interview the ECI PCM identified 1629 inmates arrived at the facility within the 12-month review period and remained beyond 30 days as ECI is a time building facility. 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. ECI.050.0001 indicates the Warden/Designee is responsible to ensure that all inmates have received comprehensive PREA education as well as institution specific PREA training within 30 days of transfer into the facility. All inmates must sign that they have participated in such training (PREA Information Acknowledgement) and documentation will be maintained in the base file. Additionally, they must ensure that PREA information is readily and continually visible through signs, posters, brochures, videos (showings must be documented), the inmate handbook. The Directive also indicates the Case Management in regard to new transfers, Case Management shall meet with all inmates who come into the facility within 72 hours of their arrival for PREA education and screening. Per an interview with Intake Staff, staff provide the inmates the PREA education within 2 hours of their arrival at the facility. The inmates are shown a PREA video during the intake process. Intake staff identifies the PREA Hotline and PREA posters on the walls and bulletin boards are pointed out as reference during the PREA education briefing to all newly arriving inmates. The inmates also receive The Prevention of Sexual Abuse in Prison

“What Inmates Need to Know” brochure during intake. The literature available to the inmate population is in English and/or Spanish. 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. Available services of medical care, counseling and housing changes as needed is also discussed within the handbook. Institution and criminal prosecution are noted as discipline that is subject to an attacker. A translation service is provided as needed for those speaking other languages. The literature given provides information on the agency’s zero tolerance policy for sexual abuse or sexual harassment and provides information on how to report prohibited acts.

115.33(d) The PREA Audit Manual states, “The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.” Directive OPS.050.0001 section .05C(5) states, “Procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under §.05E(4) of this directive.” When necessary telephone interpretation services are needed, the available services are through the Language Line. The auditing team conducted interviews with 3 inmates identified with low vision, 1 inmate identified as hearing impaired, and 2 with physical disabilities. Each of these inmates indicated they received PREA education at ECI in a manner they were and can understand. There were no inmates at ECI with disabilities that included, blind, cognitive disabled, and/or LEP for interview during the on-site visit.

115.33 (e) The lead auditor requested a random selection of a total of 68 inmates’ documentation of PREA education. The auditor randomly selected 26 inmates from the East Compound, 27 inmates from the West Compound and 15 inmates from the ECI Annex for review. All inmates requested, acknowledged receipt of PREA education through watching a video, the facility inmate handbook, a MCASA brochure regarding outside support services, a PREA brochure containing PREA information and an opportunity to have questions answered by the presenter. The auditing team was presented with the inmates’ individual sign off sheet documenting their signatures for receipt of the PREA education.

115.33 (f) PREA information was observed to be readily available to the inmate population throughout the facility. A massive amount of PREA education was posted throughout the facility on all walls, bulletin boards, gym/multipurpose rooms, barbershops, pool room, departmental staff offices, inmates housing units, job medical, mental health, Case Management, Intake, Identification area (ID), religious services, transportation department, visiting rooms, education departments, libraries, central kitchen, East Compound finish kitchen, West Compound finish kitchen, ECI Annex finish kitchen, Maryland Correctional Enterprise (MEC) textile and furniture restoration factories. The PREA education was presented in both English and Spanish. The PREA Hotline number 410-585-3177 was posted and stenciled on housing unit walls, program areas and throughout the complex at the East and West Compounds and the ECI Annex 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, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
3. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
4. Lesson Plan – Specialized Training: Investigations
6. Interviews with:
 - a. Facility Investigator
 - b. 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 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 handles all allegations of sexual abuse and sexual harassment. IID investigators are required to meet training standards in order to maintain law enforcement certification and are sworn officers. All investigations of sexual abuse and sexual harassment, criminal and administrative, are forwarded to the IID unit for investigation. 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. Facility investigators also complete the Specialized Investigations training provided by National Institute of Corrections LearnCenter.

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

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive DPSCS.020.0026 PREA Federal Standards Compliance
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
4. Corizon Training Certificates
5. Centurion Training Certificates
6. Corizon Policy P-F-06.00 Response to Sexual Abuse
7. Wexford Health P-314 Procedures in Event of Sexual Assault
8. Interviews with:
 - a. Medical and Mental health staff

115.35(a) Directive OPS.050.0001 defines “employee” as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C(1) states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;” Medical and 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 curriculum Medical and Mental Health Training Presentation was reviewed. This training is lecture based accompanied by a slide presentation and followed by a test. Medical and mental health staff also receive the Sexual Assault Prevention and Reporting Staff Information Brochure and the Prison Rape Elimination Act Information Booklet for Volunteers and Contractual Workers. This information covers the agency’s zero tolerance policy, methods of reporting, consequences for participating in prohibited activities, and basic actions to take (i.e. separate victim and aggressor) during an incident. This includes a duty to report and how to report allegations of sexual abuse and sexual harassment. The information also covers characteristics of at-risk populations, predatory inmates, and the warning signs associated with victimization. During interviews with medical and mental health staff they indicated they received PREA training from both ECI and contractors and confirmed the training covered the topics required by this provision.

Mental health staff and medical staff complete additional PREA training. Medical staff also completed General Health Services Policy and Procedure title Responding to Sexual. Mental Health staff also complete have also received training from the Mental Health Services Manual Program and Services Mental Health Services Chapter 18. The auditing team submitted a random selection of verification of PREA training for the selection of medical and mental health

contract staff. The PAQ indicated the number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy as 62. Further conversation with the ECI PCM, medical and mental health supervisory staff this number was identified as incorrect. There are 11 contract mental health staff (Centurion) and 21 contract medical staff (CORIZON) for a total of 32. The department consists of State employees in addition to contract staff.

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

115.35(c) The auditor reviewed training records showing all medical and mental health staff attended and passed the Agency PREA training. The auditor also reviewed training certificates indicating all medical and mental health staff attended specialized training for 20 medical staff and 11 mental health staff..

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

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility meets the provisions of this Standard.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Reviewed (documents, Evidence interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
3. PREA Intake Screening Instrument
4. Inmate Screening Files
5. Interviews with:
 - a. Agency head Designee
 - b. ECI PCM
 - c. Intake staff
 - d. Case Managers
 - e. Random inmates

115.41(a) (b) Directive ECI. 050.0001 states Case Management is responsible to ensure that all inmates who transfer to the facility are screened using the PREA Intake Screening within 72 hours of their arrival at the facility. Directive OPS.200.0006 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the Department of Public Safety and Correctional Services to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Policy further states the Department shall use a screening instrument as part of the intake and facility transfer process and at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually abusive towards other inmates. The Department shall appropriately apply information obtained from assessing an inmate's risk related to sexual victimization and abusiveness to decisions concerning areas, such as inmate housing, programming, treatment, and work assignments in order to minimize circumstances that contribute to incidents of victimization or abusiveness. DPSCS uses the PREA Intake Screening form during the risk screenings. The DPSCS PREA Coordinator is responsible for ensuring the development and procedures for use of the approved screening instrument protocol identified in all provisions of this standard to include ensuring each managing official designated sufficient intake, custody, or case management staff to assess each inmate within 72 hours of arrival at the facility. The policy also dictate case management staff are to re-assess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential for abusiveness. 115.41(a) Directive OPS.200.0006 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the Department of Public Safety and Correctional Services to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Policy further states

the Department shall use a screening instrument as part of the intake and facility transfer process and at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually abusive towards other inmates. The Department shall appropriately apply information obtained from assessing an inmate's risk related to sexual victimization and abusiveness to decisions concerning areas, such as inmate housing, programming, treatment, and work assignments in order to minimize circumstances that contribute to incidents of victimization or abusiveness. DPSCS uses the PREA Intake Screening form during the risk screenings. The DPSCS PREA Coordinator is responsible for ensuring each managing official designated sufficient intake, custody, or case management staff to assess each inmate within 72 hours of arrival at the facility. The policy also dictates case management staff are to re-assess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential for abusiveness.

