

PREA Facility Audit Report: Final

Name of Facility: Eastern Pre-Release Unit

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/13/2019

Date Final Report Submitted: 11/08/2019

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: John Morrell	Date of Signature: 11/08/2019

AUDITOR INFORMATION	
Auditor name:	Morrell, John
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Telephone number:	
Start Date of On-Site Audit:	03/13/2019
End Date of On-Site Audit:	03/14/2019

FACILITY INFORMATION	
Facility name:	Eastern Pre-Release Unit
Facility physical address:	700 Flat Iron Square Road, Church Hill, Maryland - 21623
Facility Phone	4108105400
Facility mailing address:	P.O. Box 122, Churchill, Maryland - 21613

Primary Contact	
Name:	Leonard Evans
Email Address:	leonard.evans@maryland.gov
Telephone Number:	4108105414

Warden/Jail Administrator/Sheriff/Director	
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Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	Stephen Montgomery
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Facility Health Service Administrator On-site	
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Facility Characteristics	
Designed facility capacity:	180
Current population of facility:	174
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	
Facility security levels/inmate custody levels:	Pre-Release
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	39
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	

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

AUDIT FINDINGS

Narrative:

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

INTRODUCTION

The Eastern Pre-Release Unit is a minimal level security pre-release facility for the Maryland Department of Corrections. There was no third-party involvement during the process of this PREA Audit. Eastern Pre-Release is located at 700 Flat Iron Square Road in Church Hill Maryland with a zip code of 21623. Eastern Pre-Release has a mailing address of P.O. Box 122, Churchill Maryland, 21623. This audit was conducted by an audit team from the State of Michigan Department of Corrections who is in a consortium with the states of Maryland, Wisconsin and Pennsylvania. Lead Auditor is John Morrell who is an administrative manager for Parnell Correctional Facility with the Michigan Department of Corrections. Mr. Morrell received his PREA audit certification on February 15, 2019. This audit conducted is the first audit conducted for Mr. Morrell and will have this report reviewed by the PREA Resource Center before submission to the facility as part of a probationary status for new auditors. Mr. Morrell was assisted by to other auditors in Yvonne Gorton and Wendy Hart. Ms. Gorton is the performance audit specialist for the Michigan Department of Corrections and has been a PREA certified auditor since 2015. Ms. Hart is a PREA analyst for the Michigan Department of Corrections and had been a PREA certified auditor since 2018. The onsite portion of the PREA audit was conduct on March 13 thru 14, 2019.

Eastern Pre-Release has had one previous PREA audit conducted with their final report being submitted on December 19, 2016. The facility was found to be in compliance during this audit. There was no contract for the completion of this audit as it was part of the previously mentioned consortium agreement therefore, no procurement was required. There were a couple barriers to completing this audit that made it difficult for the auditor to complete a thorough and timely audit. Ultimately, we were able to get past the barriers and compete the audit. The first barrier to this audit was the unfortunate and unexpected death of their previous PREA compliance manager. The previous compliance manager was their PREA compliance manager for over three years and held that position during the last PREA audit. He was also in contact with this auditor in the early process of the audit. After the initial conversations with the previous PREA compliance manger the auditor did not see any information on the OAS or dialog from the facility until less than two weeks before the audit. Eastern Pre-Release is a small facility with little staff. With the unfortunate loss of someone who did so much for the facility Eastern Pre Release had to train a new PREA compliance manager in Stephen Montgomery. Mr. Montgomery worked hard to get the auditors everything before the on-site portion of the audit. However, with less than two weeks before the audit to review documentation made it challenging for the auditors to conduct a thorough review of what was provided. The second barrier for the auditor to complete this audit was the facilities reliance on the Maryland Department of Corrections PREA Manual. The PREA manual is a great resource with a lot of documentation and information to help not only a facility stay complaint with all PREA standards, but also helps the auditor have a good reference to the State of Maryland's policies, standards, and procedures regarding PREA. However, the barrier comes from the facility listing "see PREA manual" as their

response for documentation on the OAS. The auditor then had to find the specific standard and see the relevant documents listed for that standard. Once the list of documents for that standard was located the auditor then had to find those documents and the specify section of that document to find compliance. The PREA manual is an interactive PDF so there are some search functions available to make this easier however this auditor found it time consuming and cumbersome to look up all the standards. This barrier could have been eliminated if the facility provided the documents with the relevant section highlighted with each sub section on the OAS.

AUDIT METHODOLOGY

Pre-Onsite Audit Phase

The discussion to use the Online Audit System (OAS) was discussed with the Maryland department of corrections PREA Coordinator Dave Wolinski and Eastern Pre-Release's previous PREA compliance manager. Access was given to the facility on January 10, 2019. A small kickoff meeting was conducted through phone call on February 19, 2019 with the lead auditor, PREA compliance manager Montgomery and Captain Evans who is the back-up PREA Compliance Manager and head of custody. In that phone call logistics were discussed such as estimated time frames for the onsite portion of the audit, a private room to work, three interview rooms being needed and unimpeded access to the facility. Other logistics discussed were the documents needed such as a facility inmate housing count sheet, training records of staff, HR records of staff, staff schedule for the days of the audits and any investigations that may of occurred at the facility. The kick-off meeting also discussed the process of the audit. We discussed the need to get the documentation on the OAS for review before the audit. Part of the process discussed was how the on-site portion of the audit would be conducted. It was explained to the facility that a walk-thru of all areas of the facility will be completed along with interviews of specialized staff, random staff and inmates. Also discussed was that during the on-site portion of the audit was that the auditors will review the documentation requested. During the kick-off meeting the auditor discussed their goals and expectations for the audit. The goals and expectations of the auditor was to conduct a thorough audit of their practices, policies and knowledge regarding the sexual safety of their inmates in relation to the PREA standards. The expectation for the facility was to work with the auditor to obtain all information needed to make that judgement. Another expectation discussed was the need for communication between the auditor and the facility to establish a positive working relationship. Eastern Pre-Release exceeded these expectations as they gave the audit team everything they needed in a timely matter and continue to have great communication with the auditors.

It was also made clear in that phone call that any corrective action may be considered a failure by confinement facilities and agencies seeking PREA compliance, the Department of Justice views corrective action as an opportunity to enhance safety and promote a zero-tolerance culture for sexual abuse and sexual harassment. In fact, the PREA audit was built on the assumption that full compliance with every discrete provision in most cases, require corrective action. On that call the auditor and facility agreed to talk once a week until the on-site portion of the audit or more based on need. Timelines set were the need to have the information downloaded to the OAS immediately due to the audit being three weeks from the date of the call. Other timelines discussed was the expected time frame of no more than two days if additional information was asked. Part of the discussion with a two-day time frame on additional documentation was to make up for the auditor not having enough time to completely review all downloaded documents on the OAS before the on-site portion of the audit, this would help the auditor stay on-time to meet their deadlines. The last discussion on the call was the milestone for completion of the audit. The facility was informed by the auditor that the report was due for review to the PREA Resource Center 30 days from the last day of the audit and the review could last 15 days. The facility

was informed the report will be available to them in 45 days. Also discussed was if corrective action was needed the facility will have up to 180 days to work towards compliance with that standard.

After the kick-off call a process map was sent to the facility. The process map explained the same processes and time frames that were discussed on the call. It explains the three main steps to a PREA audit: the pre-audit, on-site audit and post-audit. For the pre-audit processes the facility needed to post the PREA audit notice, the auditor will communicate with community-based victim advocate agencies, the facility will complete the facility questionnaire and the auditor will review the questionnaire and all documentation. The on-site step of the audit consists of a facility tour, additional documentation review, staff interviews and inmate interviews. Also, on the Process map is the list of specialized staff and targeted inmates that will be interviewed during the onsite portion of the audit. The third step, the post audit, consist of responses based on the auditor compliance tool for each measure, the auditor report, corrective action plan, final report and an agency appeal if needed.

The posting of the notice for the scheduled PREA audit was sent to the Eastern Pre-Release PREA compliance manager of January 18, 2019 via email. This was sent seven weeks before the date of the on-site portion of the audit. The posting was done by the auditor in both English and Spanish with large font. The facility printed them on pink paper as it was noticed by the auditors during the on-site portion of the audit. An email was received from the facility PREA Compliance manager to the auditor on January 23, 2019 confirming they were posted in the facility. Also, on the PREA Audit notice was the auditors name and mailing address for any person with information relevant to compliance with the audit can confidentially correspond with. Confidentiality was defined on this notice as all correspondence and disclosure during interviews with the designated auditor are confidential and will not be disclosed unless required by law. The exceptions for when confidentiality must be legally broken include; if the person is in immediate danger to himself or others, allegations of suspected child abuse, in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction. Steps taken to ensure confidentiality was to have the facility treat all correspondence with the auditor as legal mail.

The PAQ was completed by the facility on March 4, 2019 and initiated on February 28, 2019. The auditors had access as soon as the facility started to download documents on the OAS. The auditors reviewed what documentation they could before the audit looking for gaps or missing information. Due to the short amount of time from the documents being downloaded to the OAS and the on-site portion of the audit an issue log was never completed. The PREA Manual used by the Maryland Department of Corrections has a majority of the information needed for the auditor which the auditor has reviewed before. Eastern Pre-Release provided facility specific information on the OAS so more documentation was not requested. The facility was contacted regarding the auditor not having time to compose an official issue log but may provide a list on-site of additional documentation needed and requested the facility be able to provide those documents while on-site. It was found by the end of the audit that no additional information was requested.

Before the audit the auditor emailed PREA compliance manager Montgomery and requested a complete list of: current inmate roster, a complete staff roster, all contractors who have contact with inmates, all volunteers who have contact with inmates, and any gay, bisexual, transgender or intersex inmates. The facility was able to provide all these requested lists. A list of specialized staff was requested the list include; agency contract administrator; intermediate or higher level staff; line staff who supervise youthful inmates; education and program staff who work with youthful inmates; medical and mental health staff; non-medical staff involved in cross-gender viewing or searches; human resources staff, SANE/Safe staff;

Staff who perform screening for risk of victimization and abusiveness; staff who supervise inmates in segregated housing;

the incident review team; designated staff member charged with monitoring retaliation; and security and non-security first responders. Eastern Pre-Release does not house youthful offenders or a segregation cell so those lists cannot be obtained. All other list of specialized staff was provided by the facility. Also requested was a list of inmates with disabilities, inmates who are limited English proficient, inmates who reported sexual abuse, inmate who reported sexual victimization during risk screening, all grievances and allegations made the last 12 months, all incident reports from the last 12 months, all allegations of sexual abuse and sexual harassment reported for investigation the last 12 months and all hotline calls made during the last 12 months. Eastern Pre-Release did not have any inmates who were blind, deaf, cognitive disabled, limited English proficient so these targeted inmates could not be provided. This was verified through staff and inmates' interviews, review of facility and inmate files as well as observation during the facility walk-thru. Also during this verification it was found that Eastern Pre-Release at the time of the audit housing any inmate that reported a sexual abuse or sexual victimization on the risk screening. This could also be in part to the strict requirements the State of Maryland has for requirements to be in a Pre-Release facility.

Requested before the on-site portion of the audit was a detailed list of the number of sexual abuse and sexual harassment allegations during the last 12-month period including: total number of allegations; number determined to be substantiated, unsubstantiated or unfounded; number of cases in progress; number of criminal investigations; number of administrative case investigations; and number of criminal cases referred to prosecution. Eastern Pre-Release stated they have had zero PREA allegations in the last 12 months so no investigations could be provided to the auditors. The auditors with the help of PREA Coordinator Wolinski were able to verify that the last PREA allegation for Eastern Pre-Release was 2015.

Contact was made before the audit to Just Detention International who provides assistance to inmates who were victims of sexual assault. They stated they are available for inmates at Eastern Pre-Release but there is no record of any correspondence from any inmate at Eastern Pre-Release. Life Crisis Center was also contacted, as they monitor and accept all PREA hotline calls as well as offering victim advocacy at the hospital. They stated if they receive a call regarding any sexual abuse or harassment they forward the message directly to the Internal Investigative Division (IID). If the call is anything non PREA related they transfer it to Mr. Wolinski to follow up with. The SAFE and SANE nurse for Brockbridge hospital was contacted and they stated they would provide any assistance needed and forensic exams for an inmate that was victim of a sexual abuse. She also mentioned that if it was a high-risk prisoner, they would travel to the inmates hospital to offer assistance. No external investigations were contacted before the audit as the auditor planned an extensive interview on-site with IID who conducts all PREA investigations. No other contacts were made before the audit and Eastern Pre-Release does not house juveniles, so children services were not contacted.

There was no confidential correspondence sent to the auditor from any inmates at Eastern Pre-Release, so no action was needed regarding confidential correspondence. Also, no inmate requested to speak to the auditors while on-site.

On-Site Audit Phase

Auditors arrived at the Eastern Pre-Release facility to conduct the on-site portion of the PREA audit at 0900 hrs on Wednesday March 13, 2019. After completing security checks with officers from the facility

the auditors conducted a small entrance briefing with the facility administrator Turner, captain Evans, PREA compliance manager Montgomery, the case manager, a sergeant, and two corrections security officers II. In the meeting introductions were made by the auditors to members of the facility. The facility provided all documentation that was previously requested during the pre-onsite portion of the audit. It was discovered that the facility only had one targeted inmate, one that identified as gay, and no other targeted inmates. Based on the auditor handbook the auditor needed to randomly select 19 inmates for interviews. The inmates selected were given to the facility at the entrance meeting. At the meeting the

facility gave us a list of all staff with their job title and work schedule. The auditors then selected both random staff and specialized staff to interview and submitted the list to the facility. Once the interview list was determined the rest of the schedule of the audit was discussed. The auditors plan on conducting the walk-thru directly following the entrance meeting and conducting interviews after that focusing on staff with little availability first. The facility was informed after interviews were conducted documentation reviews will take place from the documents requested during the pre-onsite portion of the audit. Lastly, discussed was that an exit interview will take place where the auditors will review observations from the on-site portion of the audit.

Site Review

The Eastern Pre-Release Unit consists of one building that houses two main areas divided by a connecting hallway. There is a garage and a storage building, behind the facility, both of which are kept locked with padlocks. In addition, they are in an area that is clearly marked, "off limits," to inmates. There is a large recreation yard adjacent to the building, that, as of only two years, is enclosed in a fence. There are five cameras strategically placed, on the upper portions of the fence, to provide electronic monitoring of the recreation yard. There are no cameras inside the building.

The facility consists of three housing units one to the left of the institution, one to the right, and one at the end of the hallway. Each unit can hold 60 inmates for a maximum inmate population of 180 at the first day of the audit the population was 174. There are two bathrooms, along the hallway, opposite the dorms, and one shower room, in the same general area as one of the bathrooms. The bathroom stalls have partial doors on them, to afford a measure of privacy without jeopardizing security. Female staff do not go into the shower rooms. There are multiple phones, for inmate use, along the wall in the dormitory area hallway. There are also several dayrooms, along this hallway, including one that has a separate exit into the recreation yard. Laundry facilities are in one of the hallway bathrooms. The hallway also has bulletin boards that have PREA information, including hotline numbers, posted on them. Auditors noted that notices of the PREA audit, in both English and Spanish, were posted at eye level, on pink paper and in large font. The Food Service area, including the Dining Room, is at the end of the dormitory hallway. All areas of the Food Service were reviewed.

There is a connecting hallway that goes from the main entrance, dormitory and food service area to the other side of the facility where there are staff offices, a classroom and a library, and a large multi-purpose room centrally located amid the staff offices. The classroom, and some of the staff offices, are separated from the multi-purpose room by use of folding fabric walls. Other offices have regular walls and doors that close so there are areas for staff to talk privately to each other, or to interview inmates and afford them some privacy as well. Staff housed in this area include the Facility Administrator, Case Management staff, and staff involved in overseeing the financial aspects of the facility. The Captain also has an office in this area and the large multi-purpose room doubles as a Visiting Room.

Intake, classification and screening all occur when an inmate arrives to Eastern Pre-Release. Due to no new arrivals on the days of the audit, the auditors observed a mock version on the intake-classification-screening process. As soon as an inmate arrives, they are taken to a secure room where a strip search is conducted to prevent the introduction of contraband. The auditor observed the strip search room to be private where inmates will not be viewed by anyone other than the staff conducting the strip search. Once the strip search is complete the inmates are taken into control center where they wait to be screened by the traffic officer who privately conducts the intake screening and orientation. The traffic officer has a packet of information prepared for each inmate that consist of the intake screening form, facility rules, PREA brochure, how to report a sexual assault or sexual harassment form and contact addresses and phone numbers for rape crisis centers. Once the

inmate is in the private room, the traffic officer starts to ask the inmate the questions on the PREA intake screening form. Once the screening is complete the traffic officer totals the yes responses and uses the results of the screen to determine the housing dorm for the inmate. After the housing assignment has been issued the traffic officer reviews the rest of the intake packet with the inmate. The last page of the packet is torn off and signed by both the traffic officer and inmate that the orientation was completed. The inmate is then allowed to keep the rest of their packet and go to their housing assignment.

All screening data and inmate records are kept in a base file that is locked in file cabinets stored in a secured office. Only case managers and administrators have access to the file cabinets that hold the files. The room is also located in close vicinity of the administrative offices allowing administrative staff to see who is entering the room. The inmate education process was discussed earlier with the intake-screening-classification process. They conduct prisoner education when they review the packet in the orientation that takes place right after the intake screening. This process was reviewed by the auditor during the mock demonstration that was completed during the intake process. The staff review the packet of information regarding PREA rules, how to report a sexual assault, and available advocate services with the inmate. The inmate then signs a form stating he was given his PREA education information as well as given the informational packet to keep for reference. The State of Maryland does not use a grievance process to accept PREA complaints. The Maryland Department of Public Safety and Corrections Services has an Inmate Grievance Office who has jurisdiction over all inmate grievances unless they are a PREA grievance. All PREA grievances received by the Inmate Grievance Office are immediately forwarded to IID for investigation. There are multiple phones, for inmate use, along the wall in the dormitory area hallway.

This is the only location for phones, the phones were used by the auditor to complete a toll-free call with the PREA Hotline successfully. The auditor requested that the call be reported back to the facility immediately to determine response time. A return call was done on the same day as the initial call was made. A phone call was also made from the prisoner phones to an external crisis services Turn Around Inc. located in Baltimore City. The individual the auditor spoke with said they were not familiar with Eastern Pre-Release facility but they would accept a call from anyone in need of help. There was only a small number of informal staff interviews conducted during the facility walk-thru as the auditor was scheduled to interview most all staff at the facility due to their small size. Staff were asked if they were trained on how to respond to a sexual assault and what is the State of Maryland policy in reported sexual abuse and sexual harassment. Staff stated that they received in-service training yearly and how to report and respond is part of the training material. Informal interviews of inmates were conducted during the facility walk- thru. Universally, inmates stated they felt safe and have been instructed on how to be safe regarding sexual abuse and sexual safety at Eastern Pre-Release. During the tour it was observed in the control center the contact information for the language line used by Eastern Pre-Release. The services can be done via phone, email, or in person. The auditor inadvertently did not place a call to the language

line during the on-site portion of the audit and will attempt to make contact with the language line at a later time during the audit process. The contact information is placed where it is easily viewed by all staff.

