

PREA Facility Audit Report: Final

Name of Facility: Maryland Correctional Institution for Women

Facility Type: Prison / Jail

Date Interim Report Submitted: 03/14/2023

Date Final Report Submitted: 05/17/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Debra D. Dawson	Date of Signature: 05/17/ 2023

AUDITOR INFORMATION	
Auditor name:	Dawson, Debra
Email:	dddawsonprofessionalaudits@gmail.com
Start Date of On-Site Audit:	02/06/2023
End Date of On-Site Audit:	02/08/2023

FACILITY INFORMATION	
Facility name:	Maryland Correctional Institution for Women
Facility physical address:	7943 Brock Bridge Road, Jessup, Maryland - 20794
Facility mailing address:	

Primary Contact	
Name:	April Peterson
Email Address:	april.may@maryland.gov
Telephone Number:	410-379-3833

Warden/Jail Administrator/Sheriff/Director	
Name:	Geneva Holland, Warden
Email Address:	geneva.holland@maryland.gov
Telephone Number:	410-379-3864

Facility PREA Compliance Manager	
Name:	April May
Email Address:	april.may@maryland.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Aminata Jalloh
Email Address:	Aminata.Jalloh@yescarecorp.com
Telephone Number:	410-379-3872

Facility Characteristics	
Designed facility capacity:	849
Current population of facility:	500
Average daily population for the past 12 months:	482
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Females
Age range of population:	18 and older
Facility security levels/inmate custody levels:	MAXI, MEDI, MIN, PRE RELEASE
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	255
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	55
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	140

AGENCY INFORMATION	
Name of agency:	Maryland Department of Public Safety and Correctional Services
Governing authority or parent agency (if applicable):	N/A
Physical Address:	6776 Reisterstown Road, Baltimore, Maryland - 21215
Mailing Address:	
Telephone number:	4103395000

Agency Chief Executive Officer Information:	
Name:	Acting Secretary Carolyn Scruggs
Email Address:	carolyn.scruggs@maryland.gov
Telephone Number:	(410) 339-5099

Agency-Wide PREA Coordinator Information

Name:	David Wolinski	Email Address:	david.wolinski@maryland.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-02-06
2. End date of the onsite portion of the audit:	2023-02-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Maryland Coalition Against Sexual Assault (MCASA) , Life Crisis Center; in addition to the Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	849
15. Average daily population for the past 12 months:	482
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	524
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	21
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	83
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	3
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	7
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	40

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	18
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	5
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	33
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	255
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	140

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	55
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The audit requested inmate rosters to include the race, date of arrival, housing unit and age
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	23
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Staff identified zero inmates housed at the facility with a cognitive or functional disability. None was observed during the site visit.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	4
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	4
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Staff identified the facility does not place inmates in segregated housing due to the risk of sexual victimization/who allege to have suffered sexual abuse as alternative housing is available.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	23

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Staff were selected based on their official position, rank, scheduled work hours, gender, and post assignments
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	1	2	1
Staff-on-inmate sexual abuse	2	0	2	0
Total	5	1	4	1

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	1	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	1	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	1	1
Staff-on-inmate sexual abuse	0	1	1	0
Total	0	2	2	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

5

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

All investigations are initially investigated as a criminal investigation. If criminal allegations are not substantiated, investigations are completed as administrative.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:

1

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. MCIW Organizational Chart and DPSCS Organization Chart 4. MCIW.020.0026.1 PREA Rape Elimination Act 5. DPSCS.020.0026 PREA Rape Elimination Act- Federal Standards Compliance 6. Interviews with: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. MCIW PREA Compliance Manager (PCM)

115.11(a) The DPSCS and MCIW has multiple comprehensive written policies and procedures in place to support the Department's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. Executive Directive DPSCS. 020.0026 Prison Rape Elimination Act-Federal Standards Compliance section .03 states, "The Department does not tolerate sexual abuse or sexual harassment of an inmate." The Directive clearly outline the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in the Department facilities. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited section .03 B. states "the Department shall ensure existing efforts and new strategies to prevent, detect, and respond to acts of sexual misconduct comply with applicable federal standards (28 CFR Part 115.11 - August 20, 2012) established under the authority of the Prison Rape elimination Act (PREA) of 2003 (P.L. 108 -79). The Directive identifies sanctions to be imposed on staff who participate in outlined prohibited acts regarding the zero-tolerance consistent with PREA standards including up to termination. Sanctions for those that have participated in prohibited behaviors in the facility are outlined in the Directive. Executive Directive OPS.200.005 contains information on inmate discipline in addition to the inmate rule book identifies the inmate rule violation 117 - as any manner, arrange, commit, perform or engage in a sex act or sexual conduct. Inmates who are determined by the IID Investigator to have committed the criminal act of sexual misconduct to another inmate and or staff will be prosecuted.

115.11(b) In accordance with a review of the DPSCS organizational chart, the Department has designated an upper-level Special Assistant who reports directly to the Deputy Secretary of Operations as the DPSCS PREA Coordinator. An Assistant DPSCS PREA Coordinator is also employed to assist the DPSCS PREA Coordinator in overseeing the agency's efforts regarding PREA in all its facilities. The Assistant DPSCS PREA Coordinator reports directly to the DPSCS PREA Coordinator. The auditor interviewed the DPSCS PREA Coordinator who confirmed he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. The Assistant DPSCS PREA Coordinator aids in the monitoring of the agency's 18 facilities to include scheduling training meetings, discussing the PREA standards, providing training to the facilities' PCMs while offering assistance as needed.

115.11(c) The facility has a designated PREA Compliance Manager. The facility's organizational chart shows the MCIW PCM as a dedicated position who reports directly to the Associate Warden and Warden. The MCIW PCM indicated she has time to oversee the facility's efforts to comply with the PREA standards by prioritizing her duties as a Correctional Case Management Manager and MCIW PCM while adjusting her schedule to complete duties as the facility's PCM. Upon identifying non-compliance with a standard, she reports her findings to the Assistant Warden and corrective measures are implemented. Training is provided to staff in addition to the review of agency policy and facility procedures while requiring staff acknowledge their understanding of responsibilities to meet compliance.

Based on the review of policies, organization charts, and interviews, it is determined

	the facility and Department meets the mandate of all provisions within this Standard.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Website 3. Interview: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator <p>The Maryland Correctional Institution for Women does not contract for the confinement of inmates. The DPSCS previously had a contract with Threshold, Inc. for pre-release services of inmates within its agency. The Threshold Inc. was a private non-profit agency incorporated under the Laws of the State of Maryland to provide community-based treatment and work release services for persons incarcerated in the State Prison System. The Threshold Inc. inmate population dropped to zero in August of 2020 due to COVID-19, and the contract ended on September 30, 2020. Threshold has not re-opened and there is no expectation that it will. The contract has not been renewed considering the closure.</p> <p>The auditor conducted a review of the agency's website at https://dpscs.maryland.gov/prea/prea-audits.shtml and confirmed PREA Audit Reports were posted for Threshold Inc., conducted in 2015 and 2018. An interview with the DPSCS PREA Coordinator indicated the agency conducted regular monitoring for PREA compliance throughout the contractual services.</p> <p>Based on the review of previous contractual services provided, agency website with posted PREA audits identifying compliance and an interview with the DPSCS PREA Coordinator, the DPSCS has demonstrated compliance with all provisions of this standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management
3. DPSCS Staffing Analysis and Overtime Management Manual
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. MCIW ID-020-0026-1 PREA Rape Elimination Act
6. Post Assignment Worksheet (PAWS)
7. Log of unannounced rounds
8. MCIW Staffing Plan
9. Observation while on-site
10. Interviews with:
 - a. Warden
 - b. DPSCS PREA Coordinator
 - c. Intermediate and Higher-Level Supervisors
 - d. MCIW PREA Compliance Manger (MCIW PCM)

115.13(a) Directive OPS.115.0001 outlines the requirements of a facility staffing plan. The policy contains the eleven requirements stated in the standard provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels requirements and documentation of any deviations to the requirements. The Maryland Correctional Institution for Women Staffing Plan does address the eleven requirements as indicated in this provision. The staffing plan was developed for 849 inmates. The average inmate count for the previous 12 months was 482. The facility's count on the first day of the on-site visit was 524. An interview with the Warden and DPSCS PREA Coordinator indicated the facility does develop and comply with a staffing plan as outlined in the Staffing Analysis and Overtime Management Manual and staff meet to discuss and review it regularly. The review indicated the facility does consider each element of provision and that upper-level administration as well as the PREA Coordinator's review of the staffing plan. However, all DPSCS facilities are operating under the Staffing Plan developed in 2021. Per the Warden, some positions were removed due to the previous decreased inmate count during COVID-19. However, as the inmate count has increased, post assignments have been added on the Post Assignment Worksheet (PAWS) and are covered by overtime as needed. She indicated video cameras are a major asset in assisting staff with providing security to the facility and funding has been approved for additional cameras and monitoring stations. Per an interview with the MCIW PCM, she was recently assigned the position and the most recent Staffing Plan was reviewed and signed by the previous PCM. However, she is aware that her

duties as the facility's PCM includes an annual review of the Staffing Plan.