The PAQ identified 1629 inmates reported to the facility who stayed 72 hours or more to include 30 days or more during the review period of May 2019 – April 2020 as ECI is a time building facility for the inmate population. Due COVID-19 there were no incoming inmates from March 2020 through September 2020. Forty-two inmates arrived in September 2020. 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. The Intake Staff and Case Managers are responsible for ensuring the screening instrument is used to objectively assess an inmate's risk of victimization and/or an inmate being sexually abusive. The Intake Staff and Case Managers indicated the PREA Intake Screening is the form utilized to conduct screening for the risk of sexual victimization and risk of sexually abusing other inmates. Inmates are scored on their responses and are identified as at risk of victimization and/or risk of abusiveness and/or neutral. Interviews with the inmate population recalled being asked some of the questions related to the PREA Intake Screening form.

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

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

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

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

115.41(f) Directive OPS.200.0006, section .05B (2) requires case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility. The Case Managers are assigned to specific housing units and have a specific caseload of inmates. An interview with the Case Manager indicated a date as close to the 30th has been set for conducting reassessments.

A random sample of 68 inmates PREA Intake Screening forms was selected for review. Inmates were randomly selected for review of their PREA Intake Screening forms from the three sites that included the following from each of the areas: East Compound 26; West Compound 27; and ECI Annex 15. There were no discrepancies noted in the PREA screening being conducted within 72 hours of their arrival and/or the completion of the 30-day reassessments.

The review identified staff completed the 30-day risk reassessments prior to and/or not later than the 30th day of the inmates' arrival. The staff assigned to conduct risk assessments demonstrated their knowledge, practice, and the correct procedure in conducting risk assessments in accordance with DPSCS and provisions of this standard.

Not all inmates who arrived at the facility within 12 months of the audit recalled being asked whether they had been in jail or prison before, whether they have even been sexually abused, whether they identify with being gay, lesbian, or bisexual and whether they thought they might be in danger of sexual abuse at the facility. However, the majority of inmates acknowledged being asked some of the questions during the intake process and/or again by their Case Manager and some acknowledged being asked by medical staff.

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

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 the Intake Staff and Case Managers confirmed the inmates are never disciplined 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. Per the Case Managers and ECI PCM, the inmates' files are

secured in the case managers' office areas and access to these files is limited to Case Management staff, ECI PCM, mental health and security supervisors as needed for safety and security purposes.

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

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
3. PREA Intake Screening Instrument
4. Inmate Screening Files
5. Interviews with:
 - a. Agency head Designee
 - b. PREA Compliance Manager
 - c. Intake staff
 - d. Case Manager
 - e. Transgender, Gay and Bisexual Inmates

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. The facility does not house victims and abusers together. The ECI PCM indicated that initial housing assignments are based on the initial risk assessment results. Staff who perform screening reported that inmates at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score. The inmates' housing assignments, and jobs are based on their scores. The inmates program assignments are also monitored. Those who are at risk of victimization cannot be housed with those who are at risk of abusiveness. The PREA compatibility rules and chart are used to determine housing assignment.

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

PREA AP (Aggressor Potential): Inmates designated by the PREA screening as having

characteristics of an inmate with a higher-than-normal likelihood of sexually aggressive towards other inmates inside an institution.

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

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

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

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

Per interviews with Traffic Officers, upon the arrival of new inmates at ECI and completion of the intake process, the inmates are assigned to the orientation housing unit until they have been classified by the case management team. Their cell assignment is completed by the Traffic Officer who review the information previously loaded in the Offender Case Management System (OCMS) and by the Intake Staff during the initial risk screening. Inmates identified as abusers, or high risk of being an abuser are not assigned on the same wing as inmates identified as previous victims and/or at a high risk of victimization. If changes of the inmate's scoring are made, the Case Managers notify the Traffic Officers via phone, personally, or via email of required changes in bed assignments as the Traffic Officers are the only staff authorized to make housing and bed assignments. These staff are scheduled 24/7 and complete bed assignments at the East Compound, West Compound and ECI Annex.

The Cases Mangers who are assigned to conduct risk screening also identified the newly arrival inmates are screened by the Intake Staff during intake and are assigned to the intake unit tier for 7 – 14 days before they are reassigned to the assigned units by custody level and scoring.

The Case Managers indicated staff have a list of available beds in the intake unit and the Segregant of the unit and Traffic Officers review the information and assign beds based on the information received. However, due to COVID-19, all newly arriving inmates are required to remain in the intake unit for 14 days prior to being released to their designated housing units for quarantine purposes.

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.

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. The ECI PCM indicated placement and programming assignments for transgender and intersex inmates are reviewed with the case management team.

115.42(d) Directive OPS.200.0006, .05C(2) states, "Placement and programming assignments for each transgender or intersex inmate shall be re assessed at least twice each year to review threats to safety experienced by the inmate." Case management and medical staff perform bi-annual reassessments, case planning, and housing recommendations. A review of the PREA Intake Screening form revealed it does affirmatively inquire as to whether an inmate is transgender or intersex. The ECI PCM indicated placement and programming assignments for transgender and intersex inmates are reviewed with the case management team. Requested and required changes are made by the Traffic Officer after notification from Case Management.

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. The auditor interviewed 4 inmates who were identified as transgender each confirmed they were issued a search exception card identifying their request to be searched by female staff.

115.42(f) Directive OPS.200.0006, section .05C (4) states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Inmates identified as transgender also expressed they are awarded the opportunity to shower during times that the showers are closed to the remaining inmates within their housing unit. Documentation was presented of a conversation between the ECI PCM and an inmate identified as transgender while advising the inmate of their right to shower at separate times from other inmates. The ECI PCM also indicated that transgender and intersex inmates are given the opportunity to shower separately from other inmates. Facility practice has been to allow transgender or intersex inmates to shower during off hours or during count time. There has not been an inmate identified as intersex at the facility during the extended audit review period of 16-months May 2019 – August 2020.

115.42(g) Directive OPS.200.0006, section .05C (5) states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates." The ECI PCM indicated that ECI does not house gay, bisexual, transgender, or intersex inmates in dedicated units or wings. Eight inmates who identified as gay, 2 identified as bi-sexual and 4 identified a transgender were interviewed. All reported they have not experience and/or was unaware of inmates identified as gay, bi-sexual, transgender placed in dedicated units or wings. They had no knowledge of an inmate identified as intersex at the facility. Direct observation and inmate housing unit rosters corroborated the inmates interview results. The PREA Coordinator stated that the State of Maryland places gay, bisexual, transgender, or intersex inmates throughout their

facilities throughout their agency. At the facilities they are placed in general population housing units. He also stated that the State of Maryland does not have a consent decree.

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

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DOC.100.002 Case Management Manual
3. Interviews
 - a. Warden
 - b. ECI PCM
 - c. Staff assigned to supervise segregation.

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

115.43(b) The DOC-Case Management Manual section .18F(1)-(17) states in part that an inmate assigned to administrative segregation or protective custody shall be subject to the conditions of confinement and those conditions of confinement outline opportunities that have been limited, and the duration of these limitations. Opportunities for those in protective custody include institutional movement, hygiene, property, out-of-cell activities, access to health care, case management, education, library, legal, visits, religion, food, mail, commissary, and segregation status. The rationale for any limitations would be documented on the Administrative Segregation Investigative Report and the Notice of Assignment to Administrative Segregation. Per an interview with the Warden, the facility does not utilize involuntary segregation for inmates identified at a high risk of victimization. However they may request protective custody. An interview with staff who supervise segregation confirmed inmates in segregation indicated all inmates placed in restricted housing have access to education, book carts, mail, legal work, haircuts, telephones, daily showers, 1 hour of recreation daily, legal visits, medical and mental health care. They would not be awarded the opportunity to work. There were no inmates noted as being in involuntary segregation for high risk of victimization during the on-site visit for interview.