Eastern Pre-Release consist of three open bay housing dorms that house 60 inmates each. The open dorm only consists of 30 bunk beds with each inmate having a standup locker next to their bed. The three dorms share one of two-day rooms and the phones that are down the main hall. During the facility walk through, staff of the opposite gender did announce their presence when entering the housing and bathroom areas. Going into each dorm is a door with only a small window in it to allow inmates privacy while changing. Outside of the dorms in the main hallway is two bathrooms that have urinals, toilets and sinks. The toilets offering privacy using half walls and doors. The shower area is farther down the main hallway and is the only shower area in the facility. The shower area is one large open area with multiple shower heads. You have to first enter a dayroom then enter a doorway to enter the shower area. This gives the inmates privacy from female staff while showering. There is a small window roughly 12 inches by 12 inches that goes to the shower area, but the bottom half is blocked off and if someone was to look in there, they would only see the inmate's shoulder and head area. Eastern Pre-Release does not have any cameras inside the facility, so cameras are not a concern for privacy.

Supervision is always a minimum of three officers and a shift commander at the facility. There are other officers that will take out inmates on work release, however they will never leave the facility less than the required minimum. There is only one work station, the control center with all areas of the facility having a straight-line view from there. When the inmates are in the dining hall an officer will go with them and same is true for when it is yard time. There is a library and multipurpose room that can be used if there is a class to be held. Due to the short length of stay for inmates at the facility the only programs offered at Eastern Pre-Release are basic education and GED classes. The classroom is in the library's multipurpose room. The library is a small room that is separated with a glass wall from the multipurpose room and in direct sight of the administrative offices. The only jobs at the facility is in the dining hall. When inmates are working in the dining hall, they are with the dining sergeant. The medical area is a small room directly across from control center with a small office connected to it. The medical room has one medical table and a cabinet for medical equipment with the office barley large enough for a desk and the health providers chair. Health care consist of one staff member with all other health needs being taken care of at the local hospital. There are no cameras in the facility there are 5 cameras on the

outside perimeter fence and 4 on the outside of the building. The facility does have a mirror placed just outside control center to aide officers in seeing down the hallway to the one dorm that is not in a straight sight line from control center. The State of Maryland does not accept PREA grievances as all PREA complaints go to IID for investigation. The Maryland Department of Public Safety and Corrections Services has an Inmate Grievance Office who has jurisdiction over all inmate grievances unless they are a PREA grievance. All PREA grievances received by the Inmate Grievance Office are immediately forwarded to IID for investigation. Staff have mailboxes in control center that inmates can place letters or questions to staff. There are PREA posters in every dorm, the two dayrooms, dining hall, hallway, and administrative area. The PREA Hotline is posted on almost every wall of the facility including the hallways near the phones, the dining hall, the administrative area, dorms, and dayrooms. The PREA audit notice was posted in pink in every dorm, both dayrooms, healthcare room, administrative area, control center, dining hall and hallway. The facility was found to have no blind spots thanks to the small size and straight-line views. Also, all rooms are just large squares with no closets, just large wide-open rooms which eliminates any blind spot. There is a storage shed and garage outside the facility but inside the fencing that are always locked unless maintenance staff are there.

Interviews

Staff, Volunteers, and Contractors

Eastern Pre-Release made available three rooms to conduct interviews in. All the interview rooms were in the administrative area. One office used was the captain's office which was down the hall and had a solid door. One interview room was a small room built in the large multipurpose room. The walls stopped about six inches short of the ceiling and all interviewees were instructed to be careful on how loud they speak since if you talked in a louder tone you could be heard. The third room was behind a partition but far enough away that if the interviewee did not speak loudly would be private. The situation was not ideal for the auditors however it was determined that based on the layout there was not anywhere else more private. The auditors were comfortable that if the interviewees spoke in a normal tone they could not be heard. Administration and agency leadership were interviewed. The Agency Head Designee Samantha Barrett was interviewed, also interviewed was the Facility Administrator Turner, PREA Coordinator Dave Wolinski, and PREA Compliance Manager Stephen Montgomery. Eleven total specialized staff were interviewed, the special staff interviewed include: orientation staff, medical staff, mental health staff, incident review team member, designated staff member in charge with monitoring retaliation, intermediate supervisor, human resources, IID Detective, staff that perform screening for risk victimization, and two volunteers. Most specialized staff were selected due the fact they are the only one at the facility that has that role or job. The staff performing risk screening and intermediate supervisors had three staff available and the second one on the list was chosen.

Eastern Pre-Release had 39 staff members employed at the time of the audit. Twelve random staff interviews were conducted. Random staff were chosen by first receiving a schedule of all staff for the two days of the audits. One third shift officer was working during the audit and he was interviewed. First and second shift had four officers on schedule and the second and fourth officer were chosen for interviews. The rest of the random staff consisted of staff that were not interviewed as a specialized staff. During a week day Eastern Pre-Release only has an estimated 20 staff at the facility. This limits the selection pool for the auditors.

Eastern Pre-Release has eight volunteers that come to the facility. Two volunteers were interviewed during this audit. An alphabetic list of all volunteers with contact information was given to the auditors by the volunteer coordinator. The volunteers were selected by calling down the list until one was available for interview. The whole list was called, and the two volunteers interviewed were available to complete an interview. There were no volunteers scheduled to come to the facility during the on-site portion of the audit. Eastern Pre-Release only has one contractor at the facility which is the nurse. The nurse was interviewed as both a contractor and medical professional as she is the only one at the facility for either role.

Inmates

There were 174 inmates on count at Eastern Pre-Release on the first day of the audit. Nineteen random inmates were interviewed during the audit. The facility provided an inmate roster to the auditors on the first day of the audit. The random inmates were selected by the auditor selecting every eighth inmate. On the two occasions that inmates refused to participate and the next inmate on the roster was called. The random selection had inmates of multiple races, ages, and length of stay. Eastern Pre-Release usually houses inmate for less than six months causing little variation in length of stay.

Eastern Pre-Release gave the auditors the list of targeted inmates at the facility on the first day of the audit. The facility was able to identify one inmate that identified as gay. There were no other targeted inmates at the facility. Eastern Pre-Release did not have any inmates who were blind, deaf, cognitive disabled, limited English proficient so these targeted inmates could not be provided. This was verified through staff and inmates' interviews, review of facility and inmate files as well as observation during the facility walk-thru. Also during this verification it was found that Eastern Pre-Release at the time of the audit housing any inmate that reported a sexual abuse or sexual victimization on the risk screening. This could also be in part to the strict requirements the State of Maryland has for requirements to be in a Pre-Release facility. With this the total number of targeted inmates interviewed were one and it was in the inmates that identify as gay. Auditors did ask in interviews with inmates and staff if they knew if any inmates that may: have limited English; identify as gay, transgender, or intersex; or have any disabilities. There was no evidence that there was any more than the one targeted inmates at Eastern Pre-Release.

Onsite Documentation Review

The auditors submitted a list of documentation that will be reviewed to the facility two weeks before the on-site portion of the audit. Files requested were: inmates base files, HR records for files, personal records for volunteers, training records, investigations, and any medical records. The State of Maryland does not have a PREA related grievance system, so no documentation of grievances were requested. The Maryland Department of Public Safety and Corrections Services has an Inmate Grievance Office who has jurisdiction over all inmate grievances unless they are a PREA grievance. All PREA grievances received by the Inmate Grievance Office are immediately forwarded to IID for investigation. The auditors reviewed all documentation after both the interviews and facility walk-thru took place. The reasoning behind this decision was the belief that the auditor would have more information, areas of interest and concern learned through the interviews and walk-thru to focus on during documentation review.

The total number of files reviewed were 64. Twelve of these files were staff and volunteer personal files. The staff files reviewed were of the random staff interviewed and focused on any complaints the staff may have had against them and whether a background check was completed. The base files for the 20 inmates interviewed were reviewed. All target inmates were interviewed resulting in all targeted inmates having their file reviewed. Only those inmates that were interviewed had their file reviewed. The auditor felt that the random inmates were a diverse group and also composed of 12 percent of the population given them the information needed to complete the audit. Items reviewed in the file was evidence of PREA education and orientation, initial risk screenings, and risk screening reassessments. There have been no investigations at Eastern Pre-Release since 2015, giving the auditor no investigative files to review. Training records for all 32 staff were reviewed to verify all staff have received required training in regards to the PREA standards. No medical records were reviewed as all medical records are held off-site. The corroboration strategy of the auditors was to review files of all staff and inmates interviewed to help verify or clarify anything learned in the interviews. All staff training records were reviewed because the staff size is small, and training is important to the success of sexual safety.

Investigative files were requested from Eastern Pre-Release for the first day of the onsite portion of the audit. Eastern Pre-Release has not had any investigations since 2015. PREA Coordinator Wolinski provided a copy from the IID database with a complete list of investigations for Eastern Pre-Release. The only investigation on the list was the one from 2015. There were no investigative files reviewed.

Exit Briefing

An exit briefing was conducted on March 14, 2019 with Eastern Pre-Release leadership. The leadership group included Facility Administrator Turner, PREA Compliance Manager Montgomery, and Captain Evans.

The facility was thanked for their hospitality and all the assistance they provided for the auditors. One strength that was discussed was the efficiency and results from their intake and screening process. Their process prevents any inmate being placed in assignment where they may be at risk. Another strength discussed was the culture created by leadership where staff truly care about the safety of the inmates. This showed in inmate interviews as they all stated they would feel comfortable talking to staff. The time frame of when the facility will receive the interim report was discussed. Also discussed was the process after the interim report is submitted. The possibility for a corrective action plan and how the auditor and the facility will work together to complete the corrective action to reach the goal of a complaint audit.

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 Maryland Pre-Release Correctional Unit is a low security level facility that houses adult males. Maryland State Correctional Facilities fall into one of the following security levels; Maximum, Medium, Minimum or Pre-Release. Pre-Release, the lowest security level, is a custody level which affords inmates access to the community. To be eligible for Pre-Release security level, an inmate must be within five years of an anticipated release date, have no scoreable open charges or detainers, must not have escaped within the last 10 years and must not be required to register as a sex offender upon release. There are six Pre-Release units, throughout the State of Maryland, and an administrative headquarters in Jessup. Pre-Release facilities, with the fewest security features of all the state correctional facilities, are for inmates who present the least risk of violence or escape and have established an excellent record of acceptable behavior. Inmates in Pre-Release facilities can participate in approved programs, beyond the grounds of the institution, without escort. All of the Pre-Release units have adult basic education and GED programs, and selected facilities also have occupational education and work readiness programming. Library services are available at each Pre-Release site and, in most cases, there are one or more teachers on site. Pre-Release sites also facilitate educational services that are available through local community services. Additionally, some of the Pre-Release units offer work release and others offer rehabilitative programs for inmates.

Inmates in the Maryland Correctional system are required to work unless they are unable to do so for medical, disciplinary or safety reasons. Inmates' work record is an important part of their institutional adjustment and is considered in parole decisions, and inmates who refuse work assignments can be subject to disciplinary action. Inmates who are in Pre-Release security status and are within twelve (12) months of an anticipated release date, may qualify for work release if they meet the basic requirements of the program and are recommended by a classification team. Inmates assigned to work release must pay a portion of their earnings to the State of Maryland for room and board and, if they are transported to work, they are also required to pay for transportation. Any court ordered payments to dependent children can be automatically made by the State, or by the inmate himself if he files a request to make his own payments. Additional money earned by inmates goes into their personal accounts.

Most Pre-Release units provide work details and road crews for county and state agencies. Work assignments provide the opportunity to learn new skills, or use already acquired skills, provide an opportunity to gain work experience and earn money, and give inmates a chance to prove that they are ready to reenter society as a productive citizen. In addition to screening Pre-Release security level and being within 12 months of a definite release date, inmates assigned to work release must have completed an employment readiness program, must possess marketable job skills, must have a work history that includes at least 18 consecutive months of employment, must have completed a skill training or education program during the current incarceration term, must have a high school diploma or GED, and must have completed any required substance abuse programming.

Inmates in the work release program are required to conduct their own job search, with assistance from Case Management staff, and must attend a work release program orientation conducted by staff. Case Management staff monitor inmates in work release programs through the use of on-site and telephone job contacts. Obviously, inmates are highly screened, and have a lot of requirements to meet, before

being assigned to a Pre-Release Unit. Once there, though, they have a great opportunity to acquire many of the things they need to become productive members of society upon their release.

The Eastern Pre-Release Unit consists of one building that houses two main areas divided by a connecting hallway. There is a garage and a storage building, behind the facility, both of which are kept locked with padlocks. In addition, they are in an area that is clearly marked, "off limits," to inmates. There is a large recreation yard adjacent to the building, that, as of only two years, is enclosed in a fence. There are five cameras strategically placed, on the upper portions of the fence, to provide electronic monitoring of the recreation yard. There are no cameras inside the building.

The main entrance to the building is small. There is a Gate Officer in the main entrance and everyone who enters the facility, and goes beyond the main entrance, is required to walk through a metal detector and to be pat searched by a Custody Officer. The Control Center is just to the left of the metal detector, and a doorway just beyond the metal detector leads to the dormitories, bathrooms, shower rooms, dayrooms and the Food Service. There is a green light, in the dormitory hallway, that is illuminated all the while there are female staff in the area. In addition, female staff announce their presence each time they enter one of the dorms.

There are three dormitories with bunks in them. Inmates are each assigned a bunk and a locker, and strict sanitation and housekeeping requirements are enforced in the dorm areas. Traffic staff explained that inmates whose risk assessment scores identify them as being potential victims are all housed in the same dorm, and inmates identified as being potential abusers are housed together in a different dorm. The third dorm houses potential victims and those who don't fall into either category. Staff explained that any inmate considered to be more vulnerable than most will be assigned to a bunk at the front of the dorm for greater security. There are two bathrooms, along the hallway, opposite the dorms, and one shower room, in the same general area as the bathrooms. The bathroom stalls have partial doors on them, to afford a measure of privacy without jeopardizing security. Female staff do not go into the shower room. There is a window that looks from the hall into the shower rooms, but it is painted black with just a small area at the very top left unpainted, as a security measure. There are multiple phones, for inmate use, along the wall in the dormitory area hallway. There are also several dayrooms, along this hallway, including one that has a separate exit into the recreation yard. Laundry facilities are in one of the hallway bathrooms. The hallway also has bulletin boards that have PREA information, including hotline numbers, posted on them. Auditors noted that notices of the PREA audit, in both English and Spanish, were posted at eye level, on pink paper and in large font. The Food Service area, including the Dining Room, is at the end of the dormitory hallway. All areas of the Food Service were reviewed. There are no blind spots, the walk-in coolers are kept locked except when being accessed, and there is good visibility throughout the kitchen. A door at the back of the Food Service area leads to the backyard where a large grill is in place for grilling different foods.

There is a connecting hallway that goes from the main entrance, dormitory and food service area to the other side of the facility where there are staff offices, a classroom and a library, and a large multi-purpose room centrally located amid the staff offices. The teacher also has an office in this area. The doors into, out of this hallway, are kept locked, and a door that leads from the hallway to the outside is typically used as a main entrance into the administrative section of the facility. The classroom, and some of the staff offices, are separated from the multi-purpose room by use of folding fabric walls. Other offices have regular walls and doors that close so there are areas for staff to talk privately to each other, or to interview inmates and afford them some privacy as well. Staff housed in this area include the Facility

Administrator, Case Management staff, and staff involved in overseeing the financial aspects of the facility. The Captain also has an office in this area and the large multi-purpose room doubles as a Visiting Room.

Offenders housed at Eastern Maryland Pre-Release Unit range in age from 18 to 74 years. There are no inmates under the age of 18 housed here. The facility is small, with a current population of 174. Eastern Pre-Release stated that the average daily population for the prior 12 months was 116. The facility did not provide an exact average of length of stay however it was mentioned by staff inmates are usually there 60-90 days. The facility reports the number of inmates admitted to the facility, during the past 12 months, whose length of stay was for 30 days or more, as 683. It also reports that the number of inmates, on the date of the audit, who were admitted to the facility prior to August of 2012, is zero. Obviously, this is a reflection of the type of facility it is. Inmates who come here are the lowest level security and anyone who is not work ready, and within 12 months of a release date, is screened out. There are currently 39 staff, many of whom fulfill multiple job functions, and no new staff were hired by the facility in the past 12 months. Interestingly, the Facility Administrator has spent his entire Corrections career at this same facility. There are currently eight volunteers and individual contractors who may have contact with inmates, authorized to enter the facility to help conduct religious services and various self-help programs such as AA and NA.

The facility has a Health Services office that is staffed by an RN and a Medical Records Clerk. Minimal health care is offered there and inmates needing health care are transferred to Brockbridge, or a local hospital. Inmates will also be transferred for any dental care they might need. There is also no Mental Health care provided at the facility but the facility transports inmates daily to Brockbridge Facility where Mental health services are provided through the Psychological Services Department. Both psychologists and social workers are available there to treat inmates who need that kind of care. No forensic exams are conducted at Eastern Pre-Release. That function is provided at a local hospital that employs properly trained SAFE/SANE staff.

The Facility identifies, as its primary emphasis, preparing offenders for release into the community by providing education, treatment programs, work release opportunities and pre-release programming.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

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

Prior to the corrective action plan, Eastern Pre-Release met 42 standards and did not 3 standards. Eastern Pre-Release was able to complete or provide all corrective action requested.

After reviewing all information provided during the pre-audit and onsite audit, staff and inmate interviews, and visual observations made by the auditor during the facility tour, the auditor has determined the following:

Number of Standards Exceeded: 0

Number of Standards Met: 45

(115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403)

Number of Standards Not Met: 0

Corrective Action Requested 115.32

1. It is recommended that the updated volunteer manual be provided to all volunteers and that a refresher orientation be conducted related to PREA, and new signature sheets be provided to the auditor upon completion.
2. Update the PREA Auditor Manual appendices to include the most current version of the volunteer orientation manual.
3. In the agency brochure for the public, the brochure is not specific that the sexual abuse and harassment related to PREA is specifically toward inmates and it is suggested that the brochure be updated to for clarification that it is not referring so sexual abuse/harassment of persons other than inmates.

115.65

1. Develop and train staff on a specific coordinated response plan for Eastern Pre-Release.

115.71

1. Printout of departmental computerized database training report does not identify the interviewed detective as having been trained in conducting investigations of sexual abuse allegations in confinement settings. Moreover, the Detective himself confirmed that MDPSCS has not provided him this training.

Standards

Auditor Overall Determination Definitions

- 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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance 2. Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited <p>INTERVIEWS</p> <p>Agency PREA Coordinator Facility PREA Compliance Manager</p> <p>(a) Documentation submitted on the PAQ was reviewed. Executive Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance, is the agency policy that mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The policy is part of an agency wide PREA manual that is available to all staff thru the agency wide database. Executive Directive OPS.050.001 Sexual Misconduct - also states the agency mandate for zero tolerance to all forms of sexual abuse and harassment.</p> <p>(a) In regard to the facility policy outlining how Eastern Pre-Release will implement the agency's approach to preventing, detecting and responding to sexual abuse, they have submitted Executive Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance to the PAQ which requires that an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge according to Department procedures for reporting employee misconduct or inmate rule violations. The policy also allows the department to investigate the background of all prospective employees, promotes and contractual service providers who have direct contact with inmates to determine suitability for hire or promotion under the standards established by the Prison Rape Elimination Act.</p> <p>(a) Executive Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance includes definitions of prohibitive behaviors regarding sexual abuse and sexual harassment. The policy also includes sanctions for those found who have participated in prohibited behaviors.</p> <p>(a) Executive Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance also includes descriptions of agencies standards and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>(b), (c) The State of Maryland has designated an upper-level agency-wide PREA Coordinator in David Wolinski. Mr. Wolinski was asked he felt he had enough time to manage all of his PREA related responsibilities. His response was that his position is dedication just to PREA and allows him the time to ensure compliance with the PREA standards and help ensure the</p>

sexual safety inside the institutions. Mr. Wolinski stated he has 23 PREA

Compliance Managers, throughout the agency, one for every facility. He also stated he communicates with them all regularly, mostly using email. He also stated all PREA Compliance Managers have his cell phone number and he is available at all times if something is needed. He also stated he uses email to communicate changes or new information regarding PREA and sexual safety. Mr. Wolinski also meets each PREA Compliance Manager at their facility at least annually.