115.13(b) Directive OPS.115.0001 provides guidance regarding minimum operational staffing levels and requirements for documenting any deviations with these requirements. The facility staffing plan is developed with these requirements in mind while a daily Post Assignment Worksheet (PAWS) is developed to deploy staff in accordance with the stated staffing plan. The PAWS identifies positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. Any deviations from the staffing plan are documented on the PAWS with an explanation. The Warden reported correctional posts are identified as level 1 - 4. Level 4 identifies critical posts, and these posts are never vacated. Level 3 posts may be vacated, if necessary, but these are posts where a second person would remain on the post such as a number 2 in the control center. Supervisory correctional staff ensures the required posts are always covered on the PAWS during each shift. There is never any deviation from the staffing plan regarding the vacating of critical posts, and any level 4 post vacancies would be covered by reassignments from available posts or by hiring overtime. All deviations would be documented on the PAWS however none have occurred. Utilization of the PAWS ensures the staffing levels are maintained at the required level. Throughout the on-site tour, it was noted the staffing level was adequate and prevalent throughout the institution. The auditor randomly selected daily assignment PAWS for security rosters for each of the three shifts scheduled 7:00 a.m. – 3:00 p.m.; 3:00 p.m. – 11:00 p.m.; and 11:00 p.m. – 7:00 a.m. The review confirmed there were zero instances in which Level 4 and /or Level 3 post assignments were vacated during the requirement of being manned.

115.13(c) Directive OPS.115.0001 states, “At least annually, or on an as needed basis, the review of the Facility Staff Plan includes consultation with the Department PREA Coordinator to review, assess, determine, and document if adjustments are necessary to the facility’s: (a) Staffing plan based on topics identified under §.05C(2)(d) of this directive; (b) Use and deployment of video monitoring system and other surveillance technology; and (c) Resources available to commit to ensure compliance with the established staffing plan.” The staffing plan review is documented on an agency-wide standardized form. Per the MCIW Warden, the facility continues to operate under the previously developed Staffing Plan approved on March 15, 2021. However, the most recent MCIW Staffing Plan was documented as reviewed on February 9, 2022, and signed the MCIW Facility’s Representative and the DPSCS PREA Coordinator. The Staffing Plan documented the criteria required for a staffing plan review as required in this standard and provides areas for narrative, any recommendations, as well as space for signatures by the MCIW Compliance Manager and DPSCS PREA Coordinator. Interviews with the DPSCS PREA Coordinator, and Warden indicated that the facility does conduct a review of the staffing plan regularly in addition to an annual review.

115.13(d) Facility Directive MCIW.020.0026.1 indicates the facility will take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: (i) Randomly on all shifts; (ii) Except when necessary to prevent prohibited cross gender

	<p>viewing of an inmate or as part of a legitimate facility operation, unannounced in order to prohibit staff from alerting other staff that the rounds are being conducted; and (iii) At a frequency established by the managing official” regarding the conduct of unannounced rounds. The auditor reviewed copies of logbooks demonstrating that rounds are made on all shifts by correctional supervisory staff and made weekly by higher level management staff. An interview with intermediate and higher-level staff indicated unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted during each shift by correctional supervisors. Higher level management staff are required to conduct unannounced rounds at a minimum weekly. Per the correctional supervisors, any staff identified as alerting others of supervisory rounds in process, are counseled for their first occurrence followed by disciplinary sanctions a continuation of alerting others. These rounds are conducted by Lieutenants, Major, Chief of Security, Assistant Warden and Warden and are documented in the housing unit logbooks where staff identify themselves and their position. The auditor reviewed housing unit logbooks in all housing units during the tour and observed the security rounds of immediate staff and higher-level staff documentation of rounds within the unit logbooks.</p> <p>Based on the review of policies, review of staffing plan, zero deviations noted on the PAWS from the staffing plan, observation during site visit, documentation of unannounced round, and interviews with supervisory staff, DPSCS PREA Coordinator, MCIW PCM and Warden, the facility has demonstrated compliance with all the provisions of the standard.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. Directive DPDS.100.0003 Separation of Adult and Juvenile Detainees 3. Return to Youth Detention Center (YDC) Transfers 4. Observation During Site Visit <p>115.14 (a) (b) DPDS.100.0003 and Return to Youth Detention Center (YDC) Transfers stated an inmate sentenced to the DOC, who at the time of sentencing has not reached the age of 18, may be housed at the Youth Detention Center of the Division of Pretrial and Detention Services (DPDS). The juvenile inmate may be housed at YDC until time that he or she reaches the age of 18. If a waived juvenile is remanded to the custody of the Division, the individual shall be housed in a separate unit designated for juveniles which affords no more than incidental sight or sound contact</p>

	<p>with adult detainees from outside the unit in living, program, dining or other common areas. Any other sight or sound contact is minimized, brief and in conformance with applicable legal requirements. Interviews with the Warden, and MCIW PCM in addition to observation during the on-site visit, MCIW does not house youthful offenders (those under 18 years old).</p> <p>Review of the PAQ, DPSCS policies and interviews with the Warden and MCIW PREA Compliance Manager, MCIW does meet the mandate of all standard provisions.</p>
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed (documents, interviews, on-site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.110.0047 Personal Search Protocols-Inmates 3. MCIW.020.0026.1 PREA Rape Elimination Act 4. Managing Female Offenders 5. Lesson Plan LGBTI 6. DPSCS Search exception cards 7. Training records 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. MCIW PCM b. Random staff c. Inmate Population <p>115.15(a)Directive OPS.110.0047, Section .05F states, “(4) An inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer.” MCIW ID 020.0026-1 indicates that frisk, pat, and strip searches of female inmates must be conducted by correctional officers of the same gender except exigent circumstances when deemed so. In the event this occurs, approval</p>

must come from the Warden, Assistant Warden, or Chief of Security. Documentation must be provided of these exigent circumstances when deemed as necessary.

Directive OPS.110.0047 indicates a strip search of a gender dysphoric or intersex inmate may not be conducted for the sole purpose of determining the inmates' genital status. If an inmate's genital status is unknown, it is to be determined through conversation with the inmate; a review of available medical records; or part of a broader medical examination conducted in private by a licensed medical profession. Section .05F(3)(b), "When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search" with regard to conducting strip searches of transgender and intersex inmates. The policy also states that a personal search to include pat search and visual search of a female inmate shall be conducted by a female correctional officer. Female staff may conduct pat searches of male inmates, however only male staff are authorized to conduct visual searches of male inmates Policy further states that if an inmate is granted a personal search exception and produces a search card exception, the inmate shall be searched by a correctional officer of the gender indicated on the card. Section .05H (2) states, "Only a certified medical professional may perform a body cavity search of an inmate." Section .05H (4) states, "Only the certified medical professional and the inmate being searched may be present during the procedure." Staff interviews did not indicate cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates during the review period. MCIW houses female inmates. Inmates interviewed did not report being subjected to cross-gender viewing by staff during a strip search and none reported being subjected to visual cavity search. There were 18 approved and three (3) inmates pending approval for assignments as transgender/gender dysphoria in addition to zero inmates were identified as intersex at MCIW during the site visit. Many of these inmates were recently assigned as Gender Dysphoria within the past three months and/or less of the site visit. Interviews were conducted with four (4) inmates identified as transgender who stated they have not been subjected to a visual search to identify their genital status. Additionally, each of the four transgenders stated they were advised they would be allowed to identify the gender of staff to conduct their searches; however, all have chosen to continue with female staff conducting their searches.