115.43(c) The PAQ noted no inmates were held in involuntary segregated housing for longer than 30 days in the past 16 months awaiting completion of assessment. Per the Warden, Staff assigned to supervise segregation and ECI PCM, inmates are not normally placed in involuntary segregation due to being at a high risk of victimization. He continued for example if it were the weekend and the inmate needed to be placed in administrative segregation, they would only be there for a very few hours. Depending on the identified threat, the inmate could be reassigned to another housing unit, or the aggressor could be placed in segregation

pending an investigation. An interview with staff who supervise segregation confirmed the Warden's statement that the facility does not normally utilize involuntary segregation for inmates identified at a high risk of victimization. However, if so, there would be a 120-hour review. A review of the 14 inmates who reported sexual abuse PREA investigative revealed these inmates were not placed in involuntary segregation. Specifically, the alleged abuser was placed in segregation. One inmate who could not identify his assailants was placed in the infirmary upon his return from the hospital due to injuries and upon release from the infirmary, he requested protective custody and was later transferred.

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 Warden, ECI PCM, staff assigned to supervise inmates in segregation and the PAQ, there were no inmates placed in segregation for being at a high risk of victimization. An interview with staff assigned to supervise inmates in segregation indicated an inmate identified as at risk of being sexually abused would be asked where he would feel safe. The aggressor would be placed on administrative review period pending an investigation. Therefore, there were no cases of inmates placed involuntary segregated housing due to being at a high risk of victimization for interview and/or review of casefile. However a review of the PREA investigation confirmed that inmates have requested and were placed in protective custody at their request.

115.43(e) The DOC – Case Management Manual section .18B(2)(c) requires a case management team review each case at least once every 30 days. As indicated in provision (c) above no inmates were held in involuntary segregated housing due to being at a high risk of victimization. However, an interview with the staff assigned to supervise segregation indicated the inmate would not remain in involuntary segregation beyond the 120 hours review by Administrative Segregation Committee. The alleged aggressor would be placed in the administrative segregation pending an investigation. All inmates in segregation are reviewed every 30 days.

Based on the review of policies, documents, PREA investigative case files, 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. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
4. Observation PREA Hotline Postings
5. Observation of PREA Posters
6. Observation of inmates' access to telephones and staff
7. Inmate Orientation Handbook
8. MCASA Brochure
9. Interviews with:
 - a. Random staff
 - b. ECI PCM
 - c. Inmates

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

Upon arrival to ECI during the intake process, inmates receive the DPSCS PREA and Sexual Assault Awareness, What Every Inmate Needs to Know brochure. The brochure provides reporting options of reporting to any staff they feel comfortable with, reporting incident to the PREA Hotline at (410) -585-3177 and instructions for usage and the option of reporting through the Administrative Remedy Process (ARP) which would be investigated promptly.

Maryland Coalition Against Sexual Assault (MCASA) is the statewide sexual assault coalition recognized by the Federal government and the state of Maryland. MCASA is an umbrella organization supporting rape crisis centers across Maryland. The facility has an information packet that discusses various services offered by MCASA.

The inmate population is also given a MCASA brochure "A Guide for Prisoners, Advocates and Allies." This brochure discusses sexual assault forensic examination, advocate services, PREA investigations, reporting options, and counseling resources.

The auditing team observed the PREA Hotline 410-585-3177 and other PREA information stenciled on walls throughout the complex at the East, West and Annex. 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. Most pointed out that 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.

115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 discusses methods that allow detainees to make a report of sexual abuse or sexual harassment outside the department to the Office of the Attorney General or any other private or public office. DPSCS has an agreement with the MCASA to provide advocacy services statewide. MCASA also receives reports of sexual abuse and sexual harassment from inmates as an external reporting entity. Posting are on the inmates' housing unit bulletin boards on the various methods to report sexual misconduct to include the JUST Detention International (JDI). The detainee handbook also discusses methods of reporting that list the PREA Hotline at 410-585-3177. It also provides additional Agency Hotline: Rape Abuse and Incest National Network (RAINN) 1120 L. Street, NW suite 505 Washington DC 20005 (202)544-1034; National Sexual Abuse Hotline (800) 656-HOPE; and MCASA P.O, Box 8782 Silver Spring, Maryland 20907 (301) 328-7023. A copy of the MCASA brochure front and back pages are posted on the detainee's informational bulletin boards in all housing units. An interview with the ECI PCM indicated the Life Crisis Hotline number is the same for staff and the inmate population. The recipient of the phone call at the Life Crisis Center makes immediate contact with the DPSCS PREA Coordinator and the Coordinator notify him. He added the IID may be the one to notify him, but it depends on who the Life Crisis Center forward the information to first.

Eastern Correctional Institution 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. The inmate population also have access to a toll-free hotline number which will refer any reports for investigation. Reports can also be made anonymously. 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 a 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. Staff indicated they would immediately notify their supervisor and document any verbal reports of sexual abuse or sexual harassment as soon as possible and always prior to departing from their assigned shift.

115.51(d) Directive OPS.200.0005 The PREA Audit manual states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice 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, notifying a supervisor, notifying the facility investigator, or calling IID as their primary ways to make a private report of sexual abuse or sexual harassment.

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

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title 12-DPSCS, Subtitle 02-Division of Correction, Chapter 28-Administrative Remedy Procedures (ARP) to Resolve Inmate Complaints, Section .04B), An inmate may not use the ARP to resolve a complaint concerning: (5) The following acts by staff or another inmate, which shall be addressed according to Department procedures for addressing complaints under the Prison Rape Elimination Act: (a) Rape; (b) Sexual assault, sexual harassment, sexual abuse; and (c) Other sexual misconduct. If a complaint is made through the ARP, it is treated as any other written form of reporting and forwarded directly to the supervisory correctional staff on duty, ECI PCM and to IID investigators to be processed for investigation. Per the ECI PCM, all reported allegations are addressed immediately and reported to the Facility and IID Investigators for a thorough investigation. Although IID Investigators are required to complete the investigations, the facility investigator provide assistance at the facility level as advised by the IID investigator.

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

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

The Inmate Orientation Handbook list the contact information for the following outside agencies to report allegations of sexual misconduct: Rape Abuse and Incest National Network (RAINN) 1220 L Street, NW Suite 505 Washington, DC 20005 @ (202) 544-1034; National Sexual Abuse Hotline @ (800) 656-Hope; MCASA PO Box 8782 Silver Spring, MD 20907 @ (301) 328-7023.

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

providing access to outside confidential services for Inmates. MCASA will provide technical assistance as needed, including researching, and developing policies to address problems and concerns related to provision of confidential emotional support services.” Some inmates were aware that advocacy, crisis intervention to include emotional support services were available as some recalled receiving the informational brochure and observing it on the inmate bulletin boards.

115.53 (c) DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide emotional support services. Services include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA’s network of providers. A DPSCS Purchase Request dated July 15, 2020 was submitted for the description of services that included 250 hours of consulting and coordination services to support the PREA with respect to standards 115.21; 115.31, and 115.53. The specific objective for MCASA will be (1) Continue effort to set up agreement with Rape Crisis Clinic to provide services required by PREA standard 115.53. (2) Provide training to sexual assault victim advocates who provide services relating to 115.21 and 115.53.

On November 23, 2020, the DPSCS Assistant PREA Coordinator conducted a video conference with a work group from MCASA to establish a MOU that will strengthen the working relationship for both MCASA and all DPSCS facilities. An interview with the DPSCS Assistant PREA Coordinator indicated due to the frequent turnover of staff at MCASA negotiation have often had to restart prior to finalizing an official Memorandum of Understanding (MOU) agreement. The lead auditor reached out to the Supervisory staff at MCASA to conduct collect an interview that included numerous emails back and forth, but the staff member was unavailable to complete the interview. The auditor has made several unsuccessful attempts through emails and phone call as recent as January 15, 2021 to conduct a complete and thorough interview with a MCASA representative. The lead auditor continued to await a response throughout the finalization of the report. However, the Assistant DPSCS PREA Coordinator identified the DPSCS PREA Coordinators and representatives with MCASA are working on the drafting of a Memorandum of Understanding between both agencies.