(b) Mr. Wolinski reports to the Deputy Secretary of Operations for the Maryland Department of Corrections. This gives Mr. Wolinski the authority, and latitude, to be able to oversee all efforts to comply with the PREA Standards of all its facilities.

(c) Eastern Pre-Release has Officer Stephen Montgomery as their PREA compliance manager. Mr. Montgomery took over the PREA compliance Manager responsibilities in late October 2018, due to the unfortunate loss of their previous PREA compliance manager. Mr. Montgomery reports directly to Captain Evans who oversees all custody operations of the facility. Mr. Montgomery stated he felt he had enough time to complete his responsibility of PREA compliance manager. He stated he works with his captain to ensure all responsibilities are completed.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Contract with Threshold, Inc. 2. PREA Audit Report for Threshold, Inc <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator <p>(a) (b) The agency has entered into one contract for the confinement of inmates. The Maryland Department of Corrections has a contract with Threshold, Inc., a pre- release center. The agency has submitted a copy of the contract signed August 6, 2018, which is a renewal of a previous contract.</p> <p>(a) The contract requires that Threshold, Inc., be monitored for compliance with the PREA Standards. Threshold Inc., facility had a PREA Audit September 24, 2015 in which they were found in compliance, and the report is on the State website.</p> <p>(b) Mr. Wolinski says he monitors that facility as he monitors all the facilities for the Maryland Department of Corrections. Threshold has a PREA compliance manger that he stays in contact with and monitors for PREA compliance. Mr. Wolinski also stated that the Threshold facility has had PREA audits conducted and are required by contract to stay in compliance.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Facility Staffing Plan 2. OPS.050.0001 Sexual Misconduct - Prohibited <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Higher Level Staff 2. Agency PREA Coordinator 3. Facility PREA Compliance Manager 4. Random Staff 5. Random Inmates <p>(a) Eastern Pre-Release submitted their staffing plan to the PAQ. The average daily number of inmates at Eastern Pre-Release is 142 and the staffing plan is developed with the maximum number of inmates which is 160. The staffing plan takes into account generally accepted detention and correctional practices and/or any judicial findings of any inadequacy. There have been no findings in inadequacy at the facility. The staffing plan also takes into account findings on inadequacy from Federal investigative agencies or internal and external oversight bodies. There also has been no findings of inadequacies by these agencies and Eastern Pre-Release. The staffing plan considers the facility blind spots and areas where staff may feel isolated. The staffing plan considers the needs of video monitoring, but they currently decided that due to the facility being mostly made of large open rooms with no closets and all doors having windows which minimizes the blind spots, video monitoring is not needed. The staffing plan does consider the composition of the populations which is minimal security inmates. The staffing plan lists the number of staff and supervisory staff as well as each position and their roles in the staffing plan. The staffing plan considers programs that occur on shift. The facility only has basic education and GED classes in the library multipurpose room. Classes only take place during business hours where administration and the librarian are there in the room with the inmates. Some Inmates do go on a work release with officer supervision so the staffing plan accounts for having staff available for work release inmates. The staffing plan considers all states and local laws and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The PREA compliance manager, in his interview, verified that the staffing plan does consider all the elements listed above. Facility Administrator Turner confirmed that the facility does have a staffing plan and that staffing levels are adequate to protect inmates. He said that they keep all posts open that require inmate supervision. They have cameras outside only but use mirrors in the hallways as a security measure. They are also scheduled to get five inside cameras, in the near future, that will be installed in the hallways and in the food service and the monitors will be in the Captain's office.</p> <p>(b) Eastern Pre-Release does take into consideration all required concerns, when setting</p>

staffing levels, and they do not have any instances of non-compliance with the staffing plan. They will use overtime to avoid collapsing posts that are essential. The Facility Administrator stated they will use mandatory overtime if necessary, to ensure the facility does not go below the staffing plan. Captain Evans also stated that if necessary to maintain staffing levels determined in the staffing plan Eastern Pre-Release will use overtime. The only substantial modifications have been the addition of the fence, for greater security. When installing monitoring technology, the primary reason is for greater supervision, and security, inside the facility.

(b) The staffing plan has not been deviated from as Eastern Pre-Release uses overtime to fill any vacancies.

(c) Eastern Pre-Release provided a copy of the annual review of the staffing plan that was signed by the facility administrator on August 20, 2018. The review took into account each post to determine the number of days each post is staffed, the rank of the officer assigned to the post, the operational staffing level for the post, designation as an emergency response post. The following factors were considered: beat practice used by correction facilities, findings of inadequacies from oversight and investigations, physical plant and blind spots, characteristics of the inmate populations, program activity, applicable laws and standards, and the deployment of video monitoring equipment.

The annual review of the facility staffing plan included consultation with the statewide PREA Coordinator Mr. Wolinski. Mr. Wolinski stated in his interview that he reviews and gives input annually to the facility staffing plan.

(d) The facility submitted policy OPS.050.0001 Sexual Misconduct - Prohibited requiring intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and harassment. Intermediate and higher-level staff document their rounds in the command center log book. They log their rounds in red ink. Logbooks were reviewed for the year 2019, The logbook showed rounds on all three shifts from the facility administrator, the captain, lieutenant, and the sergeants. The logbook was also reviewed to determine if rounds were made in a pattern or if they were truly random. The rounds observed in the log book were on all three shifts, and at different times of the shift. The rounds reviewed were also on random days of the week. The above policy also prohibits staff from alerting other staff of the conduct of the unannounced rounds.

(d) Two intermediate or high-level supervisors were interviewed. One stated they make daily rounds and the other stated the policy requires them to do it weekly. They stated in the interviews that they log their rounds in the command center logbook and they also log the rounds in the medical room and dietary. The both answered they try to stagger their rounds to make it difficult for staff to know when the rounds may occur. They both also stated that it is a small facility and hard to go too many places without people knowing but would hear communication on the radio if staff were alerting other staff of their rounds.

During the facility walk-thru two staff were asked if they notice rounds made by intermediate or high-level staff and both answered they do. Three inmates were asked the same thing and they all answered that they see supervisors making rounds.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <p>INTERVIEWS</p> <p>Eastern Pre-Release does not house youthful offenders and is an 18 and over facility.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. PREA Manual 2. Executive Directive OPS.110.0047 Inmate Searches 3. Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited INTERVIEWS <ol style="list-style-type: none"> 1. Random Staff 2. Random Inmates 3. LGBT Inmate <p>(a) Eastern Pre-Release submitted Executive Directive OPS.110.0047 Inmate Searches. OPS.110.0047, in section F, states that cross-gender strip searches by non- medical staff are prohibited. The policy also states all body cavity searches are conducted by medical staff. Eastern Pre-Release is a male facility and employs a large population of male custody staff. Eastern Pre-Release stated, on the PAQ, that there have been zero cross- gender strip or cross-gender visual body cavity searches of inmates. The facility also stated that there are zero instances of medical staff conducting cross-gender strip or cross gender visual body cavity searches of inmates.</p> <p>(b) Eastern Pre-Release is an all-male facility making this standard non-applicable</p> <p>(c) Twelve staff were asked if they have ever been involved in a cross-gender strip search or cross gender visual body cavity search. All responded that they are prohibited against those searches and would not conduct this type of search. There would be no log of cross-gender strip and cross gender visual body cavity searches due to that search being prohibited by policy.</p> <p>(d) Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited requires staff of the opposite gender to announce their presence when entering the housing areas. During the facility walk through, staff of the opposite gender did announce their presence when entering the housing and bathroom areas. At Eastern Pre-Release, there are three open door housing areas. The housing areas do not have bathroom or showers. There are two bathroom areas in the main hall of the facility for use by all inmates. The bathroom consisted of both urinals and toilets. All toilets in both bathrooms have privacy walls and doors that left around a six-inch gap at the bottom, and about 4 feet at the top, allowing the ability to use the rest room without being in view of a female staff member. The facility has two shower areas. To enter the shower areas, you must first enter a large utility type room which has two entry ways leading to the showers. The showers are not visible unless a staff member enters the large utility room and into the entry way of the shower room. This allows inmates to shower without being in view of female staff.</p>

All staff I interviewed said that inmates are able to shower, change their clothes, use the toilet, etc., without being seen by opposite gender staff. Female staff said they do not go in the shower room and they identified that the toilets have partial doors on the front of them to afford a measure of privacy. Non-security female staff said she would not go in the bathroom when there are inmates in there. She is involved in procurement of items for the facility and has some storage areas in a bathroom in the Dormitory area. She said when she needs to get things from that storage area, or put things in it, she can ask other staff to check and see if there is anyone in the bathroom, and that inmates know not to come in while she is in there.

All 19 random inmates interviewed said that they do have the opportunity to shower, change clothes and use the toilet without being seen by staff of the opposite gender. All of them said that female staff do announce when they are entering the housing area and that as well as using a verbal announcement, there is a green light in the hallway, near the Control Center, that stays on while a female staff person is in the dormitory area. The green light was observed and noted that it was on during the walk thru of the dorm area. I also noted that staff always announced the presence of female auditors when they were entering a housing bay area.

One targeted inmate who was interviewed (LGBT) said that inmates often say, "in here," as a way of warning each other that staff are in the area. He said that could mean staff in general, or female staff. He also said that he doesn't feel that the bathroom affords a lot of privacy, although auditors noted that stalls did have partial doors that would provide the required measure of privacy. He did say that he asks to use the shower at odd times, to minimize the possibility that he will be in the shower with anyone else, but that sometimes he does have to wait a long time to shower.

(e) OPS.110.0047 Inmate Searches states all staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. No such searches have occurred at Eastern Pre-Release. Eastern Pre-Release has not housed an inmate who identifies as a transgender inmate so one could not be interviewed. There was no evidence during staff and inmate interviews, file review, or the walk through that there was an inmate that identified as transgender during the time frame of the audit.

All of the twelve random staff interviewed said they were very familiar with this prohibition and said things like, "we would never do that," "that's forbidden," "that's against the rules," etc. These answers show obvious evidence that management has emphasized this requirement/prohibition. One random staff interviewed stated, "oh, yeah, we're not allowed to do that and it's always a big topic of discussion at training."

(f) All staff interviewed stated they have been trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner consistent with security needs. Staff stated they received this training in their in-service training approximately two years ago or at the academy if they have started their employment since the training occurred.

The training program on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner was reviewed. Also

training records for staff were reviewed showing they were present and received credit for the training.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy 2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited 3. Executive Directive OPS.050.0001 Sexual Misconduct Prohibited 4. Executive Directive OPS.050.0011 American’s with Disabilities Act of 1990, Titles I & II 5. Contract with Interpreter Services INTERVIEWS <ol style="list-style-type: none"> 1. Agency Head 2. Random Sample of Staff DISCUSSION <p>(a) Agency policy 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, 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’s interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates. The Maryland Department of Corrections has a contract with Ad Astra for all their interpreter needs. Ad Astra is available thru in-person, phone call, and email. They also have services for the hearing impaired.</p> <p>The agency head designee was asked if the agency established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and harassment. She stated that yes procedures are established such as documents come in Spanish and the agency has a contract for translation services with Ad Astra. She also stated the department has directives requiring facilities to provide services to inmates with disabilities and staff are trained to handle these special needs. She also stated they have services for sign language for the facilities that house deaf inmates. Eastern Pre-Release does not house deaf inmates and they have not had any inmates that have disabilities or limited English. During the walk-thru portion of the audit Spanish PREA material was posted and available throughout the facility. Interviews with staff and inmates, both formally and informally during the walk-thru, and review on inmate files gave evidence to the auditor that Eastern Pre-Release currently does not house any inmates with disabilities or who are limited English proficient.</p> <p>(b) Agency policy 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, 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’s interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to</p>

other inmates. The Maryland Department of Corrections has a contract with Ad Astra for all their interpreter needs. Ad Astra is available thru in-person, phone call, and email. They also have services for the hearing impaired.

Eastern Pre-Release does not house deaf inmates and they have not had any inmates that have disabilities or limited English. During the walk-thru portion of the audit Spanish PREA material was posted and available throughout the facility. Interviews with staff and inmates, both formally and informally during the walk-thru, and review on inmate files gave evidence to the auditor that Eastern Pre-Release currently does not house any inmates with disabilities or who are limited English proficient.

Staff training records were reviewed to determine all staff have participated in training for PREA compliant practices for inmates with disabilities.

(c) Agency policy 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, 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's interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates.

Staff were interviewed and asked inmate interpreters were ever used in response to an inmate's safety for inmates that are limited English proficient. All 12 interviewed stated they have never had an inmate that was at risk for their safety and not been English proficient. The all stated if they had a prisoner with their safety at risk and in need of an interpreter, they would use the agency they have a contract with. They stated they phone number is in control center and the company is immediately available by phone. Interviews with staff and inmates, both formally and informally during the walk-thru, and review on inmate files gave evidence to the auditor that Eastern Pre-Release currently does not house any inmates with disabilities or who are limited English proficient. Staff training records were reviewed to determine all staff have participated in training for PREA compliant practices for inmates with disabilities.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> 1. DPSCS.020.0026 Prison Rape Elimination Act - Federal Standards Compliance. 2. ADM.050.0041 Criminal History Checks – Nonmandated Employees 3. General Provisions Article, Section 4-311, Annotated Code of Maryland, COMAR 17.04.14.10 and 17.04.14.20. 4. COMAR 17.04.03.10, Title 17-Department of Budget and Management, 04-Personnel Services and Benefits, Chapter 03-Recruitment, Examinations, Selection and Employment, dated August 2013. 5. COMAR 12.15.01.19 State Rap Back Program and 12.10.01.05, Correctional Training Commission. 6. Blank Forms, including Questions for nonmandated employees, questions for polygraph (all mandated Employees), DBM DPS JOBAPS Application Form (for employment), DPSCS Personal Interview Form, effective 4/21/2014, Employment Reference Check form. 7. DPSCS Hiring Guidelines, March 28, 2014. 8. Sample of pre-hire request from another agency and response by DPSCS regarding the individual. <p>INTERVIEWS</p> <ol style="list-style-type: none"> 1. Human Resources Staff 2. PREA Coordinator <p>Maryland has codified PREA requirements for this standard in COMAR 17.04.03.10 (Title 17, Department of Budget and Management; 04 Personnel Services and Benefits; Chapter 03, Recruitment, Examinations, Selections and Employment. This was reviewed along with further evidence as described below to determine compliance.</p> <p>(a) DPSCS does not hire or promote anyone nor enlist the services of any contractor who may have contact with inmates if they (1) have engaged in sexual abuse in an institution, (2) been convicted of engaging or attempting to engage in sexual activity in the community using force, coercion, threats, or if the victim did not consent or was unable to consent, or (3) if they have been civilly or administratively adjudicated to have engaged in the activity described in (2) above.</p> <p>(b) DPSCS.020.0026 states that incidents of sexual harassment will be considered when determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with inmates. This was confirmed during the interview with the Human Resources staff.</p> <p>(c)(d) Agency policy, including ADM.050.0041 for non-mandated employees, and DPSCS.020.0026 for mandated employees require that criminal background checks be conducted for all staff who may have contact with inmates. During an interview, the personnel staff member confirmed that all pre-employment background checks are completed through the DPSCS Human Resources Office and consist of State, Local, National, CJIS and FBI and</p>

submission of fingerprints as well. She indicated background checks for all promotions are completed by DPSCS's Investigation and Intelligence Division. The PAQ contained various forms that are completed with each new hire. These include the three questions specific to this standard that are asked on the application, at the interview and during the polygraph (for mandated employees).

There was one new staff member hired at this facility in the last twelve months and background check documents were provided to this auditor for review. The Human Resources staff member indicated that background checks as described above are conducted prior to hiring staff or enlisting services of contractors who may have contact with inmates. There were two full-time contractors who had been hired through a previous contract with the agency and who were hired through the new contract to maintain employment with the agency.

(e) Per DPSCS Secretary's Directive DPSCS.020.0026, Section F(5)I, a background check will be conducted every five years for every contract service provider and subordinate employee of an appointing authority who may have contact with a service provider. COMAR 12.15.01.19, State Rap Back Program, enables agency staff to be notified when criminal information regarding a staff member is entered so that the information will be received prior to discovery during a five-year background check. Human resource staff indicated that background checks are conducted every five years.

(f) Forms were provided to demonstrate that the hiring and promotion processes include asking the applicant directly about conduct as indicated in 115.17a. It was explained by the HR staff that applications are asked in writing on the application and then in person during the background check. DPSCS.020.0026, Section .05F(4) requires direct inquiry regarding such conduct for employment, promotions or during an interview or written self-evaluation as part of a review of a current employee.

(g) The HR staff further explained that material omissions or false information regarding such misconduct would result in termination and violates the Code of Conduct. DPSCS.02.0026 states that termination of employment will result if a staff member provides false information or material omission regarding conduct as described in 115.17a

(h) During interviews, specialized staff indicated that upon request from another agency for information related to a former DPSCS employee, information would be provided if the employee has signed a release for the specified information. A sample of a request and follow-up by HR was included with the PAQ.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTATION INTERVIEWS</p> <ol style="list-style-type: none"> 1. Agency Head or Designee 2. Facility Administrator <p>(a) Eastern Pre-Release answered in the PAQ that there has been no substantial expansion or modification to the existing facility since the last PREA Audit. The Agency Head designee was asked, when designing and planning modifications to facilities, how , the agency considers the effects of such changes on its ability to protect inmates from sexual abuse. She responded by stating that they consider best field practices, work with architects for safety features, and look for visibility options such as direct sight lines and windows. They also consider technology and the placement of cameras to best eliminate areas that inmates may be victim to sexual abuse. The facility administrator also verified, in his interview, that Eastern Pre-Release has not made any substantial expansion or modifications since the last PREA audit.</p> <p>During the facility walk-thru there was no evidence of any modification or expansion. The facility is one building with no build outs or additions as well as all floors, walls, doors and ceilings look dated, which leads the auditor to believe there has been no substantial expansions or modifications.</p> <p>(b) The facility also answered in the PAQ that they have not had any electronic surveillance system or mentoring technology installed or updated since their last PREA audit.</p> <p>The agency head designee was asked how the agency uses monitoring technology. She answered they will use video monitoring as a way to help support staff supervision of identified areas. She also stated that they consider all substantiated and unsubstantiated cases in the decision-making progress. The facility administrator in his interview also stated they have not made any changes to their cameras or monitoring technology since the last PREA audit.</p> <p>On the first day of the audit, the facility provided the auditor a report of their video system which consisted of just nine perimeter cameras. These cameras follow the facility exterior fence of the property. There are no other cameras at Eastern Pre-Release than those nine exteriors cameras. During the walk-thru of the facility, the monitoring system was reviewed. Only the nine exterior cameras showed on the system verifying that there are no interior cameras at Eastern Pre-Release.</p> <p>CONCLUSION</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. IIU.110.0011 Investigating Sex Related Offenses
2. OSPS.050.0030 Sexual Misconduct – Prohibited
3. National Protocol for Sexual Assault Medical Forensic Examinations
4. PREA EVENT GUIDELINE – What to say and what to document
5. Sexual Assault Forensic Examiner/Nurse Examiner (SAFE/SANE) Regional Maryland Resource List
6. Maryland SAFE/SANE Programs List by County
7. COMAR 10.12.02.03 MD Dept of Health, Adult Health, Rape and Sexual Offenses-physician and Hospital Charges, Patient Care
8. COMAR 10.27.21.04, MD Dept of Health, Board of Nursing, Registered Nurse – Forensic Nurse Examiner

INTERVIEWS

1. PREA Compliance Manager
2. Health Care Staff
3. Random Staff
4. Mercy Medical Center SAFE/SANE provider

DISCUSSION

It was reported by staff during various interviews and verified through contact with IID staff that there were no allegations of sexual abuse or sexual harassment at the facility during the audit period. It was also reported and verified that there have been none since the facility was last audited in November of 2016; therefore, there were no incidents in which an inmate was transported to the hospital for a sexual assault medical forensic exam.