115.15(b) Directive OPS.110.0047, Section .05E(3)(a) and(c) states, "(a) Except under provisions of §.05E(3)(c) of this directive, a frisk search of a female inmate shall be conducted by female correctional officer. (c) A managing official or a designee may, based on exigent circumstances, authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate." Discussion with staff and on-site observations verified that MCIW utilize female staff to search female inmates and transgender inmates are authorized to retain a search exception card which identifies their selection of the staff member gender to conduct the search. Interviews were conducted with both staff and inmates. Per a review of security PAWS and interviews with staff, there are always female staff on duty within the facility and there has not been any instances in which an inmate

was not awarded the opportunity to participate in activities or out of cell time due to no female staff on duty to perform a pat-search. This statement was confirmed by the inmate population during interviews.

115.15(c) Directive OPS.110.0047, Section .05F(6)(b) regarding all strip searches states, “(b) Log or report the search in accordance with established procedures.”

Section .05H(1)(b) regarding body cavity searches requires prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero cross-gender strip or cross-gender visual body cavity searches of inmates including during any exigent circumstances, conducted by security or medical staff in the past 12 months. Staff interviews did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff in the past 12 months. Additionally, inmate interviews did not indicate any occurrences of cross-gender viewing by staff during searches.

115.15(d) MCIW ID 020.0026-1 state, it is the policy of the MCIW to not tolerate sexual abuse or sexual harassment of an inmate. The policy enables inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genital except in exigent circumstances when such viewing is incidental to routine cell check (this includes viewing via video camera). Interviews with the inmate population indicated they are provided privacy while changing clothes, showering and performing other bodily functions. The on-site visit confirmed all inmates have toilets and lavatories in their assigned cell. In each of the inmate housing units, single stall showers are installed that provide full privacy via an extended length shower door and/or via shower curtains. All inmate restrooms throughout the facility in program areas and work sites are designed for single entry and have full doors that provide privacy. Formal and informal interviews with the inmate population indicated no concerns in regard to being awarded privacy during showering, while changing clothes and/or performing bodily functions. Review of camera footage confirmed the video coverage is not inclusive into the inmates’ showers and/or within their cells.

MCIW ID 020.0026-1 states "a person of the opposite gender entering a housing unit must conduct the Gender Announce Practice. This practice is mandatory and must be announced when entering a housing unit at least at the start of their shift." A sign is posted on all entry doors into the housing units. The signage identifies staff of the opposite gender and must announce themselves. This practice was also observed by the auditor during the on-site tour. Inmates acknowledged during interviews that male staff announce themselves when entering the housing unit. Interviews with random staff to include male and female staff indicated the male staff announces themselves at the beginning of each shift upon entering the housing unit and additional male staff announce themselves upon entering.

115.15(e) Directive OPS.110.0047, Section .05F(3)(a) regarding strip searches of transgender and intersex inmate’s states, “A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate’s genital status.” If an inmate’s status is unknown it may be determined by

	<p>conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status. There were 18 approved and three (3) pending approval for as transgender/gender dysphoria and zero identified as intersex designated at MCIW during the site visit. Many of these inmates were recently assigned as such within the past three months and/or less of the site visit. Interviews were conducted with four (4) inmates identified as transgenders who indicated they have not been subjected to a visual search to identify their genital status. All stated they were advised they would be allowed to identify the gender of staff to conduct their searches; however, all have chosen to continue with female staff conducting their searches.</p> <p>115. 15 (f) Procedures for conducting searching inmates within the LGBTI are provided to staff in attendance of the Maryland Police and Correctional Training Commission Lesson Course Title LGBTI and the Correctional In-Service Training Program Course Title PREA. Each course is identified as a two-hour course and requires the completion of a written test with mastery at 75%. A review of these lesson plans confirms training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Confirmation of the completed training was submitted for review.</p> <p>Based on policies and lesson plans, interviews with various inmates to include random and transgender, and staff, in addition to the observation during site visit, the facility meets compliance for all provisions of this standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. OPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Abuse 3. DPSCS Office of Equal Opportunity Limited English Opportunity (LEP) Plan 4.. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy 5. Translation Services Documentation and Contract 6. Observation while on-site

7. Interviews with:

- a. Agency Head
- b. Random staff
- c. Inmates with Various Disabilities

115.16(a) (b) (c) DPSCS policies requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP). OPS.200.0005, states that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate-on-inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation; by including in the facility's inmate orientation paperwork and the facility's inmate handbook. Agency policy also requires the head of the facility (or designee) that is responsible for the custody and security of an inmate shall ensure that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates.

DPSCS currently has a contract for Statewide Foreign Language Interpretation and Translation Services effective March 1, 2019 - February 29, 2024. Language translation services are available in the following languages: Amharic, Arabic, Bengali, Burmese, Cantonese, Chin Hakka, Dari, Farsi, Persian, French, Gujarati, Haitian Creole, Hindi, Korean, Mandarin, Nepali, Portuguese, Romanian, Russian, Spanish, Somali, Swahili, Tagalog, Tigrinya, Turkish, Urdu and Vietnamese. Services are available through written document language translation, on-site language interpretation, and telephonic language interpretation services. Staff's utilization of the translation services was presented through documentation for review. Sign language services are available through Statewide Visual Communication Services for deaf and/or hearing-impaired inmates.

The intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This brochure covers the zero-tolerance policy and reporting information and is available in both English and Spanish. At orientation inmates are provided a copy of the Inmate Handbook that covers the agency's zero-tolerance policy. Additionally, inmates are shown a PREA video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. The video presentation has audio and in addition to closed captions in Spanish. Staff are present during inmate orientation and conduct a question-and-answer session at the end of the presentation.

The following inmates were selected for interviews based on their various disabilities: blind -1; physical disabled - 3; cognitive disabled -1; LEP -2; and hearing impaired - 2. Each of the inmates acknowledged receiving PREA education in a manner that they

	<p>fully understood.</p> <p>An interview with the Agency Head Designee, indicated a language line and sign language services are available to the inmate population at all facilities. Inmates identified as hearing impaired are assigned to facilities where translation services are provided that include inmate phones with video for sign language translation. The inmates also have access to their tablets for video visiting. The agency attempts to assign regular scheduled staff to the areas where deaf and/or hard of hearing inmates are assigned for familiarity. Inmates identified as blind or low vision are assigned to a facility where they have access to braille. The inmate handbook PREA flyers, PREA language on the inmate's tablet, and pamphlets are available in multiple both English and Spanish languages.</p> <p>115.16(c) Directive OPS.050.0001 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Staff interviews indicated they were aware that inmate interpreters should not be utilized regarding PREA allegations.</p> <p>Based on the review of agency policies, established contract for translation services, documentation of services provided, available resources to provide PREA education and communication with the inmate population in various languages, interviews with staff and inmates identified with various disabilities, the facility does meet all provisions of the standard.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS 020.0026 Prison Rape Elimination Act-Federal Standards Compliance 3. DPSCS Criminal History Record Check-Non-Mandated Employees ADM.0500041 4. Code of Maryland COMAR 12.15.01.19 5. Code of Maryland COMAR 17.04.10 6. PREA DBM DPSCS JOBAPS Application Form 7. PREA Interview Questions for Non-Mandated Positions, Mandated Position,

Promotional and Transfer Candidates

8. DPSCS Interview form – Correctional Applicant

9. Hiring and Promotional Records

10. Criminal History Background Records Check Documentation

11. Interview with:

a. Administrative (Human Resources) Staff

115.17(a) ADM.050.0041, states that a hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history records check is performed in order to determine the existence of criminal convictions that may specifically impact performance as an employee. The policy further states an employee includes: a contractor, an intern and a volunteer. Additionally, DPSCS.020.0026, states the Human Resource Services Division (HRSD) shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B(3) of this directive.” Human resources staff reported hiring and background checks of new employees, promotions, and contractors are performed by the centralized hiring unit which is located offsite of the facility. The background investigation is extensive in the collection of data regarding applicants that includes but not limited to: consideration of the applicant’s’ criminal background; previous employment history; review of current tattoos for possible gang affiliation; thorough identification of tattoos; psychological examination; physical examination; completion of a polygraph examination; wanted person check; RAPS (MD CJIS); National Crime Information Center (NCIC) query; civil and criminal record check; consumer credit check. The review of background checks for agency staff, contract staff and volunteers were reviewed and confirmed a background check was completed prior to the offer of employment.