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

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 complex at the East Compound, West Compound and ECI Annex to include the inmates’ visiting rooms and front entries that are accessible to all visitors.

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

A review of the PREA investigative casefiles indicated 2 PREA allegations were reported by family members of the inmates.

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

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. Completed PREA Investigative Case Files
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents
7. Interviews with:
 - a. Warden
 - b. DPSCS PREA Coordinator
 - c. ECI PCM
 - d. Medical Staff
 - e. Mental Health staff
 - e. Random staff
 - d. Facility Investigator and 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 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 incidents. All reporting incidents are to be documented on an incident report (matter of record) by the initial reporting staff member. Interviews with 20 random staff indicated they were aware of their responsibility to report any knowledge of PREA allegations to include harassment, sexual abuse, and retaliation. All staff to include that they would report to the correctional supervisor on the shift. Non-security staff also indicated they would report to their immediate supervisor in addition to the security supervising staff on duty. All reported they would document verbal reports of PREA allegations in a matter of record as soon as possible and always prior to the end of the shift. The requirement for the shift commander who receive PREA allegations during their shift 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 in an authority position who had a need to know such as their shift commander, ECI PCM, investigative staff, medical and mental health. Staff indicated they would not document the circumstances of the reported PREA allegation in their unit logbooks.

115.61(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews confirmed that various medical and mental health staff are aware of their duties required by this provision that includes their duty to report. The Mental Health Counselor and Lead Registered Nurse in Mental Health indicated departmental staff are required to disclose their limitation of confidentiality and duty to report and as it is a requirement of their state license. Each inmate is provided a consent form while staff stress PREA and the requirement of release of information. The inmates are only required to complete one consent form. They continued in they would report to their direct supervisor, the ECI PCM, and security supervisor on duty. The Mental Health Counselor indicated she had previously served as a non-security first responder of sexual abuse. She added the alleged victim reported the sexual abuse had occurred a week prior to him reporting it.

An interview with a contract Register Nurse indicated the staff within the department are required to report to the Regional Manager, the Health Services Administrator and shift commander on duty. She reported she has also served as a non-security first responder when the inmate reported an allegation of sexual abuse during sick call through a sick call slip. The reported incident involved touching only, no penetration. There was no bodily liquids exchange therefore a forensic examination was not applicable.

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, ECI PCM, staff and observation during the on-site visit, ECI does not house youthful inmates under the age of 18 years old. However, interviews with medical and mental health staff indicated they are required by law to report to family services, social services and the county health department in accordance with the Licensing Board Professional Counseling and Therapy. Per interviews with the Warden, medical staff, mental health and the ECI PCM no youthful inmates have reported allegations of sexual abuse having occurred to them prior to the age of 18 years old during the extended review period of 16-month review period.

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 inmate sexual misconduct 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 misconduct. It also notes a complainant of inmate-on-inmate sexual misconduct received anonymously shall be accepted and processed the same as a complaint received from an identified and may remain anonymous. An interview with the IID Investigator and Facility Investigator indicated all allegations of sexual misconduct are investigated to include those reported by third parties, by the alleged victim, and anonymously and are handled the same. A review of 25 of the 39 completed PREA investigative packets confirmed the IID completed PREA investigations revealed the allegation were either reported by the inmate population through the PREA Hotline, notes to staff, letter to the IID, letter to the Department of Parole and Probation, verbally reported directly to staff or through a family member.

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

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Victimization
3. Correctional Management Manual Section 17 - Special Confinement Housing Unit
- 4.. Interviews with:
 - a. Agency head
 - b. Warden
 - c. Random staff

115.62 Executive Directives require each employee attend Department training related to preventing, detecting, and responding to acts of sexual misconduct. Supervisory staff are responsible for taking reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct. Staff responding to an incident are to ensure the safety of a victim of sexual misconduct by immediately stopping an incident in progress, and if necessary, arranging for separation of the victim from the abuser. 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. Executive Directive OPS.200.006 states the screening information shall be considered when making individualized determination as how to ensure the safety of each inmate. Correctional Management Manual Section 17 - Special Confinement Housing Unit indicates An inmate may be placed in administrative segregation in respond eo ta potential threat to the safety, security and good order of the institution, and there if there is reason to believe such placement will reduct the threat.

Staff were provided a variety of scenarios doing the interview process of incidents where an inmate may be identified of 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 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 confirmed staff would take immediate actions to protect the inmate and various options were available to ensure the inmate's safety. An investigation would be initiated to

confirm there is a risk, inmates could be reassigned to another housing unit, change of job assignment, removal of the alleged individual posing a threat to include segregation and/or transfer if needed. An interview with the Special Assistant to the Deputy Secretary of Operations confirmed an inmate identified to subject to a substantial risk of imminent sexual abuse would be immediately separated, assigned a different cellmate and at last result be placed in protective custody or transferred.

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. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. Email notifications to other DPSCS facilities
4. Interviews with:
 - a. Agency head
 - b. Warden
 - b. ECI PCM

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

An interview with the Agency Designee indicated when allegations are reported to another facility that is alleged to have occurred at the inmates' previous facility, the allegation is to be reported to the affected institution with 72 hours of being reported. The information is then reported to the IID Duty Officer for the initiation of an investigation. During the review period, 3 inmates arrived at ECI reported PREA allegations that occurred at other DPSCS facilities. Emails were presented to the auditing team for review for 4 notifications made, however one occurred prior to the review period. A review of the emails addressed to the Warden where the incident of sexual abuse was alleged to have occurred was identified as dated well outside the required 72-hour notification period. The notifications were identified as the following: the inmate advised staff on September 19, 2019 and the notification was made on October 3, 2019; another was reported on September 24, 2019 and notification was forward on October 1, 2019; the third was reported on February 9, 2020 and notification was forward on February 25, 2020. All cases were noted to have been reported to the IID and a case number was assigned while identifying the circumstances of the allegations reported by the inmates.

These three cases were the only ones reported within the 16-month review. Therefore, it was determined it would not be feasible to place ECI in a corrective action phrase for provision (c) that reads: The agency or facility documents that it has provided such notification within 72-hours of receiving the allegation. The decision of not implementing a corrective action phrase was since this is not a frequent activity where the facility receives transfers who report prior unreported PREA allegations, and it is highly possible other reports of prior unreported PREA allegations could not be forthcoming for several months. The lead auditor recommended to the Warden and ECI PCM to ensure the provision of this standard by conducting a review of OPS.050.0001 Sexual Misconduct-Prohibited section that stated: 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 the managing official of the facility where the incident occurred.

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

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

The initial review period was scheduled for May 2019 – April 2020, in which the appropriate documentation was to be submitted. However, due to COVID-19 and the restrictions of visitation into the facility to conduct the on-site visit, the lead auditor extended the review to PREA allegations to August 2020. The PAQ identified 2 report of sexual abuse reported in the 12-month period which was mistakenly taken by the ECI PCM of January 2019 – January 2020. However, this information was incorrect. There were 17 reported allegations of sexual abuse reported during the review period of May 2019 – August 2020. Of these allegations, there were zero reported in which the first responder staff separated the alleged victim and abuser and zero reported where staff were notified within a time to collect evidence and for a forensic medical examination by a SAFE/SANE at the local hospital. As a medical protocol call, it was determined that three inmates who alleged to have been sexually abuse that included by an instrument would be transported to the local hospital for a forensic examination based on their reported allegations. However, based on the physical examination by the SAFE at the local hospital, one reported allegation did not meet the standards of receiving a forensic medical examination. One inmate refused to cooperate with the medical staff during an attempted examination, therefore the examination ended. One forensic examination was completed. Within the two case files, it was documented that medical staff advised the alleged victims on methods in preserving physical evidence that included the alleged victim not taking any action that could destroy physical including, washing, brushing teeth, changing clothes, urinating, defecation, drinking or eating.