(a) MD DPSCS has its own credentialed law enforcement unit, the Intelligence and Investigative Division (IID), which appears to have formerly been known as the Internal Investigation Unit (IIU) as various combinations of these two titles exist throughout the documentation and DPSCS website. In addition to its other functions, IID is the central clearinghouse for processing investigation of all allegations of sexual abuse and sexual harassment of inmates. IID reviews all allegations and primarily conducts criminal investigations and forwards administrative investigations to be investigated at the facility. Each facility has a primary investigator assigned, and that person assists IID investigators with arranging interviews, and other facility-related actions as necessary. The facility investigator may be assigned to investigate sexual harassment allegations as well.

(b) IID is separate from the Division of Corrections within DPSCS and is the law enforcement entity that conducts all criminal investigations within the Maryland state correctional facilities. Review of a document provided by the PREA Coordinator, demonstrates that DPSCS's evidence protocol as documented is comparable to the National Evidence Protocol as

recommended in the standard. While appropriate for youth, only adults 18 and over are housed in this facility.

(c) COMAR 10.12.02.03 MD Dept of Health, Adult Health, Rape and Sexual Offenses-physician and Hospital Charges, Patient Care and The former indicates that sexual abuse forensic exams be conducted up to 120 hours after the incident in the event some evidence may still be available. It also prescribes the use of specific sexual assault kits be used in gathering evidence. The facility

Per facility staff interviews and agency documentation, inmates would be transported to Mercy Hospital in Baltimore for SAFE/SANE examinations. In confirming details of this process with hospital staff, this auditor learned that Mercy Hospital maintains a staff with SAFE/SANE credentials approximately 70 hours/week, with a total of 37 forensic nurses available, allowing for them to have two to three on call 24/7/365. She indicated forensic exams and accompanying prophylaxis are provided free of charge to the patient. In addition, they have been involved in research in developing innovative practices, such as perfecting how to take pictures during exams were the first in the world to utilize an alternative light source to detect bruising that is not visible to the eye, even up to 30 days out. They are not only a primary location to serve Maryland inmate victims of sexual assault, but also provide examinations from other area facilities, such as cruise ships in Baltimore Harbor, and military members from a local or overseas base.

(d)(e) The SANE representative related that when a facility contacts the charge nurse in the emergency room and indicates an estimated time of arrival and other details of the situation, the hospital will call in a SANE to start fresh with that case. The hospital also calls an advocate from a rape crisis center in the community and the inmate can accept or decline.

(f) The agency is responsible for investigating allegations of sexual abuse and follows the requirements of these and other standards as required by the standards and department policy.

(g) Auditor is not required to audit this section.

(h) Forensic exams are conducted at the hospital by nurses and doctors with SANE/SAFE credentials as required by COMAR 10.27.21.04, MD Dept of Health, Board of Nursing, Registered Nurse – Forensic Nurse Examiner spells out requirements for SANE/SAFE credentialing. The hospital SANE representative indicated that victim advocates are provided from community resources. Agency Mental Health staff indicated that they could provide advocacy services if necessary.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. OPS.050.001 Sexual Misconduct – Prohibited
2. OPS.0200.0005 Inmate on Inmate Sexual Conduct – Prohibited
3. IIU.110.0011 Investigating Sex Related Offenses INTERVIEWS
 1. Agency Head.

FILE REVIEW

There were no prisoner files to review as there have been no sexual abuse or sexual harassment investigations in the audit period or since the last PREA audit at this facility.

(a)-(d) IIU.110.0011, Investigating Sex-Related Offenses, describes the response and investigative requirements for all allegations of sex-related offenses, which it defines as any behavior or act of a sexual nature by an employee directed toward an inmate, or an inmate's personal contact or associate who believes the employee exercises influence or authority over the inmate, or that is of a derogatory or offensive nature by an inmate directed toward another inmate. The policy includes the requirement to investigate allegations of sexual abuse, sexual harassment and retaliation. This requirement is also included in OPS.050.001 Sexual Misconduct – Prohibited and OPS.0200.0005 Inmate on Inmate Sexual Conduct – Prohibited

During a formal interview, the Agency Head's designee indicated that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment, with no exceptions. Staff are required to respond according to policy in a specific manner. Reports are filed, and tracked through IID, including administrative investigations, which are usually referred to the facility investigators for completion of the investigation. IID investigators are sworn officers in the State of Maryland. Administrative investigations will never be conducted for sexual abuse but may be referred to the facility for a possible sexual harassment or retaliation. Also administrative investigations are still overseen by IID however they use facility administrators to collect information and summary to submit to IID. A review of the DPSCS website revealed that these policies are available on the DPSCS website.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. COMAR 12.10.01 DPSCS Correctional Training Commission - General Regulations
2. Lesson plans for PREA Training for Academy, In-service and Supervisor training
3. Lesson plans for Sexual Harassment, Managing Female and Youthful Offenders, and Special Management Offenders
4. Training Documentation for all facility staff training INTERVIEWS
 1. Training Specialist for Maryland Correctional Pre-Release System
 2. Random Staff

FILE REVIEW⁵

Annual training records for four randomly-selected staff DISCUSSION

(a) Training requirements are determined by the Maryland Correctional Training Commission in accordance with Code of Maryland Regulations (COMAR). A review of the lesson plans provided in the Pre-audit Questionnaire demonstrates that the academy and in-service training cover the ten required elements specified in this section. The Commission requires that training is delivered to staff by certified instructors who have participated in a Train-the-Trainer in the course they are instructing. The training is delivered in a classroom with a PowerPoint presentation and opportunities for questions. When interviewed, random staff related understanding of these elements as well. During an interview, the training sergeant explained how training completion is tracked in the "Skills Manager" database. It was explained that due to the low number of staffs at the Prerelease Units, staff often are not able to complete all 40 hours of training in the same week so portions of their annual training is staggered throughout the year.

(b) Lesson plans provided with the Pre-audit Questionnaire demonstrate that all staff receive training related to managing male, female, transgender or intersex inmates, as well as special management populations such as those with disabilities.

(c) Randomly interviewed staff indicated that mandatory PREA training is conducted annually, which was also confirmed with the Training Specialist and verified by review of the Correctional Training Commission – General Regulations (COMAR 12.10.01).

(d) Understanding of the training is demonstrated through a passing score on an exam. The Commission requires that staff must score at least 75% on each section and this was reiterated by the training specialist. During interviews, it was confirmed that any failed courses must be rescheduled and retested and both test scores are maintained. The auditor requested samples of completed exams and training records for four randomly-selected staff for training conducted during the audit period. Training documentation for all four individuals demonstrated that training had been successfully completed during the audit period.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OPS.050.0030 Sexual Misconduct – Prohibited
2. Wexford training materials for health care contractors
3. Volunteer Program Orientation Manual and orientation records.

INTERVIEWS

1. Training Specialist
2. PREA Compliance Manager
3. Volunteer Coordinator
4. Volunteer and Contracted Employees

DISCUSSION

Throughout agency policy, a volunteer is included in the definition of “employee”. The volunteer coordinator related that volunteers apply online and once approved for one facility, may go to any facility upon completion of the orientation. This auditor verified there is an informative page on the DPSCS website specifically for volunteers with contacts for further information as well as convenient links to the volunteer application.

The Volunteer Program Orientation Manual was published in 2014. The facility provided an edition that was published in 2016 as well as additional handouts.

(a)(b) The Volunteer Orientation Manual is provided to each volunteer includes a signed and dated agreement by the volunteer and witnessed by the trainer, to 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. In addition to the volunteer manual, they are provided the policies DPSCS.020.0026 PREA – Federal Standards Compliance, POS.050.0001 Sexual Misconduct – Prohibited, and OPS 200.0005 Inmate on Inmate Sexual Conduct – Prohibited. The volunteer coordinator indicated that review of the manual is completed at home, prior to the orientation conducted at the facility in which the volunteer coordinator reviews the information, including zero tolerance for sexual abuse and sexual harassment, that incidents must be reported and how to report. The 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. Two volunteers were formally interviewed. One was very well-informed and understood requirements related to PREA. The other had been a volunteer long before the PREA standards were established, and was able to discuss very little related to PREA requirements.

(c) When interviewed, the volunteer coordinator provided access to records relating to the volunteers’ applications and orientation. A sample of a completed application and orientation file was provided upon request for a random volunteer. The packet included an updated copy of the volunteer orientation manual (2016) and several handouts provided with the orientation. Additionally, the coordinator provided a copy of the DPSCS Sexual Assault Awareness Brochure for the Public and a sample of nine signed acknowledgements of receipt by volunteers from 2016 and 2017, including the two who were interviewed. Two contracted staff were interviewed, and both indicated they received annual training that included the agency’s

zero tolerance of sexual abuse and sexual harassment of inmates, and their responsibilities related to PREA. They were able to discuss the annual training received annual. Understanding of PREA requirements is measured using an exam. A sample of a completed application and orientation file was provided upon request for a random volunteer. The packet included an updated copy of the volunteer orientation manual (2016) and several handouts provided with the orientation. Additionally, the coordinator provided a copy of the DPSCS Sexual Assault Awareness Brochure for the Public and a sample of nine signed acknowledgements of receipt by volunteers from 2016 and 2017, including the two who were interviewed.

RECOMMENDED CORRECTIVE ACTION

1. It is recommended that the updated volunteer manual be provided to all volunteers and that a refresher orientation be conducted related to PREA, and new signature sheets be provided to the auditor upon completion.
2. Update the PREA Auditor Manual appendices to include the most current version of the volunteer orientation manual.
3. In the agency brochure for the public, the brochure is not specific that the sexual abuse and harassment related to PREA is specifically toward inmates and it is suggested that the brochure be updated to for clarification that it is not referring so sexual abuse/harassment of persons other than inmates.

Corrective Action Taken

1. The facility provided copies of all volunteer's signature sheets showing they were orientated
2. The volunteer orientation manual in the PREA manual is still not the most current version, however after reviewing the volunteer orientation manual in the PREA manual is the exact information as the one used for training volunteers and on the website. It has been recommended to the agency to place the most up to date version on the orientation during the next revision of the PREA manual.
3. The agency brochure was misread by the auditor and it indeed specifies that the information is for sexual abuse and sexual harassment of offenders. This issue did not need to be corrected as it was an auditor error.

CONCLUSION

Based on the above evidence and corrections, the facility is found compliant with this standard.

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. OPS.050.001 Sexual Misconduct – Prohibited, Section 05C(3)
2. OPS.0200.0005 Inmate on Inmate Sexual Conduct – Prohibited, Section 05C(3)
3. OPS.001.0008 Inmate Handbook
4. Inmate Orientation Packet, including PREA brochure and MCASA information
5. Inmate Handbook INTERVIEWS
 1. Staff Responsible for Intake
 2. Staff Responsible for Inmate Orientation
 3. Random Inmates

FILE REVIEW

Reviewed files of all inmates randomly selected for interview during onsite portion of audit

DISCUSSION

(a) Three staff members who have been involved with providing prisoner education at intake or orientation verified that inmates do get information on the zero-tolerance policy and how to report at the time of intake. Comprehensive information is provided in a packet at intake and that they also get some of this information in Orientation. The random inmates interviewed verified that they had received the comprehensive information at intake. Two of the staff interviewed related that the orientation mainly provides facility specific information about basic rules/regulations at the facility, what they should and shouldn't do there, the proper way to handle things, etc. They indicated there was not much PREA information as inmates get that packet the first day. It was also related that inmates coming to a pre-release facility already know about PREA – this isn't their first facility. One indicated the facility provides preliminary info in brochures, then informed again at orientation which occurs once per week. Orientation consists of a review of the packet. A lot of the review is specific to the facility, visiting lists, etc.

NOTE: Acknowledgement form on PAQ is from MCI-J, not the facility being audited (apparently provided as an agency document). Label for Handbook - Orientation packet says 2016, but is dated in the document footers as revised in November 2013.

(b) The facility indicated on the PAQ that 683 inmates had gone through intake at the facility during the audit period and that all 683 had received information about the agency's zero tolerance and reporting processes for PREA at intake and comprehensive education within 30 days. Inmates at the facility get the comprehensive information at intake.

(c) All inmates interviewed, with the exception of the lone identified LGBT inmate housed at

this facility, said they received the information at Intake. The targeted inmate said it was about a week after he got here that he got the information. Random inmates interviewed said they had received the information at Intake and had participated in Orientation where they also

received information that they identified as, Hotline numbers, how to report, etc. They also said they were told about their rights, were told how to report, and said they had seen the hotline number on the wall. They all also said they had gotten the same information at other facilities they had been to prior to being sent here.

(d) Although the facility does not have any inmates who are LEP, one staff member who conducts orientation indicated, without being specifically questioned about this, that he always asks questions designed to ensure that inmates who received this information during intake did understand what they heard or read and he said he would read the information to an inmate if he thought the inmate might not be a particularly good reader.

(e) It was verified through a review of inmate files that the agency maintain documentation of inmate PREA education. The audit team reviewed the files of the inmates who were randomly selected to be interviewed onsite and all the files had paperwork showing they attended orientation and that they had received the appropriate information.

(f) The PREA information, and hotline numbers for reporting, are well displayed throughout the facility, in the Housing Units, classroom/library, dining room, front lobby, etc. What's missing is any information regarding victim advocacy and confidential outside emotional support, as noted earlier, randomly selected inmates, in their interviews, were not aware of any such service. On the PAQ for this section was what appeared to be an inmate handbook for Eastern Pre-release Unit (it had no cover identifying it, but began with a letter from a previous facility administrator and contained a date of November 2013 on the document footers). It is highly recommended that PREA information and contacts for the outside emotional support be included in the handbook as refresher information for the inmates at the facility.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. OPS.050.001 Sexual Misconduct – Prohibited, Section 05C(3)
2. OPS.0200.0005 Inmate on Inmate Sexual Conduct – Prohibited, Section 05C(3)
3. IIU.110.0011 Investigating Sex-Related Offenses
4. Lesson Plan for Specialized Investigator Training
5. Training Record for IID Investigators

INTERVIEWS

1. Investigative Staff DISCUSSION

(a)(c) All three policies listed above require that sexual abuse investigations must be conducted by investigators who have received specialized training for investigators of sexual abuse in confinement. A training report was requested and was received with the names, course hours and dates of those who had received the training, It showed 28 IID staff have satisfactorily completed the training. The audit team has requested the number of IID investigators in the unit to compare with the total of those who are on the training report. Lesson plans and a sample certificate were also provided. Understanding of the training is measured by successful completion of a quiz.

IID is found to be it's own agency and not part of the Maryland Department of Corrections.

(b) Review of the lesson plan shows that this training does include techniques for interviewing victims, Miranda and Garrity warnings, sexual abuse evidence collection and criteria to substantiate a case for administrative action or prosecution referral.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OPS.020.0026 PREA-Federal Standards Compliance INTERVIEWS

1. Health Care Staff

2. Mental Health Staff FILE REVIEW

Certificates of Training for Health Care and Mental Health Care Staff DISCUSSION

(a) Agency executive directive requires that the PREA Coordinator ensures all staff conduct the required training and education regarding PREA stands and inmate sexual safety. Staff is defined in agency directive as staff, contractors or volunteers. Interviews with health care and mental health staff supported that they have completed the required general and specialized PREA training. The medical staff formally interviewed onsite provided her certificate of completion for the training. The Mental Health staff are off-site at another facility and their certificates of completion were provided to the team onsite. A telephone interview with a mental health staff also supported that this training is being conducted and that staff are completing it.

(b) Through interviews with staff and the SANE/SAFE unit representative at Mercy Hospital, it was verified that forensic exams are conducted at Mercy Hospital. Agency staff do not conduct them, therefore, they do not receive such training.

(c)(d) The auditor reviewed documents maintained by the agency demonstrating it maintains documentation of completion of specialized PREA Health Care training and the general training received by all other facility staff. This was confirmed in discussion with training staff.

The documentation of this standard is incomplete without a lesson plan or policy outlining the contents and requirement for specialized health care and mental health staff training.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
2. PREA Intake Screening Form INTERVIEWS
 1. Staff Responsible for Risk Screening
 2. Random Inmates
 3. PREA Coordinator
4. PREA Compliance Manger FILE REVIEW
Prisoner intake records and assessments

(a) Agency policy requires that a screening instrument shall be used as part of intake and the facility transfer process. The policy also states information and questions required to be obtained on the screening instrument. The Maryland Department of Corrections has a standard PREA intake screening form that all institutions use. Eastern Pre-Release has their traffic officer do the intake screening immediately after a prisoner has arrived at the facility. The traffic officer who performs screening for risk of victimization and abusiveness was asked if they do screen inmates upon admission or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness towards other inmates. His response was he does for every prisoner immediately after they arrive to the facility and before they ever give them a bed assignment. Twenty prisoners were interviewed and asked if they remember being asked questions regarding their sexual safety, history of abuse, age, and whether they identify as gay, transgender, intersex, or gender non-conforming. Seventeen prisoners asked, answered they remember being asked these types of questions as soon as they arrived at the facility and three answered they don't remember. Eastern Pre-Release had zero new arrivals or transfers during the time period of the onsite portion of the audit. A mock intake process was observed as well as documents used during the intake process. The screening instrument was used during the observation of the mock intake process. During the walk thru portion of the on-site audit five prisoners were asked if they had ever been asked questions regarding sexual safety when they arrived at Eastern Pre-Release. All five stated they were asked questions when they arrived.

(b) Agency policy requires all facilities to assess each inmate for risk of sexual victimization or for potential abusiveness within 72 hours of arrival to that facility. Eastern Pre-Release stated 683 inmates have arrived within the past 12 months whose length of stay was for 72 hours or more and who screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. They also stated 100% of those inmates were screened within 72 hours of arrival. Twenty inmate files were reviewed, and all inmates were assessed on the day of their arrival to Eastern Pre-Release meeting the requirement of 72 hours. The traffic officer who performs screening for risk of victimization and abusiveness stated inmates are screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours. He also stated the screen at Eastern Pre-Release is conducted

immediately after the inmate arrives to the facility. Twenty prisoners were interviewed and asked if they remember being asked questions regarding their sexual safety, history of abuse, age, and whether they identify as gay or transgender and how long after arriving were they asked these questions. Seventeen prisoners answered they remember being asked these types of questions as soon as they arrived at the facility and three answered they don't remember.

(c) The PREA Intake Screening form used was reviewed. The risk screening asks 18 questions, 12 questions asked of the inmate are verified based on facts and information in a prisoners file by the case manager during their review of the inmate. These reviews usually take place within two weeks on the inmate's arrival to the facility. The other six are questions about the prisoners past or own perception. The answers to these questions would be hard to verify as there would be no proof of these answers. However, the design of the assessment helps objectively assess each inmate for risk of sexual victimization or risk of being sexually abusive. The assessment asks each question as a yes or no and gives one point for every yes question. The first 12 questions are to determine risk of victimization. If an inmate answers yes four or more times they would be considered at risk for sexual victimization. The last six questions are to determine the risk of being sexually abusive. If an inmate's answers yes to three or more questions they will be considered at risk of being sexually abusive. The risk screening asks 18 questions, 12 questions asked of the inmate are verified based on facts and information in a prisoners file by the case manager during their review of the inmate. Initially risk is determined by response from the inmates until the case manager is able to verify the information. Eastern Pre-Release has one of their three dorms where only inmates with no risk of either sexual victimization or sexual abusiveness reside. If an inmate refuses and gives inaccurate information on their assessment the facility will place the inmate in the unit with no risk until the case manager can review the inmates file the next business day.