115.17(b) Directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance notes the Department shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate. Human resources staff reported that incidents of sexual harassment are considered during the application, interview, and background investigation for all staff to include contract staff and volunteers. The Human Resource Service Division (Central Hiring) is responsible for initiating background checks on all DPSCS and contract staff assigned to various departments in the DPSCS. Per an interview with the PCM background checks are completed at the facility for all vendors who enter facility to conduct repairs and other services prior to

their entry. These individuals are always escorted by DPSCS staff and have no direct contact with the inmate population.

115.17(c) ADM.050.0041, states a hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history records check is performed in order to determine the existence of criminal convictions that may specifically impact performance as an employee. The policy further states that employees include: a contractor, an intern and a volunteer. Directive DPSCS.020.0026, section .05F(3) states, "Before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) Consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse." Human resources staff reported the centralized hiring unit performs all criminal background checks and efforts to contact all prior institutional employers of new employees. It was reported that investigators are assigned and attempt to contact all previous employers. There were 25 new staff hires during the review period. The auditor reviewed 8 employee records and a criminal background check and efforts to contact all prior employers was performed for all applicants.

115.17(d) Directive DPSCS.020.0026, section .05F(3)(c) states, before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background record check of the contractor's employees who may have contact with an inmate." The DPSCS has developed various contracts for services with other agencies. Medical services are provided through a contract with YesCare that includes 38 contractors. Mental health services are provided by both agency staff (1), and Centurion (14 contractors). Inmate commissary services are provided by Keefe (2). Volunteers (140) within the community assist in providing various religious services programs for the inmate population. Background checks are completed for all contractors and volunteers prior to approval to serve as such. The auditor randomly selected 10 volunteers, and a variety of 5 contractors from the various departments for confirmation of background checks with no discrepancies noted. Per an interview with the Human Resource staff, criminal background record checks are completed through a query of the Criminal Justice Information Services (CJIS), National Crime Information Center (NCIC) and Maryland Telecommunication Enforcement Resource System (METERS) systems.

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

fingerprints and/or an arrest, an alert is automatically forwarded to the Human Resource Director and notification is forwarded to the affected institution. Human resource staff also reported agency policy requires staff to report such conduct within 24 hours.

115.17(f) Directive DPSCS.020.0026, section .05F(4)(a)-(b) states, "The HRSD shall inquire of each applicant and current employees who may have contact with an inmate directly about previous misconduct described in §.04B(3) of this directive in: (a) A written application or interview for employment or promotions; and (b) An interview or written self-evaluation conducted as a part of a review of a current employee." These questions are part of the PREA DBM DPSCS JOBAPS Application form, PREA Interview Questions for Non-Mandated Positions, Mandated Positions, Promotional and Transfer Candidates form, Polygraph Questions for Mandated Positions, and DPSCS Interview form – Correctional Applicant. Individuals seeking promotions are required to complete the PREA Interview Questions for Non-Mandated Positions, Mandated Position, Promotional and Transfer Candidates during the selection process. The questions are as the following: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution?; have you 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?; have you been civilly or administratively adjudicated to have engaged in the activities described in question 1 or 2?; and have you ever been accused of sexual harassment? Per an interview with human resource personnel, indicate that hiring and promotion applications include these questions. Additionally, all staff seeking promotions are required to go through the vetting process completed by the IID Investigators for pending investigations and are required to complete the questionnaire. Four (4) staff were selected for promotions during the 12-month review period. The auditor selected three (3) for confirmation of completion of the PREA questionnaire prior to the selection with no discrepancies noted.

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

115.17(h) Maryland's Public Information Act ("PIA"), GP§ 4-311, states, "personnel records of an individual are protected; however, such records are available to the person who is the subject of the record and to the officials who supervise that person. An agency may not generally share personnel records with other agencies; however,

	<p>it is implicit in the personnel records exemption that another agency charged with responsibilities related to personnel administration may have access to those records to the extent necessary to carry out its duties.” Code of Maryland 17.04.14.10 states any current or former State employee may inspect and request copies of the personnel record maintained for the Department for that employee. Per an interview with a human resource administrator, upon an individual’s completion of the authorization to release information, it is approved. At that point, the disclosure of substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work is authorized. Additionally, the background investigating team does reach out to other agencies to complete investigations of applicants.</p> <p>Based on the review of policies, completed background checks for agency staff, volunteers, contract workers in addition to the completion of self-reporting requirements, an alert system of staff misconduct, the facility does meet all provisions of the standard.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. On-site Visit Observation 3. Approval for Video Upgrade 4. Interviews: <ol style="list-style-type: none"> a. Warden b. Agency Head Designee <p>115.18(a) (b) An interview with the Agency Head Designee indicated when designing, acquiring, or planning substantial modifications to facilities the agency works to eliminate blind spots during the designing stage in addition to approving an increase in surveillance cameras throughout the new facilities to include additional cameras on housing unit tiers, within classrooms, and inmate dining while taking all security measures to provide a safe atmosphere for both staff and the inmate population. Funding has been approved throughout the agency for the upgrade and increase of video monitoring and some projects have begun. Additional mirrors have also been installed in numerous institutions to include facilities that are pending the installation of additional cameras.</p>

	<p>The Pre-Audit Questionnaire indicated there has not been any new additions and/or modification to the facility since the previous PREA audit in 2020 and was confirmed by the MCIW Warden.</p> <p>The Pre-Audit Questionnaire indicates the facility has been approved for additional video cameras and an upgrade of the monitoring equipment. An interview with the Warden indicated ensuring the safety of staff and inmates is consistently considered during the review for and placement of new cameras while considering statistics (e.g., a prevalence of incidents), past problem areas, blind spots, and evidence-based practices. Per the review of an approved purchase order and email documentation, the facility has been approved for an upgrade of CCTV and camera equipment. The project has yet to begin as of the site visit.</p> <p>Based on the review of policy, approved purchase order for video monitoring upgrade, observation, and interviews, the facility has demonstrated compliance with all the provisions of this standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Abuse 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 5. IIU.220.0002 – Evidence and Personal Property Collection, Storage and Disposition 6. National Protocol for Sexual Assault Forensic Examinations 7. Memo from DPSCS PREA Coordinator 8. Maryland VAWA Forensic Compliance Guidelines 9. Investigation Files 10. Interviews with: <ol style="list-style-type: none"> a. IID Investigator b. Warden c. MCIW PCM/MCIW Victim Advocate

d. Mercy Medical Center Charge Nurse

e. Random staff

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

115.21(b) The Maryland Violence Against Women Act (VAWA) 2005 reauthorization mandates that States certify that they meet the forensic requirements, it does not articulate to States the method of compliance. As a result, the Governor's Office of Crime Control and Prevention (GOCCP) in close partnership with the Maryland Coalition Against Sexual Assault (MCASA) convened a statewide workgroup and hosted a series of stakeholder meetings comprised of law enforcement professionals, prosecutors, victim advocates and forensic nurse examiners in order to develop statewide recommendations regarding the local jurisdictional implementation of VAWA compliance forensic exam policies and protocols in Maryland. Guidance for compliance has been developed to walk stakeholders through the process thereby ensuring their collective success. Comprehensive steps are outlined in the Maryland VAWA Forensic Compliance Guidelines. It states that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic

Examinations, Adult/Adolescents". IIU.110.001, states that when the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, the investigator will coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, SANE or a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. IIU.220.0002 outlines the procedure for evidence collection including general guidelines, custodial investigator guidelines, temporally securing evidence and property, evidence room, collection and control, firearms, currency, controlled dangerous substance and inventory.