115.64(b) Directive OPS.0050.0001 states, “that if the first employee responding to an incident of sexual misconduct is not a correctional officer, the employee shall immediately request that a correctional officer respond to the scene and take steps to ensure that the victim not do anything that might destroy physical evidence, i.e., brushing teeth, bathing, changing clothes, urinating, defecating, drinking, or eating. “The PAQ identified 2 non-security staff who served as first responders. These staff were medical staff. However, there were zero times in where the incident was reported within a time that allowed for the collection of physical evidence and the advisement of the alleged victim or abuser to not take any action that could destroy physical including, washing, brushing teeth, changing clothes, urinating, defecation, drinking or eating. Staff were aware of their responsibilities as first responders. Each stated they would report immediately through their chain of command and the shift commander.

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

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. ECI Facility Directive 050.00001 Sexual Misconduct - Prohibited
3. Interviews with:
 - a. Warden

An interview with the Warden identified the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is in the Facility Directive ECI.050.0030.1 details the responsibility and practices of staff to include once an allegation is received by the first responder, supervisor, medical and mental health, local hospital for further treatment/forensic examination by SAFE or SANE, IID, Incident Review and file retention. The Directive includes various Attachment A- PREA Information Acknowledgement; Attachment B - PREA Compliance Manager's Checklist; Attachment C - Sexual Abuse Incident Review Checklist; Attachment D – PREA First Responder Checklist; Appendix E - PREA Response and Containment Checklist regarding the facility's institutional plan.

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

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

4. Interviews with:

- a. Agency Head Designee

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

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

115.67 Agency protection against retaliation

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.67 (a) Executive Directive OPS.050.0001, states the head of a unit, or a designee, is responsible for ensuring an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual or feared retaliation. The ECI PCM has been designated as staff assigned to monitor 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. This was also described by the ECI PCM during the interview. He continued in stating he initiate meetings with the inmates who report allegations of sexual abuse and sexual harassment. He meets with the inmate privately and discusses any concerns they may have. He would continue with retaliation monitoring beyond 90 days if deemed appropriate, however, there has been no circumstances deemed necessary. 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 dependent on the situation, but could be housing changed, transfer of the abuser provide protective custody, and provide emotional support. The Warden indicated an inmate or staff determined to be performing retaliation toward an individual would be disciplined, transferred and/or the staff member would be terminated. The victim in receipt of retaliation would be moved to another area and/or could be transferred to another facility if necessary.

115.67(c) (d)(f) Executive Directive OPS.050.0001, identifies changes that may suggest possible retaliation by inmates or staff, which may include, but is not limited to unreasonable or unjustified: Discipline; Changes in work or program assignments; Transfers or placements; or Denial of privileges or services. These must be monitored. The facility presented Retaliation

Monitoring forms, that includes inmate 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 7 days, at two weeks, within 30 days, within 60 days, final 90 days, and space for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. The auditing team extended the audit review period of 12-months to 16-months due to the global effect of COVID-19 at the facility and within the community that caused a restriction of visitors entering the facility from March 16, 2020 until authorization was granted on September 24, 2020 for an on-site visit. The lead auditor reviewed the 2019 and 2020 PREA Case Tracking Logs for a random selection of completed PREA cases for review. A total of 39 PREA allegations was reported from May 2019 – August 2020 that included 22 sexual harassment allegations and 17 sexual abuse allegations. The lead auditor requested a variety of both sexual abuse and sexual harassment cases that included Substantiated, Unsubstantiated and Unfounded. The review of 14 sexual abuse and 11 sexual harassment investigative case files revealed the ECI PCM not only conducted retaliation monitoring for sexual abuse cases but also for each of the sexual harassment cases. The IID Investigator notifies the ECI PCM of the investigative findings prior to forwarding the completed investigations allowing the ECI PCM to inform the inmate of the findings and the inmate's notification is then included in the summary of the report. Upon the ECI PCM being advised of the investigative findings, the need for continued retaliation monitoring is determined. A review of 14 sexual abuse and 11 sexual harassment PREA casefiles and an interview with the ECI PCM, who conducts retaliation monitoring identified there has not been a need to extend monitoring beyond 90 days.

The review of one of the 14 sexual abuse casefiles indicated the ECI PCM received an email from the IID investigator that the case had been determined as Unfounded. Therefore, the ECI PCM terminated retaliation monitoring at the 30 day period. However, upon receipt of the investigative case several weeks later, the summary of the investigative report noted the findings as Unsubstantiated. The ECI PCM provided a copy of the email received from the IID Investigator previously identifying the investigation as Unfounded. This case was noted as the only discrepancy in the 14 sexual abuse cases reviewed for retaliation monitoring.

Files review confirmed the ECI PCM conducts retaliation monitoring with each inmate who filed a PREA allegation at the 7th day of their report and continues the monitoring process on the 30th day, 60th day and 90th day. Upon notification by the IID investigator that a PREA case rather sexual abuse and/or sexual harassment has been closed and the investigative findings are Unfounded, the retaliation monitoring ends upon notifying the inmate of the findings. The retaliation monitoring continues for 90 days for inmates whom investigation was determined to be Substantiated and/or Unsubstantiated. The ECI PCM also documents notes of his meetings with the inmates on the retaliation monitoring form. If the ECI PCM determines additional monitoring is needed, the monitoring is extended beyond 90 days. There were zero cases in which it was determined that retaliation monitoring was extended past 90 days.

Based on the review of policies, retaliation forms, interviews and analysis, the facility has demonstrated a level of exceeds with the provision of this standard. Monitoring of staff and/or inmates who reports sexual harassment is not a requirement by DPSCS nor the provision of this standard. An interview with the ECI PCM and the review of retaliation monitoring of the 25 casefiles indicated he conducts retaliation monitoring on all inmates who report PREA

allegations, not only sexual abuse. Documentation on the appropriate forms confirmed his commitment and consistency in monitoring the inmates from possible harassment and danger.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

In an accordance with the PAQ, Warden, ECI PCM, staff assigned to supervise the segregated housing unit, inmates are not placed a segregated housing unit for involuntary segregation. Per an interview with staff who supervise inmates in segregated housing, inmates not assigned as general population do not have access to work opportunities but do have access to education, book carts, request lips for legal work, haircuts but due to COVID there are some restrictions to the first and last weekend of every month. The inmates have access to the telephones and showers every day and receive an hour of recreation daily. Both the Warden and Staff assigned to supervise inmates in segregation identified if placement of an inmate in administrative segregation pending an investigation was needed, a review would be conducted by the Administration Segregation Committee where they would discuss housing of the inmate during a 120-hour review of the inmate's placement. The inmate would be consulted on where they felt they would be safe on the compound. Inmates would be relocated to a different cell and/or housing unit.

Per the PAQ and interview with the ECI PCM, there were no inmates placed involuntary segregation, and none was noted as such during the on-site visit for interview. However a review of PREA investigative files revealed inmates use the option of requesting protective custody.

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 ECI 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. Interviews with:
 - a. Warden
 - b. DPSCS PREA Coordinator
 - c. ECI PCM
 - d. Medical Staff
 - e. Random staff
 - f. Facility Investigator and IID Investigator

115.71(a) The PREA Audit Manual states, "When the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." 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." 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." 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.”

The auditor reviewed the 14 sexual abuse allegation case files and 11 sexual harassment case files of the 39 PREA allegations reported for the extended reviewed period of May 2019 – August 2020. The review included Substantiated, Unsubstantiated and Unfounded cases. Documentation demonstrates that 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, available video footage) contained within the investigation files. A facility investigator and an IID investigator was interviewed. The facility investigator indicated she provides aid to the IID investigators to include collecting and maintaining possession of evidence prior to the IID investigator’s arrival. The investigators indicated the investigations are typically initiated immediately, however, the amount of information received, when the incident was alleged to have occurred, and when it was reported compared to a more recent incident reported timely to collect circumstantial evidence and the circumstances surrounding the alleged incident is given consideration. All interviews are conducted privately. Investigators reported anonymous and third-party reports of sexual abuse and sexual harassment would be processed in the very same manner as any other reported verbally or in writing of sexual abuse and sexual harassment.