(d) The PREA Intake Screening form was reviewed. Question three on the intake asks the inmate if they have any physical, mental, or developmental disabilities that may affect your ability. Question one asks the inmate how old they are and then instructs to assessor to check yes if the inmate is under 22 or over 64 years old. Question two asks the inmate what their height and weight is and instructs the assessor to check yes if a male inmate is less then five foot six inches and less than 120 pounds. Question four of the assessment asks the inmate if has ever been previously incarcerated. Question five asks the inmate if their criminal history is exclusively non-violent, including pending charges, and their current charge. Question 11 asks if the inmate has a criminal history of sex offenses with adult or child victims, including pending charges and your current charge. Question nine of the screening assessment asks if the inmate considers himself either homosexual, bisexual, transgender, intersex, or gender non-conforming. Question nine also considers the assessors perception whether the inmate is perceived to be gay, bisexual, transgender, intersex, or gender non-conforming. Question seven asks the inmate if they were ever sexually assaulted or abused as a child or adult and question 10 asks them if they have ever been sexually assaulted while incarcerated. Question six asks the inmate if they have any reason to fear placement in general population and question eight asks if they have ever been approached or threatened with sexual assault while incarcerated. These questions are asks to consider the inmate's own perception of vulnerability. The State of Maryland does not house inmates in the prison system solely for civil immigration purposes. All these questions ask to satisfy this standard for criteria to consider inmates for risk of sexual victimization. If an inmate answers yes to four or more of

these questions they will be considered at risk for sexual victimization. If they answer yes to question 12 that they have been sexually assaulted while incarcerated they will be given four points and considered to be at risk for sexual victimization.

(e) The PREA Intake screening form was reviewed. Questions 17 asks the inmate if they have a criminal history of sex offenses with adults. Questions 14 asks the inmate if they have any history of domestic violence as a perpetrator including pending charges and their current charge and questions 13 asks if the inmate has a history of violent crimes including pending charges and their current charge. Questions 15,16 and 18 are about the inmate's history during their incarceration. Question 15 asks the inmate if they have a history of administrative violations or institutional infractions. Questions 16 asks if the inmate has a history of administrative violations or institutional infractions for sexual misconduct. The last question on the assessment asks the inmate if they have ever sexually assaulted another inmate while incarcerated. All six questions regarding risk of abusiveness are questions that can be verified or answered by the assessor to ensure accuracy and sexual safety of prisoners. Initially risk is determined by response from the inmates until the case manager is able to verify the information. The case manager typically reviews and verifies all information two weeks after an inmate arrives to the facility. Eastern Pre-Release has one of their three dorms where only inmates with no risk of either sexual victimization or sexual abusiveness reside. If an inmate refuses and gives inaccurate information on their assessment the facility will place the inmate in the unit with no risk until the case manager can review the inmates file, the next business day.

(f)

(e) An answer of yes on the last questions stating they have sexually assaulted another inmate while incarcerated will count three points and classify the inmate as having a risk for abusiveness. The other five questions each count as one point with three yes points needed to classify an inmate at risk for being sexual abusive.

The traffic officer who performs screening for risk of sexual victimization and abusiveness was asked what the initial risk screening. The officer showed the packet the use when an inmate arrives at the facility. In that packet was the PREA intake screening form. He also stated there are questions to determine risk of victimization and questions to determine risk of aggressiveness. He also stated for victimization some things considered are age and if they are younger than 22 or older than 64 and size shorter than 5'6" and weigh less than 120 pounds. The assessment also considers if this is the inmates first incarceration, whether the inmate's criminal history is exclusively non-violent, if there is any reason for the inmate to fear placement in general population. They also stated physical, medical or developmental disabilities will be considered. The traffic officer stated he was not sure which items are verified by the case manager, but he would contact them if he felt the inmate wasn't being truthful or refuses, to ensure the assessment is being verified as soon as possible.

The traffic officer who performs screening for risk of sexual victimization and abusiveness was asked what the process is for conducting the initial screening. The answered the process for all inmates who come through the door have their property received and checked by the corrections officer to verify they only have what they're supposed to have per inventory checklist. Then a photo is taken of the inmate for documentation, then the intake screening will

be conducted immediately before they are assigned a bed and housing area. Once the screening is conducted, if the inmate is not a risk within facility, they will be assigned a bunk/dorm and initial package that includes mattress, linens and placed in population. If more than 4 yeses for the victimization section the screen is documented in traffic prevention sheet. The place inmates who are at risk for victimization are places in only the Queen Anne dorm due to it being the closest dorm to the control center. They traffic officer also stated the place inmates that are at risk for abusiveness are only place in the Talbot Dorm due to it being the farthest away from the Queen Anne dorm.

(f) Agency executive directive requires the case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential for abusiveness based upon additional, relevant information received by the facility since the initial screening. Eastern Pre-Release did not provide the number of inmates entering the facility who were reassesses for the risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information

received from intake. However, they did state the 100% of all inmates who's stay is longer than 30 days has had a re-assessment completed.

At Eastern Pre-Release the traffic officer conducts the initial screening and the inmates case manager will conduct as review of reassessment within 30 days of arrival with the inmate. The case manager interview stated they conduct the reassessment when they meet the inmate for the first time. The also stated they refer to the initial screen and ask the inmate if there have been any changes regarding their sexual safety since they arrived at the facility. The case manager also stated they review the inmates file to verify accuracy of the initial screening as well as any new information that may be relevant to their inmate's sexual safety. The case manager states they will speak with the officers regarding the inmates behavior and safety in the facility.

Twenty inmates were asked if they remember being asked any questions regarding their sexual safety after their initial assessment. They all stated they have never had the questions asked again but was asked by their case manager if there is any change to the PREA assessment that they took at intake.

All 20 inmates interviewed had their base file reviewed to ensure they were reassessed within 30 days of arrival. Two inmates were there less than two weeks and has not had the reassessment completed yet. The other 18 did have the reassessment for risk of sexual victimization or risk of being sexually abusive within 30 days.

(g) Agency executive directive requires that an inmate's risk level be re-assessed 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 traffic officer who performs risk screening stated that all reassessments would be done by the case manager. He also stated that it is in agency executive directives and training that an inmate should be re-assessed when warranted. The case manager who performs all re-assessments whether they are prior to 30 days after arrival or due to being warranted stated they would reassess an inmate if it was referred, requested, an incident of sexual abuse or the received information that may warrant a re-assessment. They also stated that Eastern Pre-

Release has not reassessed any inmate other than the 30-day reassessment. They believe this is due to the short amount of time inmates stay at the facility, the average length of stay is around 70 days, and the strict guidelines the Maryland Department of Corrections has for a prisoner to be placed in a Pre-Release facility due to the nature of most inmates working daily in the community.

Twenty inmates were asked if they remember being asked any questions regarding their sexual safety after their initial assessment. They all stated they have never had the questions asked again but was asked by their case manager if there is any change to the PREA assessment that they took at intake. All 20 stated at no other time was there PREA screening been discussed or have they been reassessed.

There are no inmates who have been victims or a perpetrator of sexual abuse while in confinement at Eastern Pre-Release. Due to not have any inmates that have not been victims or perpetrator of sexual abuse while in confinement no records could be reviewed to see examples of compliance with this standard.

Eastern Pre-Release only houses a max of 180 prisoners with an average length of stay

around 70 days. Also, the Maryland Department of Corrections guidelines for a pre-release facility require no inmates with any CSC charge or inmate found guilty of a sexual assault while incarcerated. Also, staff interviews with those who perform risk screenings gives the auditor the necessary evidence that Eastern Pre-Release in complaint with the standard.

(h) Agency executive directive requires that an inmate is not disciplined for refusing to answer or not disclosing complete information in response to screening questions relating to: the presence of a mental, physical, or developmental disability; the inmate being perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; previous sexual victimization; or the inmate's own perception of vulnerability. The staff who perform risk screening stated that no inmate would be disciplined for not answering those specific questions in this standard or any question on the assessment. If an inmate refuses to answer the questions to the assessment, they will be place in the dorm with inmates that score no risk for either sexual victimization or sexual abusiveness. They also stated that all assessments are done in private and has never heard of any inmate refusing to answer any of the questions.

(i) Agency executive directive 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 staff. The PREA coordinator if the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. He responded yes, they do the agency only allows access to administrative staff and case managers to the base file for prisoners. The facility PREA compliance manager was asked if the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. He responded that yes, only case management, PREA compliance manage, auditors, facility administrator and warden have access. The staff responsible for risk screening was also asked if the agency has outlined who can have access to an inmate's risk assessment within the facility in order to protect sensitive information from

exploitation. His response was after the initial assessment the screen is placed in the base file and locked into the room retaining all base files. They also stated that only the PREA compliance manager, auditors, case managers, facility administrator have access and there is no reason anyone else would need that information.

During the audit the base file room was observed, the room was locked and had four file cabinets in there that contain the base files for the inmates. Each file cabinet has an individual lock on it. Three officers' keys were observed and none of those key rings had a key that would fit the file cabinets that retain the base files.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness

INTERVIEWS

1. PREA Compliance Manager
2. Staff Responsible for Risk Screening
3. PREA Coordinator
4. Inmate that Identifies as Gay

(a) Agency executive directive requires that the PREA coordinator shall ensure that the information obtained during screening required by executive directive shall be considered 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. The PREA compliance manager was asked how Eastern Pre-Release uses information from risk screening during intake to keep inmates from being sexually victimized or being sexually abusive. He responded that anyone screened as an abuser will be placed where they can be closely monitored. Inmates that screen at risk for victimization are separated from inmates who are at risk of being sexually abusive into different dorms. Also, the case manager will use the assessment to ensure inmates are kept separate on job assignments at the facility and work assignments in the community. Eastern Pre-Release is a short stay facility and does not have education and programs at the facility as all inmates are required to have these completed before being transferred to the facility. The traffic officer who is responsible for risk screening stated they use the information to ensure they place inmates who are at risk for sexual victimization from those inmates who are at risk of being sexually abusive in separate dorms. The case manager who conducts the 30-day reassessment also places inmates in job and community work assignments stated that she uses to assessment to ensure she does not place inmates who are at risk for sexual victimization on the same assignments as inmates who are at risk of being sexually abusive.

The three dorms housing sheet was reviewed for prisoners that identified for being at risk of victimization and prisoners that are at risk for being sexually abusive. All inmates were separated, as all inmates at risk for sexual victimization are in one dorm and the inmates at risk of being sexually abusive are in another dorm with clear sight lines for the officer in control center. Also, community job assignments were reviewed and all inmates who are at risk for sexual victimization are on different work assignments than those inmates at risk of being sexually abusive.

(b) Agency executive directive requires staff to make individualized determination as how to ensure the safety of each inmate. The traffic officer who is responsible for risk screening

stated they use the information to ensure they place inmates who are at risk for sexual victimization from those inmates who are at risk of being sexually abusive in separate dorms. The case manager who conducts the 30-day reassessment also places inmates in job and community work assignments stated that she uses to assessment to ensure she does not place inmates who are at risk for sexual victimization on the same assignments as inmates who are at risk of being sexually abusive. The traffic officer also stated that they look at each inmate score when they arrive to the facility and may determine that they will need a housing assignment closest to control center to help ensure the inmates safety.

(c) Agency executive directive requires facilities to use the screening assessment information when deciding to an 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 ensures the inmate's health and safety and if the placement presents management or security problems. The PREA Coordinator stated that the Department of Corrections will interview the inmate to hear their concerns and preference in regard to housing as well as work with health care and mental health. Once a determination is made regarding if the inmate should be placed in a male or female facility, the inmate is than able to be housed in any facility. During the review of the mock risk assessment process and inmate housing decisions the traffic officer uses the risk results of the assessment to determine housing of an inmate based on their need of safety. The traffic officer stated that if an inmate was transgender or intersex and based on their assessment it was safe to house them in a male facility, they would place them in the dorm closest to control center. They also state administration would review the inmates file and look for any other information that would help determine if the inmate should be housed at the male facility. The auditor reviewed the assessment process and inmate housing assignments and found Eastern Pre-Release does consider on a case by case basis whether placement will ensure the inmate's health and safety.

The PREA compliance manager was asked how the facility determines housing and program assignments for transgender or intersex inmates. He stated that directly after an inmate is screened than their housing assignment would be determined, and housing is based on best interest of transgender inmates. Eastern Pre-Release has not housed a transgender or intersex inmate. Eastern Pre-Release stated the are able to accommodate a transgender or intersex inmate but there has yet to be a transgender or intersex inmate arrive at Eastern Pre-Release. However, the PREA compliance manager was asked if the agency considers whether the placement will ensure the inmate's health and safety. He stated yes placement of a transgender and intersex inmates would be placed on a base by base determination for the inmate's safety. The PREA compliance manager was also asked if the agency consider whether the placement would present management or security problems. He stated again that placement of a transgender and intersex inmates would be placed on a base by base determination for the inmate's safety. As stated earlier Eastern Pre-Release has not housed a transgender and intersex inmate before so an interview could not take place.

(d) Agency executive directive requires facilities to re-assess placement and programming assignments for each transgender or intersex inmate at least twice each year to review threats to safety experienced by the inmate. The PREA compliance manager was asked how often placement and programming assignments for each transgender or intersex inmates are

reassessed to review any threats to safety experienced by the inmate. He stated they have never had an inmate that has identified as transgender or intersex at Eastern Pre-Release, but they would reassess every six months. He also stated that this is required by executive directive. The case manager is responsible for all reassessments of inmates after the initial assessment is completed by the traffic officer. The case manager was also asked if placement and programming assignments for each transgender or intersex inmate are reassessed at least twice a year. She also stated they have never had an inmate that has identified as transgender or intersex at Eastern Pre-Release, but they would reassess every six months. Review of inmate base files and interviews with both inmates and staff gave the auditor enough evidence that Eastern Pre-Release has not ever had an inmate that has identified as transgender or intersex. Therefore, no documentation can be reviewed.

(e) Agency executive policy requires facilities to seriously consider a transgender or intersex inmate's own view with respect to personal safety. The PREA compliance manager was asked if an inmate that identifies as transgender or intersex has their views with respect to his or her own safety given serious consideration in placement and programming assignments. He

responded yes, that if and when an inmate that identifies as transgender or intersex arrives at Eastern Pre-Release, they would consider the inmates views with respect to their own safety. The traffic officer was also asked about consideration of the inmate's own views with respect to their own safety. He responded that they absolutely would consider the inmates views for their safety when placing them in a housing or work assignment. Review of inmate base files and interviews with both inmates and staff gave the auditor enough evidence that Eastern Pre-Release has not ever had an inmate that has identified as transgender or intersex. Therefore, no inmates were interviewed for this standard.

(f) Agency executive policy requires facilities to give transgender and intersex inmates the opportunity to shower separately from other inmates. The PREA compliance manager was asked if transgender or intersex inmates would be given the opportunity to shower separately from other inmates. He responded that they would be given the opportunity to shower separately as it is stated in executive directive. He was also asked how they would give a transgender or intersex inmate that opportunity in which he replied that since they have just one open shower area, but they would close the shower and give the inmate the opportunity to shower alone. As stated earlier Eastern Pre-Release has not had any inmates that identify as transgender or intersex. The traffic officer responsible for risk screening was asked if transgender and intersex inmates would be given the opportunity to shower separately from other inmates. He responded yes, the dorms would be locked down to give the inmate a reasonable amount of time to shower. Review of inmate base files and interviews with both inmates and staff gave the auditor enough evidence that Eastern Pre-Release has not ever had an inmate that has identified as transgender or intersex. Therefore, no inmates were interviewed for this standard.

(g) Agency executive policy requires facilities not to place lesbian, gay, bisexual, transgender or intersex inmates 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 judgement for the purpose of protecting inmates. How does the agency ensure against placing gay, lesbian, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings, solely on the basis of

their sexual orientation, genital status, or gender identity. His response was that the State of Maryland places gay, bisexual, transgender or intersex inmates throughout their facilities. 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. The PREA Compliance manager was asked if Eastern Pre-Release is subject to a consent decree, legal settlement, or legal judgement requiring that is established a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender or intersex inmates. He responded there is no consent decree and the have placed their inmates that have identified as gay in the general population housing units. He also stated they would do the same for transgender and intersex inmates if one was to be housed there. There was one inmate that identified as gay during the on-site portion of the audit. He was asked if he was placed in a housing area for only prisoners who identify as gay. He stated no that he is the only gay inmate in his housing area. Review of inmate base files and interviews with both inmates and staff gave the auditor enough evidence that Eastern Pre-Release has not ever had an inmate that has identified as transgender or intersex. Therefore, no transgender or intersex inmates were interviewed for this standard.

CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Division of Correction Manual: DOC.100.0002 Special Confinement Housing INTERVIEWS

1. Facility Head- Facility Administrator

(a) Agency executive directive requires facilities to use protective custody housing only when required for protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective housing. Eastern Pre-Release does not have a segregation unit or cell. They have one temporary holding cell in the control center where an inmate for will be held before an immediate transfer if the facility found them to be at risk for safety or a prisoner that violated a major rule and transferred to be managed in a higher security level. There have been zero inmates at Eastern Pre-Release that been at risk of sexual victimization in the past 12 months. The facility administrator stated in his interview that the agency does have a policy that prohibits inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas. He also stated there is no segregated housing at Eastern Pre-Release. Housing records for inmates that are considered high risk for sexual victimization were reviewed. All inmates considered high risk are in an open dorm general population. The auditor was able to verify that there is no segregated housing area during the facility walk-thru portion of the audit.

(b) Agency executive directive requires facilities to use protective custody housing only when required for protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective housing. Eastern Pre-Release does not have a segregation unit or cell. The auditor was able to verify that there is no segregated housing area during the facility walk-thru portion of the audit. There is no other evidence available for this standard sub-section as Eastern Pre-Release does not have segregated housing. Any inmate in the holding cell would be there less than 12 hours before transfer which would not restrict any program, privilege, education or work opportunity.

(c) Eastern Pre-Release does not have a segregation unit or cell. The auditor was able to verify that there is no segregated housing area during the facility walk-thru portion of the audit. There is no other evidence available for this standard sub-section as Eastern Pre-Release does not have segregated housing. Any inmate in the holding cell would be there less than 12 hours before transfer which would not restrict any program, privilege, education or work opportunity.

(d) Eastern Pre-Release does not have a segregation unit or cell. The auditor was able to verify that there is no segregated housing area during the facility walk-thru portion of the audit. There is no other evidence available for this standard sub-section as Eastern Pre-Release

does not have segregated housing. Any inmate in the holding cell would be there less than 12 hours before transfer which would not restrict any program, privilege, education or work

opportunity.

(e) Eastern Pre-Release does not have a segregation unit or cell. The auditor was able to verify that there is no segregated housing area during the facility walk-thru portion of the audit. There is no other evidence available for this standard sub-section as Eastern Pre-Release does not have segregated housing. Any inmate in the holding cell would be there less than 12 hours before transfer which would not restrict any program, privilege, education or work opportunity.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
3. Inmate Handbook INTERVIEWS
 1. Random Sample of Staff
 2. Random Sample of inmates
 3. PREA Compliance Manager

(a) Agency policy outlines that a complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals: the victim; an inmate 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 conduct. These procedures are established for reporting any sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and any staff neglect or violation of responsibilities that may have contributed to such incidents. The agency policy outlines that a complaint may be in writing (including electronic documents) or verbally and the complainant may remain anonymous. Methods for an individual to file a complaint of sexual abuse or sexual harassment within the department include: an employee; a supervisor, manager or shift command; the head of a unit; the Intelligence and Investigative Division (IID); the inmate grievance office. As state earlier all these methods can be done verbally, in writing and anonymous.