115.21(c) Executive Directive Number: OPS.050.0001 sated If medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by (i) A Sexual Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); (iii) If after documented attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examination. MCIW uses Mercy Medical Center for all forensic examinations. The Charge Nurse explained the hospital has a Sexual Assault Response Team that is called in upon an incoming individual report of sexual assault. The forensic nurse examiners program at the hospital offers treatment 24 hours each day of the week by trained forensic nurse examiners for sexual assault victims. Although they are not on duty at the hospital 24/7, they are on call 24/7 and required to report to the hospital within an hour. Hospitals with SAFE Programs have specially trained Forensic Nurse Examiners (FNE) or physicians available to provide both medical attention and evidence collection services. Medical care provided during SAFE includes acute injury care and medication for the prevention of sexual transmitted infections (STIs), HIV, and pregnancy. All services and medical care, including HIV prevention medication (nPEP), provided during a SAFE are free of cost. However, the inmate must consent to receipt of a forensic examination and all medical treatment. One inmate was escorted to the Mercy Medical Center where a forensic medical examination was documented as completed by a SANE.

115.21(d) DPSCS utilizes the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. Inmates are given a MCASA brochure upon their arrival to the facility during intake in which services offered are explained in detail. MCASA indicates when receiving a SAFE the inmate will have the opportunity to receive advocacy services. These services will be provided by a local Rape Crisis Center or the hospital at where the services are being performed.

Advocacy services include, but are not limited to, accompaniment during the exam, safety planning, and referrals for long-term services. MCIW uses the local Hospital (Mercy Medical Center) for all forensic examinations and offers a victim advocate. Documentation of the investigative case file indicated the one (1) inmate transported for a forensic examination received advocacy services while at the medical center. Additionally, the MCIW PCM has completed PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting presented by the National Institute of

Corrections and serves as a victim advocate at the MCIW. Per an inmate who completed a forensic medical examination, she confirmed a victim advocate was provided to her during the examination in addition to her in addition to her maintaining an open level of communication with victim advocate services outside the facility. Documentation of continued services was provided for review. The MCIW PCM indicated the resources utilized to provide victim advocate services are a national wide organization with qualifications to provide services as such.

115.21 (e) OPS.200.0005, state if requested by the victim and services are reasonably available, the investigator shall have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigatory interviews; a qualified victim advocate; a Department employee who is not otherwise involved in the incident and has received education and training concerning sexual assault and forensic examination issues or has been appropriately screened and determined to be competent to serve in this role; or a non-Department community-based organization representative that who meets the criteria for a Department employee. Per IIU.110.0011, if the victim requests, the investigator will coordinate with the managing official or designee, to arrange for a victim advocate to accompany the victim to provide support for the victim through the medical forensic examination and investigatory interviews. If requested by the victim, the investigator shall permit a victim advocate to be present during the interview with the victim. DSPCS has entered into a contract for services with MCASA to provide crisis intervention, counseling and referral. The information also confirms that they provide individual, group and family psychotherapy. Documentation also confirmed that mental health staff have completed victim advocacy training and can provide services to victims as qualified staff members if needed. The MCIW PCM has completed PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting presented by the National Institute of Corrections and serves as a victim advocate at the MCIW. Documentation was presented that supports that the one inmate who received a forensic examination was allowed to conduct private calls to the victim advocate hotline from within the Case Manager's Office upon request. Additionally, since the issuing of inmate tablets, the inmates have access to conduct these free calls from their tablets throughout the facility.

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

115.21 (g) Not applicable

115.21 (h) Victim advocate services are offered by the Mercy Medical Center as part of the forensic medical examination. Medical staff makes notification to the Sexual Assault Response Team (SART) that includes a victim advocate. The members of the SART and provide all services relating to the forensic examination. This procedure was confirmed by the Mercy Medical Center Emergency Room Charge Nurse. Additionally, the MCIW PCM has completed PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting presented by the National Institute of Corrections and serves as a victim advocate at the MCIW.

Based on the review of policies, sexual abuse protocol, facility victim advocate

	certificate of appropriate training, investigative case file, confirmation of advocate services, interviews with advocate center, medical center, inmate who reported sexual abuse, the facility has demonstrated compliance with all the provisions of this Standard
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 5. PREA Investigative Case Tracking Log 6. PREA Investigative Case Files 7. Interviews with: <ol style="list-style-type: none"> a. IID Investigator b. Warden <p>115.22(a) Directive IIU.110.0011, section .03 states, “The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.” Directive OPS.050.0001 and Directive OPS.200.0005 also indicates, “An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct.” The agency head reported that every allegation of sexual abuse or sexual harassment goes through IID. All investigations criminal or administrative are tracked by the facility and IID and maintain an annual PREA tracking log of all reported sexual abuse and sexual reported allegations. Copies of all PREA reported allegations for a 12-month period were provided for review. In the past 12 months there were seven (7) allegations of sexual abuse and sexual harassment. Allegations were identified as five (5) sexual abuse and two (2) sexual harassment. One allegation of sexual abuse was determined as Substantiated during a criminal investigation and remained pending court appearance during the site visit. The remaining investigations to include one (1) Substantiated sexual harassment</p>

	<p>investigation were completed as administrative investigation.</p> <p>115.22(b) Directive IIU.110.0011, section .03 states, “The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.” An interview with the Warden and IIU Investigator noted that every allegation of sexual abuse or sexual harassment goes through IID. The Annotated Code of Maryland identifies there is an Intelligence and Investigative Division in the Department, and they are responsible for investigating alleged criminal violations committed by employees or the Department while on duty and alleged criminal violations committed by inmates, visitors, and other individuals that affect the safety and security of the Department’s facilities or programs.</p> <p>115.22(c) (d) (e) Per interviews with the Agency Head Designee, all allegations of sexual abuse and sexual harassment are referred for investigation by the IID Investigator to include administrative and criminal investigative cases. All allegations are initially reported through a Serious Incident Report (SIR) to the IID Investigative Unit and an IID Investigator is assigned. However, upon review of the allegations reported, the investigation may be assigned to the facility investigators (Investigative Captain and Intelligence Lieutenant) for completion. The summary of the investigations is concluded in the written reports.</p> <p>Information on how the public can report sexual abuse and /or sexual harassment allegations is located on the Agency’s website at https://dpscs.maryland.gov/agencies/iid.shtml. The website notes: “The Intelligence and Investigative Division conducts criminal and administrative investigations into allegations of serious misconduct within the Department of Public Safety and Correctional Services. In addition to conducting investigations within statutory authority, the agency is the department’s liaison with allied federal, state and local law enforcement agencies, providing investigative services and support identifying all PREA related investigations and will accept complaints from any concerned individual. The contact information is noted as Intelligence and Investigative Division Main number:410-724-5720; Complaint Phone Number: 410-724-5742 at P.O. Box 418 8520 Corridor Road Suite H Savage, Maryland 20763.</p> <p>Based on the review of policies, agency website, investigative case files and tracking log, interviews, the facility does meet all provisions of the standard.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS 030.0001 Pre-Service and In-Service Training
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
5. COMAR 12.10.01.14 Correctional Training Commission requires annual training
6. PREA Training Lesson Plans
7. PREA Training Records and Rosters

8. Interview with:

a. Random Staff

115.31(a) OPS.050.0001, and OPS.200.0005, governs the mandate of the standard that states the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure each employee attends approved training related to preventing, detecting and responding to acts of sexual misconduct/sexual conduct. All employees upon hire attend the academy and receive the Correctional Entrance Level Training Program Prison Rape Elimination Act (PREA) training. A review of the training curriculum confirmed that the training includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. Additionally, staff receive annual refresher training through the Correctional In-Service training.

Additionally, COMAR 12.10.01.14 Correctional Training Commission requires completion of annual training every two years. However, PREA training is part of the annual training curriculum. DPSCS utilizes two PREA lesson plans. A Correctional Entrance Level Training Program (for new employees) and a Correctional In-Service Training Program (for current employees). Both lesson plans are similar in content. Training is two hours, lecture based with a slide presentation, and followed by a test. Staff must score 75% or better in order to complete the training. The lesson plans cover the 10 topics specified in this provision.

A review of staff training records confirmed staff's completion of the required PREA training. Random staff interviews indicated in-service training is provided annually during Day 3 in-service training. The training department tracks staff progress via

computer-generated spreadsheet to ensure completion of training. Furthermore, anyone who did not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline. 100% of random staff interviewed confirmed their completion of PREA training during the Entrance Level Training and/or annually during refresher training that contains all the information required by standard provision.