115.71(b) The PREA Audit Manual states, “In addition to the general training provided to all employees pursuant to 115.31, the Department shall ensure that, to the extent the Department itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.” 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. Training records noted that all investigations completed by IID were completed by an investigator who had received specialized training. Investigators reported having received specialized training in the conduct of sexual abuse and sexual harassment investigations.

115.71(c) Directive OPS.050.0001 and Directive OPS.200.0005 states, “An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department or agency procedures, or other reasonably accepted standards related to: (a) Collecting and preserving evidence; (b) Interviewing victims, witnesses, and suspected perpetrators; (c) Conducting and using polygraph examinations; (d) Identifying suspects; (e) Preserving an individual’s personal dignity and legal rights; and (f) Maintaining confidentiality of the investigation.” Directive IIU.110.0011 addresses investigator responsibilities including interviews and the collection and preservation of evidence. Review of Investigation documents demonstrate that investigators do “gather and preserve direct and circumstantial evidence.” Investigation documents contained such information as victim and witness interview statements, electronic case management information, physical evidence such as letters, and photographs. The facility did

not report any cases where a forensic exam was conducted to collect DNA evidence. Per interviews the investigators stated they gather all evidence, witness statements, search the crime scene, develop reports and refer to the prosecutor for possible criminal charges as applicable. There have been PREA allegations referred for criminal prosecution.

115.71(d) The PREA Audit Manual states, "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 law enforcement officers therefore, they communicate with prosecutors for presenting criminal charges only but are not required to consult with the prosecutors prior to conducting compelled interviews. There was no PREA investigation during the extended 16-month review period where criminal charges where such compelled interviews were required and an abuser was referred for prosecution.

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. Additionally, neither investigator indicated any circumstance when an inmate would be required to submit to a polygraph examination.

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.

115.71(g) Directive OPS.050.0001 and Directive OPS.200.0005 require 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 that all aspects of an allegation are

documented in the investigation report. Investigation reports include a description of all evidence gathered in the conduct of the investigation.

115.71(h) 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." Per the PAQ, there were 3 reported PREA allegations that were referred for criminal prosecution. This information is incorrect. There was only 1 Substantiated allegation of an inmate touching another inmate inappropriately while in the shower. The victim advised the IID Investigator that he did not want to pursue criminal charges as he was being released in less than four months and he did not want to pursue the matter further. The victim statements were documented in the investigative report. Therefore, there were zero reported PREA allegations referred for criminal prosecution. This victim had been released prior to the on-site visit.

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. A review of the PREA investigative files confirmed the IID investigators complete investigations when either of the inmates are released and/or transferred.

115.71(l) 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, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
4. Investigation files
6. Interviews with:
 - b. Facility Investigator and IID Investigator

Directive IIU.110.0011 states that upon concluding 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 investigation documents indicated 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. Per an interview with the Facility and IID Investigator a preponderance of evidence is the standard of evidence necessary to substantiate an allegation of sexual abuse or sexual harassment.

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

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. ECI PREA Tracking Logs
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
5. Interviews with:
 - a. Warden
 - b. ECI PCM
 - c. 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 resulted in the incident being Substantiated, Unsubstantiated, or Unfounded.

The IID Investigator indicated there are occasions in when 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. The inmate is notified in writing by the ECI PCM through receipt of the PREA Outcome Notification Form.

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

115.73 (c) Directive IIU.1100011 requires if an investigated incident involved an employee committing a sex related offense on an inmate and the incident was Substantiated or Unsubstantiated, the investigator will arrange for the inmate to be advised when the employee is no longer assigned to the inmate's housing unit, when the employee is no longer employed at the facility, when, if known, the employee was indicted or charged with a sex related offense occurring at the facility, or if known, the employee was convicted of a charged related to a sexual related offense occurring at the facility. There were zero Substantiated sexual harassment and/or sexual abuse allegations against staff determined at ECI during the review period of 16- month extended review due to the delay of the on-site visit because of restricted entry into the facility under COVID-19 precautions.

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 inmate/inmate to be advised, if known that the perpetrator was indicted or a charge related to as related offense occurring at the facility: and if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. There was one Substantiated allegation of inmate-on-inmate sexual abuse during the extended review period of 16-months. The victim indicated he did not want to pursue criminal charges.

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. Each of the random selected 25 PREA case files that included sexual abuse and sexual harassment revealed the ECI PCM documented the PREA Outcome Notification Form of the findings to the inmate upon being advised by the IID investigator. In cases, where the alleged victim refused to acknowledge receipt of notice by documenting his signature on the form, a second staff member served as a witness of the inmate's refusal. The summary of the investigative cases also documented notification to the inmate by the ECI PCM upon being informed by the IID Investigator.

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. The review of a sexual abuse allegation reported revealed prior to the completion of the investigation, the alleged victim was released. However, upon the inmate's return to DPSCS (ECI) after committing an additional crime, he was notified of the findings of his previously reported PREA allegation.

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 (policy and investigative case files)

1. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Review of Investigative PREA casefiles

115.76 (a) (b) (c) and (d) Executive Directive OPS. 050.0001.05 notes the Department does not tolerate sexual misconduct by an employee, by either omission or commission; and consider alleged or actual consent as a defense to an allegation of sexual misconduct. An employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee, except under exigent circumstances, did not perform responsibilities established under the directive or neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct. The directive further states an employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to a penalty under the Standards of Conduct, up to including termination of employment with the Department; Criminal prosecution; and if applicable, notification to a relevant licensing authority.

There were no substantiated allegations of staff sexual misconduct during the extended 16-month PREA case file review. Therefore, there were no disciplinary actions and/or termination of staff nor was there a requirement to report to a relevant licensing body. A review of the PREA investigative case files confirmed there were no substantiated allegations of sexual misconduct involving staff.

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

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

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

Per an interview with the Warden, volunteers and contractors accused of sexual misconduct shall be prohibited from contact with the inmate population, denied entry into the facility and all other DPSCS facilities immediately until an investigation is completed. If the accusation is substantiated the individual's volunteer and/or contractual status shall be terminated, and the individual shall be subject to criminal prosecution if the behavior is deemed to be criminal in nature. The lead auditor extended the review period of reported PREA allegations due to the delayed entry into the facility due to COVID-19 to a 16- month review. There were no PREA allegations made and/or substantiated against contractors and/or volunteers.

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

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

1. OPS. 200.0005 Inmate on Inmate Sexual Conduct - Prohibited

3. Inmate Disciplinary Reports

4. COMAR 12.03.01

5. Interviews

a. Warden

b. Mental health and medical staff

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 inmates 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 identifies the inmate violation summary code as 117 – An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act. Per the PAQ one inmate was noted to receive disciplinary sanctions for violation of code 117. However, a review of the investigative case file, which was presented for review, revealed neither of the inmates involved was charged and/or discipline for violation of code 117- An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act. The two inmates were identified as fighting and received disciplinary sanctions of violations of codes 102 – Commit assault or battery on an inmate; 316 – Disorderly conduct and 402 – Refuse to obey an order. A PREA allegation was reported by one of the inmates during the interview process. The investigation was determined as Unsubstantiated. No inmates were subject to disciplinary sanctions after an administrative finding of guilt for a violation of sexual abuse.

115.78(b) & (c) An interview with the Warden indicated an Independent Discipline Hearing Officer who is a DPSCS employee within a different division and is not assigned to the facility. COMAR 12.02.27 states that the hearing officer before imposing a sanction would consider mitigating factor such as the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories and the inmate's mental health status at the time the rule violation occurred.