Twelve random staff were asked how can inmates privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. All 12 staff mention that the hotline is available for inmates to use and the number is posted everywhere. Nine staff stated in addition to the hotline inmates can write the complaint to a staff member or report in in person. Twenty inmates were asked how they would report any sexual abuse or sexual harassment that happen to you or someone else. All 20 stated they can use the hotline as the number is posted everywhere and a easy way to report. Fifteen mentioned they could also tell a staff member either in person or in writing. Twelve inmates also stated that how to report is in the paperwork they were given in orientation. During the on-site walk thru of the audit the PREA hotline number was observed by the auditor to be posted on every wall in the facility as well as three times by the phones. The facility also had PREA posters throughout the facility that post the hotline number to call to make a report of sexual abuse or sexual harassment. Also, during the walk-through random inmates were asked if they felt they could report a sexual abuse or sexual harassment to a staff member at Eastern Pre-Release. They all stated they feel they could report to a staff member and it would be investigated and kept private. The documents

given to each inmate at orientation was reviewed. The packet contains all reporting options available to inmates which include all discussed in this standard.

(b) Agency policy outlines that a complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals: the victim; an inmate 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 conduct. These procedures are established for reporting any sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and any staff neglect or violation of responsibilities that may have contributed to such incidents. The agency policy outlines that a complaint may be in writing (including electronic documents) or verbally and the complainant may remain anonymous. Methods for an individual to file a complaint of sexual abuse or sexual harassment outside of the department may contact the officer of the attorney general or other private or public office able to receive and immediately forward the complaint of alleged inmate on inmate sexual conduct to the department. The state of Maryland uses the Life Crisis Center to accept and report all hotline calls. The Life Crisis Center agreement was reviewed and to be found accurate and up to date. The state of Maryland Corrections does not detain inmates solely for civil immigration purposes only.

The PREA compliance manager was asked How inmates can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. He stated that the hotline is the most well know method however inmates and staff are also instructed that it can be in writing or in person, as well as done by a family member or friend. He was also asked when an inmate alleges sexual abuse or sexual harassment, can he or she do so verbally, in writing, anonymously, and from third parties. He response was all these methods are acceptable and trained to staff at Inservice training as well as instructed to inmates at orientation and in their documentations given to them regarding their sexual safety. He also stated all verbal reports are document immediately or as soon as possible. Twenty inmates were asked how they would report any sexual abuse or sexual harassment that happen to you or someone else. All 20 stated they can use the hotline as the number is posted everywhere and a easy way to report. Fifteen mentioned they could also tell a staff member either in person or in writing. Twelve inmates also stated that how to report is in the paperwork they were given in orientation. During the on-site walk thru of the audit the PREA hotline number was observed by the auditor to be posted on every wall in the facility as well as three times by the phones. The facility also had PREA posters throughout the facility that post the hotline number to call to make a report of sexual abuse or sexual harassment. The inmates were also asked if there was anyone who does not work at the facility who you could report a sexual abuse or sexual harassment to. They all stated they believe the hotline goes to an agency that is not part of the department. Inmates interviewed were also asked if they knew if they were allowed to give a report without giving their name. Of the 20 inmates interviewed 14 said they knew they did not have to give their, four said they were not sure but assumed they would not have to, two said they don't know but would give their name because they have no problem with that.

During the on-site walk thru of the audit the PREA hotline number was observed by the auditor to be posted on every wall in the facility as well as three times by the phones. The facility also had PREA posters throughout the facility that post the hotline number to call to make a report

of sexual abuse or sexual harassment. Also, during the walk-through random inmates were

asked if they knew a way to report a sexual abuse or harassment to someone outside of the agency, they all answered that is what the hotline is for. The documents given to each inmate at orientation was reviewed. The packet contains all reporting options available to inmates which include all discussed in this standard as well as the inmates right to keep them anonymously.

(c) Agency policy requires staff receiving a complaint of alleged inmate on inmate sexual abuse and harassment shall immediately notify a supervisor, manager, shift commander or the head of the unit of the complaint. Agency policy also requires a complaint of alleged sexual conduct received anonymously shall be accepted and processed the same as a complaint from an identified source. Agency policy also requires that that all allegations of sexual conduct be administratively documented and process the complaint thru the inmate disciplinary process. Staff are required to document verbal reports immediately or if they have to respond to the incident first as soon as they as able to document it.

Twelve random staff were asked that when an inmate alleges sexual abuse or sexual harassment, can he do so verbally, in writing, anonymously and from third parties. All 12 staff members stated yes, they can report an allegation of sexual abuse or sexual harassment using any and all of the methods asked. The methods of reporting is part of the in-service training required staff. All staff interviewed were asked if and when they would document a verbal report. All 12 interviewed answered they would document it immediately and there is a form this information can be documented on. Twenty random inmates were asked if they could make a report of sexual abuse or sexual harassment either in person or in writing. All interviewed stated they could report in person and writing, and that information was in their orientation packet. All interviewed inmates were also asked if someone else could make a report for you so that you don't have to be named. All inmates understood that a family or friend could make a third-party report on their behalf.

(d) Agency policy requires an employee receiving a complaint of or who otherwise has knowledge of inmate on inmate sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit. The State of Maryland has an employee hotline where staff can report and issue or concern they have. This staff hotline is private, and staff can make allegations of sexual abuse and sexual harassment. Staff at Eastern Pre-Release also have a supervisor or shift command available to speak with in private to report any issues. It was observed during the walk-thru that the administrative office including the captain's office is separated down a long hallway and out of view from staff. This allows staff an opportunity to speak in private on all matters. It was also observed during the audit the respect and relations the captain has with his staff. He has created a culture where staff would feel comfortable approaching him to make a private report of sexual abuse and harassment.

Twelve random staff were asked how they can privately report sexual abuse and sexual harassment of inmates. Six stated they would report to their supervisor because they trust it will be private, four stated they could either call the staff hotline or go to their supervisor while two answered they would call the staff hotline. The staff hotline number is posted in the control center next to the staff time clock so all staff can see it.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. COMAR 12.02.28 Department of Public Safety and Correctional Services, Administrative Remedy Procedures to Resolve Inmate Complaints

(a) Agency policy for administrative remedy procedures to resolve inmate complaints intentionally excludes inmate grievances of sexual abuse. The agency requires all inmate complaint and reports of sexual abuse to be reported and investigated by the Intelligence and Investigation Division (IID). The Maryland Department of Public Safety and Correctional Services is designed as a larger parent agency for multiple smaller agencies all pertaining to public safety or corrections. The IID division and Maryland Department of Corrections are both under this parent agency however both agencies have separate administrations and operate in different locations. The same can be said for the Inmate Grievance Office. That agency is also part of the large parent agency but had its separate administration and location. The state of Maryland Department of Corrections does not have an administrative procedure to address inmate grievances regarding sexual abuse, making this agency exempt from this standard. Administrative investigations will never be conducted for sexual abuse but may be referred to the facility for a possible sexual harassment or retaliation. Also administrative investigations are still overseen by IID however they use facility administrators to collect information and summary to submit to IID. A review of the DPSCS website revealed that these policies are available on the DPSCS website.

Agency Executive policy requires all sexual abuse or sexual harassment grievances be sent directly to IID for an external agency investigation.

(a) (c) (d) (e) (f) (g) Agency policy for administrative remedy procedures to resolve inmate complaints intentionally excludes inmate grievances of sexual abuse. The agency requires all inmate complaint and reports of sexual abuse to be reported and investigated by the Intelligence and Investigation Division (IID). The State of Maryland Department of Corrections does not have and administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this standard.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Maryland Coalition Against Sexual Assault brochure DISCUSSION

(a) The facility provided the packet given to all inmates at orientation to the facility. In the packet is a brochure for the Maryland Coalition Against Sexual Assault (MCASA) listing all resources available to inmates regarding counseling, reporting and legal services. A phone call was also made from the prisoner phones to an external crisis services Turn Around Inc. located in Baltimore City. The individual the auditor spoke with said they were not familiar with Eastern Pre-Release facility but they would accept a call from anyone in need of help. The brochure provided names of the organizations, their addresses and toll-free phone numbers available to inmates. All information about these services provided are for crisis centers and emotional support services. The state of Maryland does not detain inmates solely for civil immigration purposes so naturally no contact information can be obtained for this requirement of the substandard. To make a call to these services an inmate must use their personal pin to access the outside line. However, the agency that receives the calls are trained to keep confidentiality unless required by law when talking to an inmate. Inmates are informed of confidentiality of these services during orientation at the arrival to the facility. The MCASA brochure also outlines the confidentiality of these services. Inmates are also instructed in orientation and the brochure that letters sent via the mail to these services will be treated as legal mail.

Twenty random inmates were asked if they know what services available outside of the facility for dealing with sexual abuse if needed. Fifteen responded that they did know there was as there was information in their orientation packet and they still have that information with their property. Five inmates stated they are not sure but that is not something they worry about so they wouldn't pay attention if it was talked about. The 15 that stated they know of the information state they don't know what kind of services there was since it is something they have never been concerned with. They also stated that the address and numbers for the services are in the packet, so the facility did provide them. Lastly, they stated they are not sure about the confidentiality of the services. It was evident to the auditor that the information was given to the inmates, but inmates interviewed had no interest in the services and knew little detail about them by their own choice. The database on reports of sexual abuse complaints for Eastern Pre-Release and the only complaint of sexual abuse was in 2015. Eastern Pre-Release does not house any inmates who have reported a sexual abuse. This was verified thru interviews with inmates and staff as well as a file review of base file.

(b) All services available to inmates from MCASA individually informs the inmates of the extent to which their communications will be monitored. MCASA services also inform inmates immediately upon the phone call taking place. MCASA's purpose is to have the information available to inmates of available services. Turn Around Inc in Baltimore was contacted and they stated they do inform individuals who call the extent which their communication will be monitored. Calls to Turn Around Inc are not recorded or monitored by facility staff. Information regarding these services that are given to inmates at orientation inform the inmate that they

will be informed to what extent their communications will be monitored and the mandatory reporting rules governing privacy, confidentiality and privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law. Inmates are also informed on the documentation on the packet given at orientation that support through written correspondence will be marked as confidential mail and will be treated by state prisons in the same way the treat letters from attorneys. The fifteen inmates interviewed that stated they knew emotional crisis centers were available 12 answered they

have no idea the level of confidentiality with these services but that they have never reviewed the information provided. Three inmates answered they felt everything would remain confidential.

(c) The state of Maryland Department of Corrections maintains a memorandum of understanding (MOU) with the Maryland Coalition Against Sexual Assault (MCASA) to provide inmates with emotional support services related to sexual abuse. The Maryland Department of Corrections thru the PREA Coordinator maintain copies of the agreements. During the call with Turn Around Inc they stated they have not heard of Eastern Pre-Release facility however they are familiar with the guidelines and confidentiality with inmates and they would provide services to them. The MOU was reviewed and found to be up to date and accurate.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTAION

1. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
2. Executive Directive OPS 050.0001 Sexual Misconduct- Prohibited
3. Maryland Coalition Against Sexual Assault (MCASA)
4. Maryland Department of Corrections Website

(a) Agency policy requires all staff to report all third-party reports to the Intelligence and Investigative Division (IID) for investigation. Inmates are informed of this method to report during orientations and the information packet they receive at orientation. The MCASA brochures are available to visitors. The Maryland Department of Corrections website has a phone number listed for IID to make a complaint as well as an address and phone number for PREA coordinator Wolinski. During the walk-thru portion of the audit inmates were asked that if a family member was to make a report of sexual abuse would it be investigated. All asked stated they felt their family could make a complaint on their behalf and it would be investigated.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive IIU.110.001 Investigating Sex Related Offenses
2. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
3. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
4. Executive Directive OPS.020.0003 Reporting Serious Incidents INTERVIEWS
 1. Random Staff
 2. Facility Administrator
 3. PREA Coordinator

(a) Agency executive directive requires 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 should 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. Agency executive directive also defines contractors and volunteers as employees in regard to reporting a sex related offense. The agency executive directive also defines sex related offenses as: sexual act; sexual abuse; indecent exposure; voyeurism; sexual harassment; request for sexual favor; solicitation or attempt to commit act; action or the lack of action on the part of the employee that contributed

to an incident involving a sex related offense; and retaliation against inmate or staff who reported such an incident.

Twelve random staff were asked if the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse and sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such incident; and any staff neglect of violation of responsibilities that may have contributed to an incident or retaliation. All 12 staff answered the agency has a zero-tolerance policy regarding sexual abuse and sexual harassment all require all staff to report any related including retaliation or neglect. Eight staff mention this information is discussed during in-service training as required reporting.

(b) Agency executive directive requires the information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have established a role in the reporting process, investigation, and resolution of the alleged inmate on inmate sexual conduct and immediate continued care of the victim.

All 12 random staff were asked what the agency policy or procedure for reporting any information related to an inmate sexual abuse. They all stated they are required to report all information to either IID or their supervisor. Ten also stated that they are not to share the information with any other staff unless it is investigating staff. The other two did not specifically

speak of the confidentiality required, they only answered that they must report all information,

(c) Mental health was asked that at initiation of services to an inmate, do you disclose the limitations of confidentiality and duty to report. He stated yes, they have a form to have the inmate sign and he goes over it with them explaining what it says, explaining their rights and his responsibilities. He said he uses examples to describe what types of things he is obligated to report, and he has them sign to verify that they understood what he told them. He also stated that he is required to report any knowledge, suspicion, or information regarding a sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. He also stated he has never been the first person to report an incident but has, at other facilities, worked with inmates who had reported sexual abuse. None of those cases ever came from Eastern. He said he has 31 years in at Brockbridge and doesn't recall ever working with a prisoner who had alleged sexual abuse while incarcerated at Eastern.

(d) Eastern Pre-Release does not housing juvenile inmates, or someone considered a vulnerable adult under state or local law. Interviews with inmate, staff and file review give the auditor evidence this is true making this sub-standard non-applicable.

(e) Agency executive directive requires 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 should 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.

All 12 random staff interviewed stated they would accept reports of sexual abuse and sexual harassment in writing, verbally, third-party or anonymous. The facility administrator was asked if all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) reported directly to designated facility investigators. He stated that

Eastern Pre-Release has not received any allegations, but they would direct any and all allegations to IID.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive IIU.110.001 Investigating Sex Related Offenses
2. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
3. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
4. Executive Directive OPS.020.0003 Reporting Serious Incidents INTERVIEWS

1. Random Staff
2. Facility Administrator
3. PREA Coordinator

(a) Agency executive directive requires 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 should 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. Agency executive directive also defines contractors and volunteers as employees in regard to reporting a sex related offense. The agency executive directive also defines sex related offenses as: sexual act; sexual abuse; indecent exposure; voyeurism; sexual harassment; request for sexual favor; solicitation or attempt to commit act; action or the lack of action on the part of the employee that contributed to an incident involving a sex related offense; and retaliation against inmate or staff who reported such an incident.

Twelve random staff were asked if the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse and sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such incident; and any staff neglect of violation of responsibilities that may have contributed to an incident or retaliation. All 12 staff answered the agency has a zero-tolerance policy regarding sexual abuse and sexual harassment all require all staff to report any related including retaliation or neglect. Eight staff mention this information is discussed during in-service training as required reporting.

(b) Agency executive directive requires the information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have established a role in the reporting process, investigation, and resolution of the alleged inmate on inmate sexual conduct and immediate continued care of the victim.

All 12 random staff were asked what the agency policy or procedure for reporting any information related to an inmate sexual abuse. They all stated they are required to report all information to either IID or their supervisor. Ten also stated that they are not to share the information with any other staff unless it is investigating staff. The other two did not specifically speak of the confidentiality required, they only answered that they must report all information,

(c) Mental health was asked that at initiation of services to an inmate, do you disclose the limitations of confidentiality and duty to report. He stated yes, they have a form to have the inmate sign and he goes over it with them explaining what it says, explaining their rights and his responsibilities. He said he uses examples to describe what types of things he is obligated to report, and he has them sign to verify that they understood what he told them. He also stated that he is required to report any knowledge, suspicion, or information regarding a sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. He also stated he has never been the first person to report an incident but has, at other facilities, worked with inmates who had reported sexual abuse. None of those cases ever came from Eastern. He said he has 31 years in at Brockbridge and doesn't recall ever working with a prisoner who had alleged sexual abuse while incarcerated at Eastern.

(d) Eastern Pre-Release does not housing juvenile inmates, or someone considered a vulnerable adult under state or local law. Interviews with inmate, staff and file review give the auditor evidence this is true making this sub-standard non-applicable.

(e) Agency executive directive requires 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 should 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.

All 12 random staff interviewed stated they would accept reports of sexual abuse and sexual harassment in writing, verbally, third-party or anonymous. The facility administrator was asked if all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) reported directly to designated facility investigators. He stated that Eastern Pre-Release has not received any allegations, but they would direct any and all allegations to IID.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

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

INTERVIEWS

1. Agency Head Designee
2. Facility Administrator
3. Random Staff

(a) Agency executive directive requires an employee, supervisor, manager, or shift commander receiving this complain shall immediately take action if an inmate on inmate sexual conduct is actively taking place. Action includes; stop the alleged incident; safeguard the victim from further harm; arrange emergency medical services; detain the alleged perpetrator' and preserve evidence and the alleged scene of the alleged incident.

(a) Eastern Pre-Release has not had any incidents where an inmate was a substantial risk of imminent sexual abuse. Review of documents, investigations and interviews gave the auditor evidence there were no incidents.

The agency head designee was asked that when they learn an inmate is subject to substantial risk of imminent sexual abuse, what immediate protective actions does the facility take. She responded they take immediate action, separate the inmate, and if necessary, transfer the inmate. The facility administrator was asked the same questions in which he responded separate the inmate and contacted IID. Twelve random staff were also asked the same question. All 12 responded that they would immediately separate the victim and call for help. Eight staff added to that statement and said they would secure the alleged abuser, protect the scene and evidence.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

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

INTERVIEWS

1. Agency Head Designee
2. Facility Administrator DISCUSSION

(a) Agency executive policy states if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint shall notify first IID than either the managing official were the incident occurred if it is in the Maryland Department of Corrections or the facility head where the incident occurred if that facility is not part of the Maryland Department of Corrections.

(a) Eastern Pre-Release has not had any allegations in the past 12 months where a inmate was abused while confined at another facility.

(b) Agency executive policy states if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall: notify first IID than either the managing official were the incident occurred if it is in the Maryland Department of Corrections or the facility head where the incident occurred if that facility is not part of the Maryland Department of Corrections.

(c) Agency executive policy states if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall: notify first IID than either the managing official were the incident occurred if it is in the Maryland Department of Corrections or the facility head where the incident occurred if that facility is not part of the Maryland Department of Corrections. All notifications made to another facility or department is required to be recorded.

(d) Agency executive policy requires An IID representative that is notified and the facility where the alleged sexual misconduct occurred, 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.

The agency head designee was asked if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact. They try to have facility head speak with facility

head and let the agency head know about the incident. They would also inform IID and ensure that everyone has been informed. She also stated that the head of the facility where the inmate currently resides will be notified for investigation. She was also asked if there are examples of any such allegations in which she responded there has not been any. The facility administrator was asked what happens when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility. He stated they would notify IID and start the investigation. He was also asked if there were any examples of another facility or agency reporting such allegations. He responded that there has been no examples or allegations in the 15 years he has been there.