A review of staff training records confirmed staff's completion of the required PREA training. Random staff interviews indicated PREA education is included in the in-service training that is completed annually during Day 3 in-service training. The training department tracks staff progress via computer-generated spreadsheet to ensure completion of training. Furthermore, anyone who did not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline. 100% of random staff interviewed confirmed their completion of PREA training during the Entrance Level Training and/or annually during refresher training that contains all the information required by standard provision.

115.31(b) Pursuant to OPS.050.0001, and OPS.200.0005 such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa."

However, training is designed for officers to be able to function in both female and male facilities. MCIW houses female inmates. Therefore, in addition to the entrance level and in-service training, MCIW provides staff with training material on "Managing the Female Offender and Trauma."

115.31(c) Pursuant to the PREA Audit Manual "All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the Department shall provide each employee with refresher training every two years to ensure that all employees know the Department's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the Department shall provide refresher information on current sexual abuse and sexual harassment policies." MCIW PAQ indicates that 100% of staff have received PREA training. Although the agency policy stated the PREA training is required every two years, the training is completed annually.

115.31(d) The Department shall document, through employee signature or electronic verification, that employees understand the training they have received." COMAR 12.10.01.14 Correctional Training Commission Section F (3) states, "An agency head or training director sending a mandated employee to another academy for Commission-approved mandated employee training shall maintain records of in-service training and firearms training and qualification provided by the academy conducting the training until audited by the Commission. Staff's completion of Day 3

	<p>Training for 2022, that identifies the inclusion of PREA training, was presented for review.</p> <p>Based on the review of policies, training lesson plans, training records, and staff interviews confirming the completion PREA training and material discussed, the facility has demonstrated compliance with all the provisions of this standard.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. Executive Directive OPSP.050.0001 Sexual Misconduct 3. A Guide to the Prevention and Reporting of Sexual Misconduct with Offender Brochure 4. DPSCS Volunteer Services Orientation Manual 5. PREA Training Acknowledgement Forms and Certificates 6. DPSCS Website 7. Interviews with:

a. Religious Services Chaplain

b. Contract Staff

c. Volunteer Coordinator

115.32 (a) (b) Directive OPSP.050.0001 states an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools thus, these identified groups are subject to the same type of training as employees. Directive OPS.050.0001 states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct." The PAQ and PCM identified the facility with a total of 195 contractors and volunteers that included medical, mental health, Keefe, West Care (substance abuse), and vendors (pest control) who require staff escort.

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

115.32(c) The Volunteer Coordinator is responsible for providing training to all volunteers. Volunteers on-line training to include PREA training prior to entering the facility for orientation meetings and receiving a DPSCS PREA Brochure. There were no volunteers present at the facility during the site visit for the auditor to conduct an interview. Per an interview with the Religious Services Chaplain and Volunteer Coordinator, volunteers complete the initial training on-line and/or or may attend classroom sessions in addition to orientation. The Volunteer Orientation Manual on the DPSCS website provide training to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per the Department policy and procedures PREA is noted on page 21 -23. Upon completion of the training, volunteers sign the Volunteer Agreement and Acknowledgement of Orientation confirming they have received and clearly understand the training. The Religious Services Chaplain indicated the facility currently has 140 volunteers, but all are not active as some have not returned since COVID-19 and have not completed the PREA training for entry. Refresher PREA training is required every two years. A random selection of 10 volunteers' Volunteer Agreement and Acknowledgement of Orientation forms confirmed the volunteer's acknowledgment of PREA training and understanding of training received in accordance with the standard.

Per interviews with medical and mental health contract staff, both indicated they are required to complete PREA training during a 40-hour course upon hiring and annually. The training is completed on-line. Confirmation of 38 staff and 13 mental health staff

	<p>completion of PREA training was presented via certificate for each.</p> <p>Based on the review of policies, training material, training records, and interviews with contract staff, volunteer coordinator and religious services chaplain, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 3. DPSCS Executive Directive OPS.020.0032 LEP Policy 4. PREA Hotline signs (English and Spanish) 5. OPS.001.0008 – Inmate Handbooks 6.MCIW Inmate handbook 7. PREA Sexual Assault Awareness Brochure (English and Spanish) 8. PREA Training Acknowledgement Forms 9. MCASA Maryland Coalition Against Sexual Assault (MCASA) Brochures 10. Observation on site 11. Interviews with: <ol style="list-style-type: none"> a. PCM b. Intake Staff c. Case Managers/Staff Assigned to Conduct Risk Screening d. Random inmates <p>115.33(a)(b) (c) OPS.050.0001, and OPS.200.0005, states the head of a unit, or designee, responsible for the custody and security of an inmate, shall ensure that Department and agency policy prohibiting sexual misconduct and inmate on inmate sexual conduct, procedures for filing a complaint and inmates rights related to sexual misconduct and inmate on inmate sexual conduct are effectively communicated to an inmate: as part of the orientation process; by including in the facility’s inmate</p>

orientation paperwork; and the facility's inmate handbook. OPS.001.0008, states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format the inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate. The policy further states that a managing official shall ensure that an inmate newly assigned to a facility under the authority of the managing official receives a copy of the applicable inmate handbook, and if applicable, supplemental documents within seven days of the date the new inmate arrives at the facility and ensure the inmate signs a receipt for the inmate handbook. Per the PAQ and interview with the MCIW PCM, 283 inmates reported to the facility during the 12-month review period.

During the intake process, inmates are shown the PREA video, receive a PREA brochure and a MCASA brochure which informs them of outside support services. They are also issued a facility inmate handbook that includes PREA education. They are also given the opportunity to have any PREA related questions answered. The inmate completes the Inmate Education form by initialing each part included in their education session noting their signature and date of receipt on the Information Acknowledgement form stating that they have been counseled on MCIW's zero tolerance policy in regard to PREA. The form is also signed by the issuing staff. The literature given provides information on the agency's zero tolerance policy for sexual abuse or sexual harassment and provides information on how to report sexual abuse and sexual harassment. These procedures were confirmed during an interview with intake staff and the facility PREA Compliance Manager.

During the review period, the agency initiated the procedure of issuing all inmates a personal tablet that they maintain in their possession. In addition to other available services on the tablet the inmate must acknowledge PREA education on the tablet before they are given full access to operational services. The auditor reviewed the available apps on the tablet and observed that PREA education is continuously available to the inmates under the tab of "Notices" and labeled as "PREA." The PREA education is presented via YesCare (contract medical).

The facility procedures of PREA education provided to the inmate population was confirmed during an interview with the intake staff and the inmate population during interviews. The literature given provides information on the agency's zero tolerance policy for sexual abuse or sexual harassment and provides information on how to report sexual abuse and sexual harassment.

115.33(d) OPS.200.0005, states that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate-on-inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation; by including in the facility's inmate orientation paperwork and the facility's inmate handbook. OPS.050.0011, states that to the extent possible, and according to federal guidelines, the Department shall make reasonable accommodations to enable qualified individuals with a disability access to employment opportunities and public services, programs or activities provided by the Department. OPS.001.0008, states that the Department shall provide each inmate

housed in a Department correctional or detention facility an inmate handbook in a format the inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate. OPS.200.0005, page 5 states that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate-on-inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation; by including in the facility's inmate orientation paperwork and the facility's inmate handbook.

DPSCS currently has a contract for Statewide Foreign Language Interpretation and Translation Services effective March 1, 2019 - February 29, 2024. Language translation services are available in the following languages: Amharic, Arabic, Bengali, Burmese, Cantonese, Chin Hakka, Dari, Farsi, Persian, French, Gujarati, Haitian Creole, Hindi, Korean, Mandarin, Nepali, Portuguese, Romanian, Russian, Spanish, Somali, Swahili, Tagalog, Tigrinya, Turkish, Urdu and Vietnamese. Services are available through written document language translation, on-site language interpretation, and telephonic language interpretation services. Staff's utilization of the translation services was presented through documentation for review. Sign language services are available for inmates identified as deaf and/or hearing-impaired. Inmates interviewed included inmates with a variety of disabilities that included, low vision, cognitive disabled, physical disabilities and LEP. All indicated they received PREA education in a manner they understood to include with the assistance of staff as a translator. Inmates have access to their issued tablets that allow them to review PREA education in both English and Spanish and to report allegations of sexual abuse and/or sexual harassment to the various outside resources in their languages that are free in addition to reporting to their families.