An interview with the Warden indicated inmates who are determined to have committed the prohibited act would be disciplined and/or transferred to their designated facility depending on the circumstances. However, an inmate's mental disability and mental illness would be considered when applying disciplinary sanctions.

115.78(d) OPS.200.0005 state: If therapy, counseling, or other intervention designed to address and correct underlying reasons or motivation for sexual conduct is available, may be required to participate in available therapy, counselling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process. Interviews were conducted with a Mental Health Counselor and a Mental Health Registered Nurse. Both indicated the facility does not offer any direct counseling for the alleged abuser. 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." Per the ECI PCM zero inmates received disciplinary sanctions where they were determined to have 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." Per interview with the Warden, the facility does not consider consensual sexual activity between inmates to be sexual abuse. Per the PAQ and an interview with the ECI PCM, 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):

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness
4. CORION Guidelines for Sexual Assault
5. Mental Health Referral Forms
9. Interviews with:
 - a. PREA Compliance Manager
 - b. Medical and Mental Health staff
 - c. Staff who conduct risk screening
 - d. Inmates who disclosed prior sexual 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 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 staff and those staff who perform screening for risk of victimization indicated mental health referrals are available to all inmates who have experienced prior sexual victimization and inmates who were identified as an abuser. The PAQ indicated 7 inmates who reported prior sexual victimization within the review period, and all were offered a follow-up meeting with a mental health provider. Copies of the completed mental health notes and copies of the inmate traffic history was provided for 10 inmates referred to mental health for a follow-up during PREA risk screening were seen within 14 days of the initial risk screening. One of the 10 inmates were not seen within the 14-day period. Specifically, the inmate was seen on the 27th day. Although the auditing team identified one of the 10 completed was late, it was determined staff understood the policy and overall applied the correct practice of conducting the PREA risk screening follow-ups within the 14-day period. The lead auditor also interviewed 4 inmates who reported prior sexual victimization, and all confirmed they were seen by mental health staff within a few days of being referred.

115.81(b) OPS.050.0001 indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a referral will be made to mental health. Interviews with staff who perform screening for risk of victimization said they refer all inmates who have scored as an abuser. The PAQ indicated that 5 inmates arrived at ECI during the review period who had previously perpetrated sexual abuse. However, one of the inmates identified was outside the review period (December 2018). The remaining four inmates identified reported during the initial screening and was offered a follow-up meeting with a mental health provider within the 14-day period. Mental health utilizes a standardize format outlined on a matter of record identified as "Office of Mental Health" to document the PREA follow-up meetings and other services provided by the providers.

During the random inmate interview process, two inmates reported to the lead auditor that they were prior victims of sexual abuse, however, they had never reported it to staff. The inmates explained they were too embarrassed to inform staff. The lead auditor was asked if it they would like to speak with mental health as they became emotional during the interview and their response. The lead auditor advised the ECI PCM of the inmates request to meet with mental health staff.

115.81(c) ECI is not a jail.

115.81(d) OPS.050.0001 states that information concerning an alleged complaint of sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating, and resolving the alleged misconduct and immediate and continued care of the victim. Per interview with the ECI PCM, he 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 assist in ensuring any information related to sexual victimization or abusiveness of inmates remain confidential and access to the information is strictly limited to those with a need to know.

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

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

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. CORIZON Health PREA Training Lesson Plan
4. Inmates who reported sexual abuse medical and mental health follow-ups.
5. Interviews with:
 - a. Medical staff/ Mental Health Staff
 - b. Inmates who sexual abuse

115.82(a) OPS.050.0001 states supervisors, managers, and shift commanders are responsible for ensuring the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes referral for medical and mental health care follow up and non-medical or mental health related counseling services. The CORIZON Health Lesson Plan for PREA states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted.

Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination. Interviews with a contract Register Nurse, Assistant Director of Nursing, Infection Control Register Nurse, Mental Health staff and the Health Services 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. The inmate is placed in infirmary after returning from the local hospital and seen within 24 hours of their return by medical. Mental health staff are required to see the inmate not than the next business day. All stated their belief was the medical care provided to the inmate population is equal to that in the community, their professional judgement while ensuring the State requirements are followed.

An interview with the Infection Control Nurse who is responsible for providing sexually transmitted infection prophylaxis to the inmates. She stated her screening is limited to HIV and Hepatitis C. Additional test would be conducted at the local hospital for sexually transmitted infections and if the test results are positive, medical care services would be provided by medical staff. The auditing team reviewed 14 of 17 sexual abuse reported allegations casefiles that included three inmates who were transported to the local hospital for a forensic medical examination. Each of these case files included documentation (facility and local hospital) of all medical and mental health services provided to the inmates upon their report of sexual abuse.

Two inmates who reported allegations of sexual abuse was interviewed during the on-site. The allegations of sexual abuse made by these inmates did not include any touching but was made due to comments made to them.

115.82(b) OPS.050.0001 states, "The first correctional officer responding to an incident of sexual misconduct shall: (a) Ensure the safety of a victim of sexual misconduct by: (i) Immediately stopping an incident in progress, if necessary, arranging for separation of the victim from the abuser; and (ii) If applicable, immediately, if qualified, providing medical attention or arranging for appropriate medical attention. Interviews with random staff confirm they were aware of the first responder duties. All stated they would separate the victim from the abuser, keep victim safe, contact the shift commander and the inmates would be escorted to medical. Two medical staff were identified as first responders. One allegation was alleged to have occurred a week prior to reporting. The second case did not involve any sort of penetration and was a previous incident.

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. Based on the negative finding by the e SAFE during the forensic medical examinations, no medication was prescribed.

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. OPS.050.0001 states if medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensic examination at no cost to the victim that is performed by a by a SAFE/SANE. Interviews with the medical staff also verified the services would be provided to prisoners at no cost.

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness
4. CORIZON Health Policy on Federal Sexual Abuse Regulations
5. Medical/Mental Health Follow-ups
6. Interviews with:
 - a. Medical staff and Mental Health Staff
 - b. Case Manager

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, Inmates/inmates reporting to have been sexually assaulted while in DPSCS custody shall be managed using guidelines consistent with the Prison Rape Elimination Act (PREA). An initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted.” CORIZON Health Procedure on Sexual Assault also provides procedures to follow in event of sexual abuse. In an interview with medical staff, indicated they would ensure the victim is stable and then provide follow up treatment plans per the physician or local hospital.

Per Chapter 13, Section F of the Manual, within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room notes, and write appropriate orders for care in the patient’s medical record. If the provider is off site, the emergency room protocol for review will be conducted and the disposition of care executed. Correctional Management Manual Section 17 - Special Confinement Housing Unit Per Directive ECI.050.001 upon the inmate’s return from medical/the hospital, he shall be housed in a single cell until released by mental health staff. Mental health staff shall follow up with the alleged victim on the next business day. Ongoing treatment shall be provided as needed and documented in the EPHR. Copies of notes shall be provided to the PCM file for audit purposes. A review of the inmate casefiles included notes regarding seeing the inmate from both medical and mental health.

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 the Assistant Director of Nurses, Health Services Administrator, discharge planning is performed by the

social workers prior to the inmate release by contacting facilities within the communities and scheduling follow-up appointments for mental health and medical care.

115.83(c) In an interview with the Assistant Director of Nurses, Health Services Administrator, Mental Health Counselor, all indicated the level of care provided to the inmates are consistent with the community level of care.

115.83(d) & (e) ECI 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. Medical reports from both the local hospital and facility medical staff revealed the inmates transported for forensic examinations did not receive 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. 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. An interview with a Case Manager, who performs risk screening for victimization or abusiveness, indicated that an inmate disclosing prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are automatically referred to mental health. The inmate is given the option of being evaluated but a referral is made whether the inmate chooses to participate or not. The Mental Health Practitioner indicated depending on the circumstances of the case, staff attempt to get the abuser into a program upon departing.