There is no evidence that Eastern Pre-Release has ever received notification that an inmate alleged sexual abuse or sexual harassment from another facility while the inmate was confined at Eastern Pre-Release.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
3. Executive Directive IIU.110.0011 Investigating Sex Related Offenses INTERVIEWS

1. Security Staff and Non-Security Staff First Responders
2. Random Staff DISCUSSION

(a) Agency executive directive requires the first security staff responding to an incident of inmate on inmate sexual conduct shall: ensure the safety of the victim by immediately stopping an incident in progress, and if necessary, arranging for separation of the victim from the abuser. The executive directive also requires the first security responded to either provide medical attention or arrange for appropriate medical attention. Executive directive requires that if the circumstances are such that there is evidence to preserve the first responder shall: preserve the scene of the incident ensure the victim is advised not to do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and ensure the alleged abuser does not do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

(a) Eastern Pre-Release states there has been no allegations in the past 12 months where an inmate was sexually abused. Review of investigation logs, documents, staff interviews and inmate interviews gave the auditor evidence to verify there has been no allegation in the past 12 months of sexual abuse. The last and only allegation of sexual abuse for Eastern Pre-Release was 2015. Due to the fact there is no allegations of sexual abuse sections 7-11 are considered non-applicable.

(b) Agency executive directive requires if the first employee responding to an incident of inmate on inmate sexual conduct is not a correctional officer, that employee shall: immediately request that a correctional officer respond to the scene; and perform duties for which the employee is officially qualified or authorized to perform.

(b) Eastern Pre-Release states there has been no allegations in the past 12 months where an inmate was sexually abused. Review of investigation logs, documents, staff interviews and inmate interviews gave the auditor evidence to verify there has been no allegation in the past 12 months of sexual abuse. The last and only allegation of sexual abuse for Eastern Pre-Release was 2015. Due to the fact there is no allegations of sexual abuse sections 7-11 are considered non-applicable.

Twelve random staff were asked if they were the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility to that situations. All staff state they would report it to a supervisor immediately. The custody staff interviewed stated after they contact the supervisor, they would separate the victim from the abuser and get

medical help. After that they stated they would ensure the alleged victim and abuse don't destroy evidence.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation

1. Executive Directive OPD.050.0001 Sexual Misconduct – Prohibited Interviews

1. Facility Administrator

(a) Executive agency directive requires staff to stop the alleged incident; safeguard the victim; arrange for medical services; detain the alleged perpetrator; and preserve evidence at the scene. Also, staff are required to refer the victim for appropriate medical and mental health follow up services. This standard requires a facility specific plan to coordinate actions. Eastern Pre-Release did not provide a facility specific plan for coordination of action for first responders.

The facility administrator was asked if the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. He responded they have one and it is outlines in agency policy.

There was no plan specific to Eastern Pre-Release in regard to coordinated response for an incident of sexual abuse observed during the walk-thru.

Conclusion

Based on the above evidence, the facility is found not compliant with this standard. Corrective Action Plan:

1. Develop and train staff on a specific coordinated response plan for Eastern Pre-Release.

Corrective Action Taken:

Eastern Pre-Release adopted the agencies coordinated response and made it specific to their facility. The practice of the agency was always the same as the facility they had just not specified it was for Eastern Pre-Release. This information was shared by staff via postings and email.

CONCLUSION

Based on the above evidence and corrections taken, the facility is found compliant with this standard.

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. AFSCME AFL-CIO Teamsters MOU with State of Maryland INTERVIEWS

1. Agency Head Designee

(a) AFSCME AFL-CIO Teamsters MOU with the State of Maryland. Article 3, Management Rights states the Employer retains the sole and exclusive authority for the management of its operations and may exercise all rights, powers, duties, authority and responsibilities conferred upon and invested to it by all laws including, but not limited to, the Collective Bargaining Law (Title 3, State Personnel and Pensions Article).

It is agreed by the parties that any section of this MOU that conflicts with current law, in particular the Collective Bargaining Law (Title 3, State Personnel and Pensions Article), can be changed by management after negotiations with the Union, to the extent required by Article 32 (Mid Contract Negotiations).

It is understood and agreed by the parties that the Employer possesses all other power, duty and right to operate and manage its departments, agencies and programs and carry out constitutional, statutory and administrative policy mandates and goals.

Md Code, section 3-302, Md Personnel and Pensions reserves State rights for hiring, supervising, discharging, etc.

The agency head designee was asked if the agency, or governmental entity responsible for collective bargaining on your behalf, entered into or renewed collective bargaining agreements or other agreements since August 20, 2012. She responded they have and that all the State of Maryland Department of Corrections agreements preserve management rights.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
3. Retaliation Monitoring Form INTERVIEWS
 1. Agency Head Designee
 2. Facility Administrator
 3. Designated Staff Member Charged with Monitoring Retaliation

(a) Agency executive directive requires that 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 and if retaliation is identified or feared take action to the stop the actual or feared retaliation. Eastern Pre-Release has designated Captain Evans in charge of monitoring for possible retaliation. Captain Evans is the custody supervisor.

(b) Agency executive directive requires that 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 and if retaliation is identified or feared take action to the stop the actual or feared retaliation that may include; application of available medical or mental health services or counseling; changes to inmate housing assignments; and staff work assignments and continued monitoring as deemed appropriate.

The agency head designee was how do you protect inmates and staff for retaliation for sexual abuse and sexual harassment. She stated that they base each situation individually and do as they need to for that situation. She also stated some things they do are changing housing units, remove the alleged abuser, provide emotional support services, and monitor. The facility administrator was asked the same thing in which he responded, they would monitor the individual, change housing assignments, and issue disciplinary sanctions on someone who is attempting retaliation.

Captain Evans who is in charge of retaliation monitoring for Eastern Pre-Release was asked what role he plays in preventing retaliation against inmates and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations. He responded that the department policy requires him to monitor for 90 days. He also stated that he would have the inmate moved closer to the door so they would be better monitored by staff. Captain Evans was also asked what different measures you take to protect those inmates and staff from retaliation. He responded that he would move an inmate closer to the door for easier monitoring. He would also encourage his staff to monitor and

discuss the need for monitoring in the monthly meetings. He was asked if he initiates contact with inmates who have reported sexual abuse, and if so, how often. He stated he does

intimate contact and does it at least once a week. He also stated that since the facility is so small it is easy to check on an inmate more often than that.

Eastern Pre-Release has not had any inmates who were victims of a sexual abuse so no interviews could be given that targeted inmate group.

(c) Agency executive directive requires that 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 and if retaliation is identified or feared take action to the stop the actual or feared retaliation. Agency policy also requires continued monitoring as deemed appropriate if the initial monitoring indicates a continuing need.

(c) Agency executive directive requires the monitoring be a minimum of 90 days but also requires continued monitoring as deemed appropriate if the initial monitoring indicates a continuing need.

(c) Agency executive directive requires that 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 and if retaliation is identified or feared take prompt action to the stop the actual or feared retaliation that may include; application of available medical or mental health services or counseling; changes to inmate housing assignments; and staff work assignments and continued monitoring as deemed appropriate.

(c) Agency executive directive requires the monitoring be a minimum of 90 days but also requires continued monitoring as deemed appropriate if the initial monitoring indicates a continuing need.

(c) Eastern Pre-release has not had an incident of retaliation occur in the last 12 months.

The facility administrator was asked what measures they take when they suspect retaliation. He responded it has not happen at Eastern Pre-Release, however he would respond according to the need. Captain Evans who is in charge of retaliation monitoring for Eastern Pre-Release was asked what he looks for to detect possible retaliation and what does he monitor. He stated they look for how staff are treating them and make sure inmates are treating him fairly. He also would talk to staff and asks them if they are noticing anything suspicious. He was asked how long would you monitor the conduct and treatment of inmates and staff who report sexual abuse of an inmate or were reported to have suffered abuse. He states a they person would be monitored for a minimum of 90 days.

There has been no incidents or reports of sexual abuse at Eastern Pre-Release nor have they ever had an inmate that was to be monitored. There is no documentation to review.

(d) Agency executive directive requires that 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 and if retaliation is identified or feared take action to the stop the actual or feared retaliation that may include; application of available medical or mental health services or counseling; changes to inmate housing assignments; and staff work assignments and continued monitoring as deemed appropriate. Review of the retaliation monitoring form used by the Maryland Department of Corrections requires staff to check periodically every two weeks with a person who is being monitored.

Captain Evans who is in charge of retaliation monitoring for Eastern Pre-Release was asked what he looks for to detect possible retaliation and what does he monitor. He stated they look for how staff are treating them and make sure inmates are treating him fairly. He also would talk to staff and asks them if they are noticing anything suspicious.

There has been no incidents or reports of sexual abuse at Eastern Pre-Release nor have they ever had an inmate that was to be monitored. There is no documentation to review.

(e) Agency executive directive requires that 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 and if retaliation is identified or feared take action to the stop the actual or feared retaliation that may include; application of available medical or mental health services or counseling; changes to inmate housing assignments; and staff work assignments and continued monitoring as deemed appropriate.

The agency head designee was asked if an individual who cooperates with an investigation expresses fear of retaliation, how does the agency take measures to protect that individual against retaliation. She stated each facility has a staff member responsible for monitoring possible retaliation. She also mentioned the monitoring is a minimum of 90 days but can be extended long. The facility administrator was asked what measures they take when they suspect retaliation. He responded it has not happen at Eastern Pre-Release, however he would respond according to the need such as transfers or disciplinary action.

(f) According to the auditor compliance tool this sub-section is now non-applicable

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Division of Correction Manual: DOC.100.0002 Special Confinement Housing INTERVIEWS
1. Facility Administrator

(a) Agency executive directive prohibits the placement of inmates who alleged to have suffered sexual abuse 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. Eastern Pre-Release does not have a segregation. It has a temporary holding cell inside the control center where they will keep inmates for transfer to a new facility. The inmate is not in the temporary holding cell longer than one hour.

The facility administrator was asked is there is an agency policy to prohibit placing of inmates in involuntary segregations. He stated there is an agency policy however Eastern Pre-Release does not have segregation. All inmates are kept in a holding cell and transferred immediately. The facility walk-thru, staff interviews, and inmate interviews gave the auditor enough evidence that Eastern Pre-Release does not have a segregation cell. This makes the rest of this substandard non-applicable.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION 1. IIU.110.0011

2. Investigator Training Curriculum
3. Investigator Training Completion Records
4. DPSCS Memorandum from IIU Director, Mark J. Carter, RE: Electronic Retention of PREA Investigations

INTERVIEWS

1. Facility PREA Compliance Manager -
2. Investigative Staff
3. Random Staff

(b) (a) IIU.110.0011 Investigating Sex Related Offenses, is the Agency policy relating to criminal and administrative investigations. In Maryland, the Intelligence and Investigative Division (IID), of the Maryland Department of Public Safety and Correctional Services, is a separate agency that is tasked with conducting all criminal investigations for the State's correctional facilities). The Maryland Department of Public Safety and Correctional Services is designed as a larger parent agency for multiple smaller agencies all pertaining to public safety or corrections. The IID division and Maryland Department of Corrections are both under this parent agency however both agencies have separate administrations and operate in different locations. All allegations of sexual abuse are referred to IID, where they are reviewed and assigned to an investigator. The case may be referred back to the facility for investigation, or it may be kept in the IID and investigated there. It would only be turned back to the facility if IID determines it is not abuse or a protentional criminal case. If it is referred to the facility that investigation is still being overseen by IID as the facility does the interviews and gathers information. All allegations that may involve potentially criminal behavior are investigated by specially trained investigators in the IID. This policy requires that all allegations of sexual harassment and sexual abuse, regardless of how they are reported, be investigated promptly, thoroughly, and objectively. Agency policy requires that all allegations, including third party and anonymous reports, be investigated. An IID Detective, when asked how long it takes to initiate an investigation following an allegation of sexual abuse or sexual harassment, said, "it's almost immediate, and we start an investigation the same day." The IID Detective that was interviewed also stated they would conduct an abuse for all allegations regardless of the method it was reported. He mentioned ways reports ca n be made as in-person, in writing, from a third-party and anonymously. The IID Detective that to ensure in investigation is thorough and objective he ensures he talks to the victim, all witnesses, any staff that might have knowledge of the alleged incident. He also stated that he would review all physical evidence that was collected at the scene as well as review any video that may be available.

Random staff, employed in a variety of different positions in the facility, were interviewed, and all were very familiar with this policy and its requirements. All of them were well aware of their reporting requirements and, when asked how long they might wait to report any knowledge, suspicion, or information they have regarding an incident of sexual abuse or sexual harassment that occurred in the facility, they all, without hesitation, said that they had a

responsibility to report any of that type of information immediately.

(b) A review of agency policy, IIU.100.0011, verifies that Department personnel assigned to conduct an investigation relating to a sex related offense will be trained in techniques specifically related to conducting such investigations in correctional settings.

A printout from a Departmental computerized database identified the investigators, employed by the Maryland DPSCS IID, who have received this training. However, I interviewed a Detective assigned to the IID, and he said he has not had any investigative training that was conducted by the Agency. He came to the State Agency in October of 2018, from Baltimore City Police Department, where he had had a 31 year career, and received a great deal of training over those 31 years. He is undoubtedly, a highly trained investigator but he may not have completed training for investigation of sexual abuse incidents in confinement settings. I also reviewed a printout from the Agency's computerized database of IID Investigators who

were trained to conduct investigations of sexual abuse in confinement settings, and the name of the Detective I interviewed was not on that printout.

(c) Agency policy requires that investigators preserve the scene of an incident and items that may be used as evidence, collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceeding, and document descriptions of all physical, testimonial, and documentary evidence. They are also responsible for coordinating with facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE or SANE, or, if a SAFE or SANE is unavailable, a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. Investigators are required to initiate action to identify an alleged perpetrator, conduct investigative actions to complete a comprehensive investigation, determine if employee action or lack of action contributed to the occurrence, and document all aspects of the investigation. Investigators verify that they have reviewed any prior reports and complaints of sexual abuse, involving the suspected perpetrator, with the use of a check box on the investigative packet cover sheet.

IID Detective was asked in his interview his role in gathering and preserving evidence. He stated he collects all evidence the facility collected from the abuser, the victim and the crime scene. If necessary, he will go back to the scene to review in attempt to see if there is any more evidence. He also stated he would preserve the evidence and if needed for prosecution he would turn it over to the prosecutors.

(d) All allegations are referred to IID for investigation. The Investigator Training plan submitted by the Facility, covered the use of Miranda and Garrity warnings, as well as the use of compelled interviews. The lesson plan stated that compelled interviews shall be conducted when the quality of evidence appears to support criminal prosecution, the agency but only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The Detective interviewed said, "we are in close contact with the Prosecutor's office and always contact them for advice, because we want a winnable case, so we need their advice and suggestions." He also stated he would only conduct compelled interviews when given permission by the prosecutor.

(e) Agency policy, IIU.110.0011, requires that credibility of a victim, witness, or suspect be determined on an individual basis, regardless of the individual's status. The same policy forbids requiring a victim to take a polygraph or other truth-telling test as a condition of

proceeding with the investigation. The detective who was interviewed, when asked if he would, under any circumstances, require an inmate who alleged sexual abuse to submit to a polygraph, or other truth-telling device as a condition for proceeding with an investigation, replied, "never." The Detective also stated he assesses credibility of an alleged victim suspect, staff, or witnesses by watching for inconsistencies in their accounts of what happen.

(f) (g) Agency policy requires that investigators preserve the scene of an incident and items that may be used as evidence, collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceeding, and document descriptions of all physical, testimonial, and documentary evidence. The Facility Administrator stated that if IID felt the matter needed to be administratively investigated they would contact him. He then assigns the investigation to a higher-ranking custody official usually the captain. The captain would conduct interviews, review evidence and documentation to arrive at summary. That summary will then be forwarded back to IID. Captain Evans stated all investigations remain confidential and he does not discuss his findings with anyone except the Facility Administrator and IID. The facility has not had any allegations of sexual abuse or sexual harassment reported in the past 12 months. The IID Detective was asked what the first steps in initiating an investigation be and how long would it take. He responded he would first contact the victim and get a summary and statement from them. He would review video and any evidence that may be collected. He was also asked to describe the investigation process in which he stated he gets testimony from the victim, the alleged abuse, and any witnesses. He also reviews video and any evidence that is collected he documents his findings and submits them to the facility. The IID Detective also stated that his documented reports contain a thorough description of physical, testimonial, and documentary evidence. He also stated if possible, he attaches all documentary evidence to the documented report.

(h) The facility has not had any investigations of sexual abuse or sexual harassment reported for the last 12 months. The IID Detective was asked when he would refer cases for prosecution. He states if there is evidence of a substantiated allegation that appears to be criminal, he will refer it to prosecution.

(i) The agency will retain all written reports of investigations conducted by themselves and by the State of Maryland's Intelligence and Investigative Division. A Memorandum from the IIU Director to all IIU staff, dated July 9, 2014, instructs that all PREA Investigations will be electronically retained, "for as long as the alleged abuser is incarcerated or employed by the agency, plus five years." The facility has not had any allegations of sexual abuse or sexual harassment, thus no such investigations.

(j) Agency policy stipulates that an investigation subject to directive IIU.110.0011 may not be terminated based on victim or suspect departure from Department employment or custody. The IID Detective was asked how he would proceed when a staff member alleged to committed sexual abuse terminates employment prior to a completed investigation into his/her conduct. He stated If it is a crime it does not matter if they resigned. A resignation would not stop an investigation. The Detective was also asked how he would proceed when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. The Detective stated this happens frequently and he will track them down and continue the investigation.

(k) Auditor is not required to audit this provision.

(l) Investigative staff and PREA Compliance manager indicated that when the local law enforcement agency conducts the facility's criminal allegations, staff ask the criminal

investigators to keep the facility informed of progress. They indicated that facility staff cooperate with the investigation and provide assistance as requested by the investigators. The Facility Administrator said, in an interview, that IID will keep him apprised of any investigations they are conducting through the use of e-mail and telephone communication.

CONCLUSION

Facility is found to be non-compliant for the following reason:

1. Printout of departmental computerized database training report does not identify the interviewed detective as having been trained in conducting investigations of sexual abuse allegations in confinement settings. Moreover, the Detective himself confirmed that MDPSCS has not provided him this training.

Corrective Action Requested: Train all IID staff in how to conduct investigations of sexual abuse in confinement settings.

Corrective Action Taken: Eastern Pre-Release has provided a copy of all IID detectives and their training records verifying they are trained on how to conduct investigations of sexual abuse. The facility also provided the training records of the IID detectives assigned to that Region of the State showing their training has been completed. Lastly, the facility provided the list of all three sexual abuse investigations every completed at Eastern Pre-Release and provided training records for those individuals who conducted the investigations.

CONCLUSION

Based on the evidence and corrections made, the facility is complaint with this standard.

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed 1. IIU.110.0011

INTERVIEWS

1. Investigative Staff

(a) Agency policy, IIU.100.0011 identifies that Investigative staff shall determine the outcome of an investigation based on a preponderance of evidence. Investigative staff, in an interview, confirmed that Investigators use the preponderance of evidence standard to determine outcomes of their investigations of sexual abuse or sexual harassment allegations.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive IIU.110.0011 Investigating Sex Related Offenses

INTERVIEWS

1. Investigative Staff
2. Facility Administrator

(a) Agency policy, IIU.100.0011 Investigating Sex Related Offenses, stipulates that at the conclusion of an investigation involving an inmate as a victim of a sex related offense, the investigator is responsible for advising the inmate victim of the final outcome of the investigation, specifically whether it has been determined to be substantiated, unsubstantiated, or unfounded.

(a) The facility reports that the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months, and the number of notifications that were made, as 0.