115.33 (e) The auditor requested a random selection of 66 inmate's documentation of PREA education. All inmates requested, acknowledged receipt of PREA education through watching a video, receiving a PREA brochure, receiving a MCASA brochure regarding outside support services, receiving an inmate handbook containing PREA information and an opportunity to have questions answered by the presenter.

115.33 (f) PREA information was observed to be readily available to the inmate population throughout the facility. PREA signage containing hotline contact information and sexual abuse information was noted as being posted throughout the institution. Signage was observed to be available in English and Spanish. Inmates are provided with personal copies of PREA brochures, inmate handbook and MCASA brochures that provide outside facility support services. Additionally, PREA education is accessible on their issued tables and is available in English and Spanish. There were no inmates designated at the facility identified as LEP outside the language of Spanish.

Based on the review of policies, inmates' confirmation of receipt of PREA education via their signate and during interviews, observation of continuous PREA education posted through the facility in both English and Spanish and inmates' possession of issued tablets with PREA education accessible to inmate population, the facility does meet all provisions of the standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 3. Documentation of Specialized Training for Agency Investigators 4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 5. Lesson Plan – Specialized Training: Investigations 6. Interviews with: <ol style="list-style-type: none"> a. IID Investigator b. Facility Investigator <p>115.34(a)(b) (c) Directive OPS.050.0001 states to the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations. Directive IIU.110.0011 states that Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting. The Internal Investigative Division (IID) has jurisdiction over both administrative and criminal investigations. IID handles all allegations of sexual abuse and sexual harassment. IID investigators are required to meet training standards in order to maintain law enforcement certification and are sworn officers. The IID will determine if the allegation will be investigated locally by facility staff or investigated by an IID detective.</p> <p>The Maryland Police and Correctional Training Commission Lesson Plan – Specialized Training: Investigations objective is to identify the proper methods of investigating sex related offenses in a Maryland DPSCS correctional facility Investigations is the curriculum utilized to train staff in the conduct of sexual abuse and sexual harassment investigations. The course was developed by the DPSCS Internal Investigative Unit. The objectives for the lesson are: a) Develop an understanding of the Department’s policy on investigating sex related offenses; b) Explore the dynamics of sexual abuse and sexual harassment in confinement; c) Discuss techniques for communicating effectively with victims, witnesses, suspects and others with different sexual orientations and gender identities; d) Examine the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral; e) Implement techniques for evidence collection and</p>

	<p>preservation.</p> <p>Additionally, a course title: Specialized Training: Investigations, lesson title: Prison Rape Elimination Act (PREA) was prepared by the DPSCS Internal Investigative Unit as a mandated with the Prison Rape Elimination Act for the standard. The lesson plan evaluation technique requires the mastery of a test at 75%. Objectives for the lesson plan includes the following: a) Develop an understanding of the Department's policy on investigating sex related offenses; b) Explore the dynamics of sexual abuse and sexual harassment in confinement; c) Discuss techniques for communicating effectively with victims, witnesses, suspects and others with different sexual orientations and gender identities; d) Examine the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral; e) Implement techniques for evidence collection and preservation.</p> <p>Per an interview with the IID Investigator, she identified herself as a sworn law enforcement officer with the state of Maryland who has arresting authority and her training far exceeds the requirements of standard 115.34. Her department has authority to conduct both administrative and criminal investigations. The PAQ identified the agency as 36 investigators assigned as IID Investigators, and confirmation of their completed Specialized PREA Training was presented for review. A certificate of completion was presented for Prison Intelligence & Investigative Training specialized training through the DPSCD Intelligence & Investigative Division and PREA: Conducting Sexual Abuse Investigations in a Confinement Setting through the National Correctional Institution for the investigative staff assigned at the facility. The facility investigator is authorized to conduct administrative investigations only as authorized by IID.</p> <p>Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive DPSCS.020.0026 PREA Federal Standards Compliance 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 4. Specialized PREA Training Certificates 5. YesCare Health Site Staff Orientation Clinical Module – PREA & Corrections training

	<p>6. Interviews with:</p> <p>a. Medical and Mental Health Staff</p> <p>115.35(a) (b) (c) (d) Directive OPS.050.0001 defines “employee” as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C (1) states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;” Mental health staff consist of both contract and DPSCS employees. All are required to complete the agency’s PREA training and specialized training for medical and mental health staff. Medical staff are contracted through YesCare previously known as Corizon. The contract mental health staff are contracted through Centurion. Per interviews with both medical and mental health staff, the training is completed on-line via the YESCare Health Site Staff Orientation Clinical Module – PREA & Corrections training and General Health Services Policy & Procedures title Response to Sexual Abuse. DPSCS mental health staff also presented certificates of completion for “PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting Presented by the National Institute of Correction.” Per these staff they receive specialized PREA training and PREA training pursuant to 115.32 and 115.31 as applicable upon hiring in addition to receiving both annually. A review of the training curriculum confirmed that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ identified 54 staff assigned to medical and mental health and 100% of these staff completed the specialized training. The auditor selected 34 medical staff and mental health staff for confirmation of the completed specialized PREA training with no discrepancies noted.</p> <p>Per an interview with the Health Services Administrator, all inmates are transported to the Mercy Medical Center in Baltimore, MD for all forensic medical examinations where they are completed by a SANE.</p> <p>Based on the review agency policies, specialized training curriculum, certificates of completed specialized training for both medical and mental health staff and compliance of PREA training pursuant to standard 115.32 and 115.31 as applicable, the facility does meet all provisions of the standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
3. PREA Intake Screening Instrument
4. Random Selection of Inmate Screening Forms
5. Interviews with:
 - a. DPSCS PREA Coordinator
 - b. MCIW PCM
 - c. Intake Staff
 - d. Staff Who Conduct Risk Screening
 - e. Random inmates

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

Intake Officers and Case Managers are responsible for ensuring the screening instrument is used to objectively assess an inmate's risk of victimization and/or an inmate being sexually abusive. A random sample of 66 inmate PREA Intake Screening forms was selected for review. 100% of the sample was screened using the PREA Intake Screening form that included both the 72 hours and 30-day risk screenings. The initial risk assessments are completed upon arrival to MCIW by the Intake Officer who indicated the PREA Intake Screening is the form utilized to conduct screening for

the risk of sexual victimization and risk of sexually abusing other inmates in a private setting. Inmates are scored on their responses and at that time the inmate is identified as at risk of victimization and/or risk of abusiveness and/or neutral. Overall inmates interviewed reported being asked questions related to the PREA Intake Screening form. An interview with a Case Manager who conducts the follow-up risk assessments indicated that MCIW is the facility where female inmates first arrive from county jail and are sentenced to at least a year and a day. She continued in stating they may receive new inmates from the Baltimore Central Booking & Intake Center that may have been sentenced less than a year.

115.41(b) Directive OPS.200.0006, section .05B (1) states, "That each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential for abusiveness within 72 hours of arrival at a facility". The PAQ indicated that 282 inmates were admitted to the facility with a stay longer than 72 hours. A review of screening forms show compliance with the 72-hour requirement. Interviews were conducted with two staff assigned to conduct the initial risk screenings during the intake process. Both indicated they conduct the risk screening on the day of the inmate's arrival through the usage of the PREA Intake Screening forms. Each stated they read each question to the inmate in a private area while ensuring the inmates understands each question. They added if an inmate is identified as at a risk of sexual abuse victimization or sexual abusiveness toward other inmate, she completes a referral to mental health. The auditor observed the intake process of a newly arrived inmate by an Intake Officer and identified the usage of the PREA Intake Screening form utilized. This process was conducted in a private area. Per the intake staff, upon the arrival of an inmate who is LEP, the language line would be utilized if a staff member is not available to translate in the inmate's language. Inmates who arrived at the facility within the 12-month review period, confirmed they were asked the questions of the risk assessments by both the intake officer and their case managers.