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

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.86(a)(b)(c) OSP.S020.0027 states, "that except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded, review the incident. It also indicates the facility incident review team shall consist of upper-level facility management officials designated by the facility managing official after consultation with the facility PREA Compliance Manager and have input from or access to line supervisors, investigators, and medical or mental health practitioners concerning the incident being reviewed. The review of reported PREA allegations was extended to a 16-month review, May 2019 – August 2020 due to the delayed on-site visit. The PAQ notes within the past 12 months the number of criminal and/or administrative investigations of alleged sexual abuse investigations completed at the facility excluding only unfounded incidents was 2. This information is incorrect. The PAQ also notes that within the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days excluding only unfounded incidents was 1. This information is also incorrect. The facility reported 17 allegations of sexual abuse for investigation by the IID Investigators. Of the 17 cases, 1 was determined as Substantiated (inmate-on-inmate touching), 10 were determined as Unsubstantiated and 6 were determined as Unfounded. The incident review team conducted an incident review for the 1 Substantiated case and each of the 10 Unsubstantiated cases. All Sexual Abuse Incident Reviews were conducted within 30 days of the completed investigations. Specifically, staff conducted the incident reviews as soon as the day the investigation was identified as closed and/or within 2 weeks of the completed investigation. An interview with the Warden indicated the Assistant Warden is responsible for chairing the monthly meetings for the Reduction of Violence and the Sexual Abuse Incident Review. A review of the signature sheets of staff who served on the incident review team included the following: Warden, Assistant Warden, Security Chief, Annex Facility Administrator, Case Management Supervisors; Case Management line staff, Psychology staff, Investigative staff, medical staff, housing unit managers, and the ECI 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 ECI PCM that identifies problem areas, necessary corrective action, and recommendation for improvement. An interview with the ECI PCM who a member of the incident review team indicated 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.

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. Per review of the completed incident reviews, there were no recommendations made by the committee.

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

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI 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, medical and mental health, and information from investigations that were conducted.

115.87(b) OSPS.002.0027, indicates that the DPSCS PREA Coordinator is responsible for aggregating the incident-based sexual abuse data annually. The DPSCS PREA Coordinator, said, in an interview, he receives the data from IID and prepares the report based on that data. He

said that he collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. He reviews the data collected with the Warden as well, prior to writing the report. The report is based on the Fiscal Year.

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

115.87(d) Directive OSPS.020.0027 also holds the DPSCS PREA Coordinator responsible for collecting, maintaining, and reviewing the data from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. The DPSCS PREA Coordinator provided a tracking sheet that he uses to keep track of the data. It includes information such as name and number of inmates involved, both the inmate making the allegation and any known perpetrators or suspects, date of the allegation, investigative case number, the outcome of the investigation, date of closure of the case, name of the investigator assigned to the case, date of notification of inmate complainant and the nature of the complaint.

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

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

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

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. ECI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
3. DPSCS Website
4. 2019 Annual PREA Report
5. Copy of approval annual report 2019
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 compare 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. He also indicated he does not typically include information that needs to be redacted.

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. A copy of 2019 annual report noting approval by signatures of the DPSCS PREA Coordinator, Assistant Secretary, Deputy Secretary of Operations and Secretary was provided for review.

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

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

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

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

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.401 a b. DPSCS. 2020.0026 PREA Federal Standards Compliance documents the PREA Coordinator is responsible for ensuring Department PREA related activities comply with federal PREA standards in areas to include Audits and Auditing and corrective actions. This was the third PREA audit for ECI and the first year of the third cycle.

115.401.h, i,m,n The auditor and support staff was provided access to all areas of the facility with an opportunity to observe staff functions, and practices in the various departments, in addition to inmates movement, activity in programs and housing. The auditing team were provided with offices to conduct private interviews with both staff and inmates. The lead auditor conducted interview interviews both via Skype and during the on-site visit prior to guidance provided by the PREA Resource Center on November 30, 2020. These interviews include some supervisory specialized staff and 19 inmates within the target group.

Confidentiality and privacy were confirmed during these interviews as the lead auditor had a view of the interview area and entry of the door could be identified. The auditor received four correspondence from the inmate population, and they were selected for interviews. An interview with mail-room staff acknowledged that inmates' mail is sealed by the inmate prior to placement in the outgoing mail. This procedure allows the inmate population confidentiality in communicating with the auditor just as with legal counsel.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.403 In accordance with DPSCS Directives and a review of the Department's website, PREA Audit Reports for the 24 correctional facilities overseen by the Department was posted on the website for the past three years precede this audit. The most recent PREA Audit Report posted on the website, at the time of this report (February 3, 2021) is dated January 21, 2021.

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual

abuse and sexual harassment, including: inmates who are blind or have low vision?

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) yes

Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? yes

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? yes

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

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? yes

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

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

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

115.17 (a) Hiring and promotion decisions

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

115.17 (b) Hiring and promotion decisions

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

yes

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

yes

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

115.17 (h) Hiring and promotion decisions

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

115.18 (a) Upgrades to facilities and technologies

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

115.18 (b) Upgrades to facilities and technologies

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

115.21 (a) Evidence protocol and forensic medical examinations

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

115.21 (b) Evidence protocol and forensic medical examinations

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

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

115.21 (c) Evidence protocol and forensic medical examinations

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

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

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

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

115.21 (d) Evidence protocol and forensic medical examinations

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

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

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

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

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

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

115.31 (a) Employee training

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

yes

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

yes

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

yes

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

yes

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

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

na

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

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

yes

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

115.41 (d) Screening for risk of victimization and abusiveness

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

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

115.42 (a) Use of screening information

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

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

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

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

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

115.42 (b) Use of screening information

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

115.42 (c) Use of screening information

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

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

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

115.43 (a) Protective Custody

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

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

115.43 (b) Protective Custody

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

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

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

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

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

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

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

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

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

115.52 (b) Exhaustion of administrative remedies

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

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

115.52 (c) Exhaustion of administrative remedies

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

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

115.52 (d) Exhaustion of administrative remedies

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

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

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

115.52 (e) Exhaustion of administrative remedies

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

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

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

115.52 (f) Exhaustion of administrative remedies

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

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

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

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

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

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

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

115.52 (g) Exhaustion of administrative remedies

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

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

115.61 (a)	Staff and agency reporting duties	<p>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?</p>	yes
		<p>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?</p>	yes
		<p>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?</p>	yes
115.61 (b)	Staff and agency reporting duties	<p>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?</p>	yes
115.61 (c)	Staff and agency reporting duties	<p>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?</p>	yes
		<p>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?</p>	yes
115.61 (d)	Staff and agency reporting duties	<p>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?</p>	yes
115.61 (e)	Staff and agency reporting duties	<p>Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?</p>	yes

115.62 (a) Agency protection duties

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

115.63 (a) Reporting to other confinement facilities

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

115.63 (b) Reporting to other confinement facilities

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

115.63 (c) Reporting to other confinement facilities

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

115.63 (d) Reporting to other confinement facilities

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

115.64 (a) Staff first responder duties

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

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

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

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

115.64 (b) Staff first responder duties

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

115.65 (a) Coordinated response

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

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

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

115.67 (a) Agency protection against retaliation

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

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

115.67 (b) Agency protection against retaliation

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

115.67 (c) Agency protection against retaliation

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

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

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

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

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

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

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

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

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

115.67 (d) Agency protection against retaliation

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

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

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

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

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

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

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

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

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

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

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

115.86 (a) Sexual abuse incident reviews

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

115.86 (b) Sexual abuse incident reviews

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

115.86 (c) Sexual abuse incident reviews

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

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

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

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

115.401 (b) Frequency and scope of audits

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

yes

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

no

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.)

no

115.401 (h) Frequency and scope of audits

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

yes

115.401 (i) Frequency and scope of audits

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

yes

115.401 (m) Frequency and scope of audits

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

yes

115.401 (n) Frequency and scope of audits

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

yes

115.403 (f) Audit contents and findings

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

yes