(b) Agency policy, IIU.110.0011, identifies that all allegations of sexual abuse, in a Maryland Correctional Facility, will be referred to the Maryland DPSCS Intelligence and Investigation Division for investigation. The facility reports that the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months, and the number of notifications that were made, as 0.

(c) Agency policy, IIU.110.0011, requires that 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 inmate's facility, when, if known, that the employee was indicted or charged with a sex related offense occurring at the facility, or if known, that the employee was convicted of a charge related to a sex related offense occurring at the facility. The facility identifies that there have been no allegations of sexual abuse committed by a staff member against an inmate in the past 12 months.

(d) Agency Policy, IIU.110.001, requires that if an investigated incident involved an inmate committing a sex related offense on another inmate, the investigator will arrange for the victim inmate to be advised, if known, that the perpetrator was indicted on a charge related to a sex 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 have been no allegations, and no investigations, of sexual abuse or sexual harassment, at the facility, in the past 12 months.

(e) Agency policy, IIU.110.001, requires that all notifications to inmates described under this standard be documented and that the documentation 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.

(e) In the past 12 months, no investigations were conducted , thus, no notifications were made.

Interviews conducted with Investigative staff and the Facility Administrator indicated that both were aware of the agency requirement for notifications to be made by Investigative staff. The IID Investigator who was interviewed said, "we notify both the PREA Compliance Manager and the victim."

CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive Number OPS.050.0001 Sexual Misconduct - Prohibited

(a) Executive Directive Number OPS.050.0001 Sexual Misconduct - Prohibited identifies that an employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee did not perform responsibilities established under this directive, neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct, or is determined to have committed sexual misconduct. An employee determined to have committed sexual misconduct is also subject to a penalty under the Standards of Conduct, up to and including termination of employment, criminal prosecution and notification of a relevant licensing agency.

(b) The facility identifies that, in the past 12 months, no staff were found to have violated agency sexual abuse or sexual harassment policies, thus, no staff have been terminated for violating agency sexual abuse or sexual harassment policies.

(c) In the past 12 months, there were no staff who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

(d) The facility identifies that, in the past 12 months, no staff were found to have violated agency sexual abuse or sexual harassment policies.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited

INTERVIEWS

1. Facility Manager

(a) Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited gives a definition of Employee that includes volunteers and contractors. This Directive outlines that employees, which in this case includes contractors and volunteers, determined to have committed sexual misconduct in violation of the Department Standards of Conduct are subject to a penalty under the Standards of Conduct, up to and including termination, criminal prosecution, and notification of any applicable licensing authority. It does not, however, specifically prohibit any contractor or volunteer who engages in sexual abuse from contact with inmates.

The facility reports that, in the last 12 months, there have been no allegations of sexual abuse or sexual harassment involving contractors or volunteers, no contractors or volunteers reported to law enforcement agencies or any relevant licensing bodies.

(b) Agency policy does not address taking any appropriate remedial measures and considering whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. However, the Facility Administrator, when asked in an interview what remedial measures or sanctions might be imposed in this type of situation, replied, "they would be gone, relieved of their duties."

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited
2. COMAR 12.02.27 Inmate Discipline

INTERVIEWS

1. Facility Administrator
2. Medical and Mental Health Staff - Psychologist

(a) Executive Directive OPS.200.0005 identifies that an inmate determined to have committed sexual conduct is subject to a penalty established under the Inmate Disciplinary Process and, if applicable, criminal prosecution. The Facility Administrator said, in an interview, "IID would charge them with Sexual Misconduct and we would be forced to transfer them to a higher-level facility."

The Facility reports that, in the last 12 months, there were no administrative findings of inmate-on-inmate sexual abuse that occurred at the facility and no criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.

(b) (c) Agency policy COMAR 12.02.27 does call for any such sanctions to be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories, and for the disciplinary process to consider whether a perpetrating offender's mental disabilities or mental illness may have contributed to his or her behavior when determining what type of sanction should be imposed. No such sanctions were imposed in the last 12 months.

(d) The facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and does consider requiring perpetrating offenders to participate in these interventions to address and correct underlying reasons or motivations for the abuse. This is identified in both Executive Directive OPS.200.0005 and in COMAR 12.02.17.

A Psychologist who was interviewed said that requiring an abuser to participate in therapy, counseling or other interventions to correct abusive behavior would be considered. He said that he would offer at least the same access to services to an abuser as he would to an offender.

(e) Executive Directive OPS.200.0005 says that an offender, "may be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct."

(f) Per Executive Directive OPS.200.0005 , "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."

(g) Executive Directive OPS.200.0005 states that, "the Department does not tolerate inmate on inmate sexual conduct," and defines sexual abuse of an inmate, by an inmate, as specific acts, "if the victim inmate does not consent, is coerced into the act by over or implied threats of violence or is unable to consent or refuse."

CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Intake Screening Form

INTERVIEWS

1. Medical and Mental Health Staff
2. Staff Responsible for Risk Screening

(a) The Agency provided a sample screening form, PREA Intake Screening, that demonstrates that Question No. 7 asks the offender if they, "were ever sexually assaulted or abused as a child or adult," and gives instructions to the person conducting the interview to offer a mental health referral to any inmate who answers yes to that question. Question No. 12, on the same form, asks the offender if they have ever been sexually assaulted while incarcerated, and instructs the interviewer to offer a mental health referral to any inmate who answers in the affirmative. Questions No. 17 and 18, on the same Intake Screening form, ask the inmate being interviewed if he has a criminal history of sex offenses with adults, and if he has ever sexually assaulted another inmate while incarcerated, and gives instructions to the interviewer to offer a mental health referral to any inmate who says yes to either, or both, questions.

The facility reports that, in the last 12 months, no inmates disclosed prior victimization during screening, thus, no referrals were made during that period. Auditor reviewed screening forms for all inmates who were randomly chosen for interview and discovered that some of those inmates had come to the facility more than 12 months previously, and several of them did disclose prior victimization during risk screening. In each case, a proper referral to mental health was made and documented in the base file. In each case, the inmate refused the referral, but Auditor did observe a form, in the base file, that Mental Health staff would fill out, and return to the Case Manager, to verify that the evaluation did take place. Staff who conduct risk screening also verified that any inmate who discloses prior sexual victimization, or abusiveness, during the screening, are offered a mental health referral.

(b) (c) The facility is an adult male facility, and all inmates who indicate, during intake screening, that they have previously perpetrated sexual abuse, or that they experienced sexual victimization either in an institutional setting or in the community, are offered a follow-up meeting with a mental health practitioner, to be conducted within 14 days of the screening. The facility reports that, within the last 12 months, no inmates have disclosed during intake screening that they previously perpetrated sexual abuse. A review of base files indicated that all inmates who disclose prior sexual victimization, or prior abusive behavior, are given the opportunity to meet with medical and/or mental health staff. None of the screenings I reviewed showed an inmate taking advantage of that offer.

(d) Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners, and to other staff who need this information to perform their jobs. The information is stored in the base file

to which access is strictly limited.

(e) Medical and Mental Health practitioners do obtain informed consent from inmates before reporting any information about prior sexual victimization that did not occur in an institutional setting and document that information on Medical Limits of Confidentiality forms that were offered for review.

In an interview, a psychologist said he explains the limits of confidentiality, and obtains informed consent, at the beginning of his interview with an inmate. He said that he lets them know that there are certain topics, that if they come up, he would be obligated to report, and he uses examples to ensure that inmates understand what he means.

CONCLUSION

Based on the above evidence, the facility is found compliant with the standard

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OPS.050.0001 Sexual Misconduct Prohibited
2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct Prohibited
3. Executive Directive IIU.110.001 Investigating Sex Related Offenses
4. Maryland DPSCS Medical Evaluations Manual
5. Medical Services Form
6. PREA Event Guideline
7. Wexford Health Sexual Assault Procedure - Medical

INTERVIEWS

1. Medical and Mental Health Staff
2. Security Staff and Non-Security Staff First Responders

(a) Agency policies OPS.050.001, OPS.200.0005 and IIU.110.001 outline the process for ensuring health care is provided promptly and appropriate health care interventions are used in response to reported incidents of sexual abuse. These policies hold all staff responsible for ensuring that appropriate medical attention is provided immediately when an incident of sexual abuse is alleged. The Nursing Supervisor verified, in an interview, that she would provide medical services to an alleged inmate victim as soon as they reached the clinic and said that if they needed to go out for a SANE exam, she would coordinate that immediately.

There are no mental health staff at this facility. Inmates needing mental health services are taken to the Brockbridge facility where mental health staff is available to them. In an interview, a psychologist at the Brockbridge facility verified that Eastern Pre-Release Unit makes daily morning runs to Brockbridge and will, if an emergency occurs, make additional trips, as needed, during the day. He verified that facilities are very prompt in bringing inmates for any mental health care needs. He, and the Nursing Supervisor, both said that the nature and scope of services provided are determined by medical and mental health professional judgment.

(a) Documentation of all treatment provided by Medical and Mental Health staff is documented in a departmental computerized database that houses offender medical records. The facility has not had any allegations of sexual abuse, in the last 12 months, but Health Care staff demonstrated the records where all contact with offenders, and all treatment provided, is recorded.

(b) Agency policies require that the first correctional officer to respond to an incident of sexual abuse ensure the safety of the victim, stop any incident in progress, provide, or arrange for the provision of, medical attention, preserve the scene of the incident, and advise the victim not to do anything that might contaminate or destroy physical evidence such as bathing, brushing teeth, or changing clothes. If there is no medical staff on-site at the time, the Security Supervisor is responsible for notifying the on-call medical staff. Interviews with all first

responder staff indicated that they were familiar with the requirements of agency policies and were easily able to articulate them.

(c) Agency policies outline the services that are offered to inmate victims of sexual abuse. They include timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There are no female offenders at Eastern Pre-Release Unit so emergency contraception is not needed. In an interview, the Director of Nursing verified the treatment that would be provided immediately in any instance of sexual abuse of an inmate offender.

(d) Agency policies provide that all medical and mental health treatment services shall be provided to the victim, and to abusers if known, without financial cost, in any instance of sexual abuse of an inmate. Medical staff who were interviewed confirmed that neither inmate victims, nor abusers if known, would be charged for any medical care arising from any incident of sexual abuse. Agency policy also verifies that treatment will be provided at no cost whether a victim names the abuser or participates in an investigation of the incident.

CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Maryland DPSCS Office of Clinical Services/Inmate Health Administrative Manual, Chapter 9, Continuity of Care

INTERVIEWS

1. Medical and Mental Health Care Staff

(a) (b) The Maryland DPSCS Office of Clinical Services Inmate Health Administrative Manual, in Chapter 9, entitled Continuity of Care, says that inmates leaving the DPSCS facilities will be provided with information and access to systems that will enable them to continue care for medical and mental health care conditions. The care offered is to include any follow-up services needed, treatment plans and referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. The care also includes a 30 day supply of chronic care medications as well as the remaining doses of any short term antibiotics or drugs. Health care staff are responsible for interviewing inmates who are releasing to ensure that the Continuity of Care form, details of ongoing treatment, medications, diet and general guidelines for continued care are discussed with the discharging inmate. This service is available to all inmates who need it, not just to inmates who have been victimized by sexual abuse while incarcerated. Most offenders who screen Pre-Release security level are work ready and do not have disabilities or serious health needs, so there have been no instances of inmates needing follow up care arrangements in the last 12 months. But health care staff did provide a Continuity of Care form that they would use for that purpose, and a list of health care providers, in the community, that they would refer releasing offenders to for follow-up care.

(c) All medical health care staff interviewed affirmed that the services provided at the facility are consistent with the community level of care. Staff are required to submit documentation demonstrating their credentials prior to being hired and are required to meet the same educational and training requirements as health care staff who are employed in the local community.

(d) (e) There are no females incarcerated at this facility.

(f) The Maryland DPSCS Office of Clinical Services Inmate Health Administrative Manual verifies that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as appropriate.

(g) Agency policy also requires that any treatment services provided to an inmate victim of sexual abuse will be provided at no charge regardless of whether the victim names the abuser or cooperates with any investigation of the incident and that facilities will attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and will offer treatment when deemed appropriate by mental health practitioners.

CONCLUSION

Based on the above evidence, facility is found compliant with the standard.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation

1. Sexual Abuse Incident Review Form

Interviews

2. Facility Administrator

Discussion

(a) (b) The Facility has not had any allegations of sexual abuse or sexual harassment in at least the last year, and in actuality, not in a long time. Staff there said they did not find this unusual since offenders housed at Pre-Release Security are well screened, are low security risk offenders, have release dates in the foreseeable future and are there, primarily, to obtain employment and prepare for their release. In other words, these offenders have a lot to lose by not following rules. Thus, the facility has not conducted any Sexual Abuse Incident Reviews.

(c) Although this facility has not conducted any Sexual Abuse Incident Reviews, per se, the State of Maryland does require all its facilities to conduct Violence Reduction meetings regularly. These meetings, as described, do cover all of the topics that would be covered in a Sexual Abuse Incident Review. Again, this facility has few incidents of any type of violence, but they are engaged in regular review of the facility, and the offenders housed there, specifically from a safety and security aspect. This team is made up of the Facility Administrator, a Security Shift Commander, Case Management Staff and a Health Care staff.

(d) (1) (2) (3) (4) (5) (6) (e) The facility did submit a reporting form that they would use, if they had the occasion to conduct Sexual Abuse Incident Reviews. The form includes a section for a description of the incident and an area that asks the team to consider the motivation, i.e., race, ethnicity, gender identity, gang affiliation, or any other potential motivation. It also requires the preparer to review the location of any such incident, the staffing levels in that area, any physical barriers in the area and the need for additional or augmented monitoring technology in the area where the incident occurred. Lastly, the form asks for recommended changes to policy or practice, as well as a date of completion for recommended changes or an explanation of why those changes weren't implemented.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OSPS.020.0027 PREA Investigations - Tracking and Review

(a) (c) Agency executive directive states the Department's Internal Investigative Division (IID) is the primary investigative body for all PREA related allegations and shall collect and maintain data regarding PREA related criminal and administrative investigations, which are required to be reported to IID. Agency executive directive also requires IID to uni-formally collect and maintain data for each reported allegation of sexual abuse at correctional facility under the authority of the Department that, at a minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice.

(b) Agency executive directive requires the PREA Coordinator shall aggregate the incident-based sexual abuse data annually. A search of the Maryland Department of Corrections Website does have a PREA annual report for every since 2013. 2017 report was reviewed that contains all the data for that year.

(d) Agency executive directive requires the PREA Coordinator shall maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

(e) Agency executive directive requires the Department to uni-formally 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.

(f) Agency executive directive requires the PREA Coordinator to securely maintain incident-based and aggregate data ensuring only authorized personal have access to the information.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OSPS.020.0027 PREA Investigations - Tracking and Review

INTERVIEWS

1. PREA Coordinator
2. PREA Compliance Manager

(a) Agency executive directive requires the PREA Coordinator shall ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area 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; assesses 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 website, it also redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publications indicating the nature of the redacted information.

The PREA Coordinator was asked if the agency reviews 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 and training. He responded yes all data is reviewed and collected. He was also asked how does the agency ensure all data is securely retained. His response was all data is retained in Central Office and only select staff have access to it. He also stated that if the data shows a trend the agency would take corrective action on an ongoing basis. Lastly, he was asked if the agency prepares an annual report of it's findings from its data review and any corrective actions for each facility, as well as the agency as a whole. He responded that yes, all the facilities have their data on the website. The PREA Compliance Manager was asked if the facility reviews 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 and training. He stated the facilities does use the data to help provide safety for inmates.

The Annual report was reviewed and found on the Maryland Department of Correction website.

(b) Agency executive directive requires the PREA Coordinator shall ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area 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; assesses the Department's progress in addressing sexual abuse; and is approved by the Secretary,

The annual report for 2017 was reviewed. Included in that report was the comparison of 2017's data to previous years. Also included in the report was an assessment of the Maryland Department of Corrections of progress in addressing sexual abuse.

(c) Agency executive directive requires the PREA Coordinator shall ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area 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; assesses 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 website annually.

The agency head designee was asked if the agency head approve annual written reports pursuant to this standard. She responded that the Secretary signs them and then they are posted to the website.

The Maryland Department of Corrections website had an annual report available on their website from 2013-2017.

(d) Agency executive directive requires the PREA Coordinator shall ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area 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; assesses 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 website, it also redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publications indicating the nature of the redacted information.

The PREA Coordinator was asked what kind of information would be redacted from the annual report. He stated they have never had information in the report that needed redacting. He also stated the State of Maryland does not redact information on the annual reports.

CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTATION

1. Executive Directive OSPS.020.0027 PREA Investigations - Tracking and Review

INTERVIEWS

1. PREA Coordinator

(a) Agency executive directive requires the PREA Coordinator responsible to securely maintain incident-based and aggregate data ensuring only authorized personal have access to the information. The PREA Coordinator was asked how the agency ensures all data is securely retained. His stated all data is retained in Central Office and only select staff have access to it.

(b) Agency executive directive requires the PREA Coordinator shall ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area 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; assesses 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 website annually. The Maryland Department of Corrections website was reviewed. There was an annual report available from 2013-2017 on the website.

(c) Agency executive directive requires the PREA Coordinator shall ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area 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; assesses 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 website, it also redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publications indicating the nature of the redacted information. Policy also requires that all personal identifiers be removed.

The PREA Coordinator was asked what kind of information would be redacted from the annual report. He stated they have never had information in the report that needed redacting. He also stated the State of Maryland does not redact information on the annual reports and would never include a personal identifier.

(d) The Maryland Department of Corrections has been maintaining and collecting data

pursuant to standard 115.87 since August 20, 2012, They have posted this dates annually every since and every year is available on the Maryland Department of Corrections website, It also stored and maintained in a secure area at their Central Office.

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

Eastern Pre-Release was audited once before this audit in 2016. They were found in compliance on that audit. This is the first year or the current audit cycle. Eastern Pre-Release gave the auditors access to every part of the facility and provided all documents requested of them from the auditor. The auditors were able to conduct interviews privately with staff, inmates. No correspondence was sent to the auditor but the facility posted the auditors contact information and permitted the inmates to send confidential information or correspondence.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

Eastern Pre-Release has had one PREA audit conducted previous of this audit. That report was submitted on December 19, 2016 and was made public on the Maryland Depart of Corrections web page.

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

yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

yes

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.13 (b) Supervision and monitoring

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

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

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.) na

Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.) na
- 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.) na

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.) yes

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).)	yes

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?	no
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)?	no

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).)	na

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.)

yes

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

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

yes

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

115.41 (d) Screening for risk of victimization and abusiveness

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

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

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

- 115.42 (c) Use of screening information**
- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? yes
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? yes
- 115.42 (d) Use of screening information**
- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? yes
- 115.42 (e) Use of screening information**
- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? yes
- 115.42 (f) Use of screening information**
- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? yes

115.42 (g) Use of screening information

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)

yes

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)

yes

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)

yes

115.43 (a) Protective Custody

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

yes

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

yes

115.43 (b) Protective Custody

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

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

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

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

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

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

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

115.43 (c) Protective Custody

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.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a) Staff and agency reporting duties

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? yes

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? yes

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? yes

115.61 (b) Staff and agency reporting duties

Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? yes

115.61 (c) Staff and agency reporting duties

Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? yes

Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? yes

115.61 (d) Staff and agency reporting duties

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? yes

115.61 (e)	Staff and agency reporting duties	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a) Staff first responder duties

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

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

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

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

115.64 (b) Staff first responder duties

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

115.65 (a) Coordinated response

Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? no

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? no

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?	no
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).) yes
- 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.) yes

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? 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?

yes

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.) no

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

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. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) yes