115.41(c) Directive OPS.200.0006, section .05A requires the implementation of a screening instrument and cites the criteria utilized to perform the risk assessment. The PREA Intake Screening form is the agency-approved standardized screening instrument. The PREA Intake Screening form is a one-page form that assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12 separate factors in determining an inmate being at Risk of Victimization and an addition six (6) factors of an inmate identified as at Risk of Abusiveness. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the inmate record during the initial screening. The auditor randomly selected 66 inmates' initial 72 hour and 30-day reassessments of risk screenings for review and confirmed the agency standardized screening instrument was utilized and meets the standard provision.

115.41(d) The auditor reviewed the screening instrument and instructions and found that it addresses nine of the criteria required by this provision. The PREA Intake Screening does not consider whether or not the inmate is detained solely for civil immigration purposes. However, documentation indicates that the DPSCS does not

house inmates solely for civil immigration purposes. Per staff who conducts risk screening, each inmate is verbally asked the questions from the PREA Intake Screening form during the intake process and again during the 30-day assessments which are completed prior to 30-days. She indicated she sees the inmate 15 days from the day of arrival and conducts the required follow-up. She continued in stating, she shows the inmate the form and asks if there are any changes to the information previously submitted. If the inmate identifies changes, she completes a new form documenting the reassessment and noted changes.

115.41(e) The PREA Intake Screening factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes including pending and current charges and a history of domestic violence including pending and current charges. A review of the PREA Intake Screening form revealed it does considers all the criteria required by this provision.

115.41(f) Directive OPS.200.0006, section .05B (2) requires case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility. The PREA Intake Screening form is utilized to conduct the 30-day risk screening re-assessment. A random sample of 66 inmate PREA Intake Screening forms was reviewed for compliance with the reassessment being completed within 30 days of arrival. 100% of the PREA Intake Screening forms reviewed were compliant with the 30-day requirement. Per the PAQ and interview with the MCIW, 255 were admitted to the facility whose stay was longer than 30 days. Staff who perform risk screening re-assessments indicated that re-assessments are conducted within 30 days of arrival at the facility. Most inmates interviewed recall being asked questions associated with the PREA Intake Screening form more than once to include by medical staff. A review of the 66 inmates' 30-day reassessment was normally completed between 15 and 25 days, and zero were conducted in an excess of 30 day of the inmates' arrival.

115.41(g) Directive OPS.200.0006, section .05B(4) requires case management staff to re-assess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. The PREA Intake Screening form is utilized to conduct all re-assessment. Staff who perform risk screening indicated that a re-assessment is conducted upon receiving any additional information that could reflect the inmate's risk scoring, to include an inmate's assignment as a transgender, and/or an inmate is identified as a victim of sexual abuse and/or an aggressor of sexual victimization as indicated during a PREA investigation, additional criminal charges, in addition to other conditions that could affect their scoring. Upon an inmate being identified as transgender and/or gender dysphoria, documentation supported the inmate was reassessed such.

115.41(h) Directive OPS.200.0006, section .05B (5) states that inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening were interviewed and reported that an inmate is not disciplined for refusing to respond or for not disclosing complete information and stated most inmates are cooperative and provide responses.

	<p>Interviews with intake staff and case management staff who perform risk screening indicated inmates are never disciplined for refusing to answer questions asked during the PREA risk screening process.</p> <p>115.41(i) Directive OPS.200.0006, section .05B (6) requires, "Appropriate controls to be in place for facility dissemination of information collected during screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates." Upon completion, the PREA Intake Screening form is placed in the inmate's base file. Inmate files are secured in the records room which is in the case managers' office areas and accessible is given to limited staff who have access to the key watch that allow entry to the records' office. Case Management staff ensure screening information is entered in the Offender Case Management System (OCMS). The OCMS system has limited access, is password protected, and confined to case management staff with user profile access. Per the DPSCS PREA Coordinator, the inmates' PREA Intake Screening forms/information is accessible only to authorized staff with a need to know and is maintained in a secure manner that is not accessible to all. Staff who perform risk screening indicate the risk assessments are kept in the file room and that case managers, medical and mental health staff, intake officers and the facility's PREA Compliance Manager have access to the risk assessment results.</p> <p>Based on the review of policies, 66 timely completed inmate risk assessments for both 72-hour and 30-day assessments, standardized instrument forms that meets the provisions of the standard, interviews with staff who conduct risk assessments and interviews with inmates who indicated they were asked the questions on the assessments, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> 1. MCIW Completed PAQ 2. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness 3.. Maryland Correctional Institution for Women Institutional Directive MCIW ID 020.0026-1 4. PREA Intake Screening Instrument 5. Completed Risk Assessments

6. Interviews with:

- a. DPSCS PREA Coordinator
- b. MCIW PREA Compliance Manager
- c. Intake Staff
- d. Case Managers/ Staff Assigned to Conduct Risk Screening

15.42(a) Directive OPS.200.0006, section 5C(1)(a) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: (1) Screening information shall be considered: (a) When making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive." The facility does not house victims and abusers together. Relevant alerts shall also be placed on all facility and agency data systems by case management to assist in housing and programming decisions. Housing decisions should be made using the PREA Compatibility Rules. Staff who perform screening reported that inmates at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score. Those who are at risk of victimization cannot be housed with those who are at risk of abusiveness. Interviews with the Intake Officers/Traffic Officers and Case Management indicated all available information regarding incoming inmates is reviewed prior to the inmates' arrival and updated as needed. The Intake Officer/Traffic Officers conducts a review for proper housing during the inmates' initial risk screening. Inmates identified as high risk of being sexually victimized from those at high risk of being sexually abusive are never housed together nor are they assigned to housing units next to each other in addition they are not assigned to program and/or work assignments together. Per the facility PREA Compliance Manager, when an inmate comes in through intake, the risk screening is completed and at that point, each inmate identified as a prior victim, prior aggressor and/or at risk of both is uploaded as such in the Offender Case Management System (OCMS). An alert is generated within the OCMS that does not allow staff to make joint assignments of inmates assigned the different categories.

115.42(b) Directive OPS.200.0006, section .05C(1)(b) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: When making individualized determinations as how to ensure the safety of each inmate." As indicated above, the information from each inmate's individual risk screening is reviewed and utilized to keep inmates safe. Interviews with Case Management Staff indicated the information from the inmate's screening is used to provide safety during the assignments of jobs, programs, and housing and the separation of those at risk of victimization from those who have a risk high of being abusive No inmates identified as an abuser or at a risk of being an abuser are assigned to outside the facility work details. Program supervisors within the facility are advised to ensure security of those inmates who are at a high risk of being abusive.

115.42(c) Directive OPS.200.0006 and MCIW ID 020.0026.1 states, "When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case-by-case basis, determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The PCM indicated within the last few months numerous inmates have been classified as transgender and/or gender dysphoria, and they have been approved and screened for the determination of facility housing.

115.42(d) MCIW ID 020.0026-1 and Directive OPS.200.0006,.05C (2) states, "Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review threats to safety experienced by the inmate." The inmate's own views with respect to his safety shall be given serious consideration." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. As of the first day of the site visit, the facility reported 18 inmates as transgender/gender dysphoria and three (3) remained pending approval. However, only one (1) was identified as housed at MCIW throughout the 12-month review period and the remaining were classified as transgender/gender dysphoria December 2022 - January 2023, and therefore, a bi-annual assessment was not applicable. Confirmation of assessments for all inmates after their assignment was presented in addition to the bi-annual assessments of the transgender housed in an excess of 12-months. There were zero inmates identified as intersex at the facility. Interviews with Case Management staff indicated they were aware of their responsibility to conduct bi-annual assessments on inmates identified as transgender/gender dysphoria and/or intersex. Each stated they would complete the assessments at six months intervals.

115.42(e) MCIW ID 020.0026-1 and Directive OPS.200.0006, section .05C (3) states, "A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered." Transgender and intersex inmates can request a personal search exception card issued by the warden which allows the inmate to be searched by staff of a preferred gender. Interviews with four (4) transgender/gender dysphoria inmates indicated they were advised they may select the gender of staff to conduct their searches, however all have elected to be searched by female staff. The inmates also reported they have a continuous opportunity to express concerns with respect to their personal safety with all staff to include their Case Managers, the facility PREA Compliance Manager, Assistant Warden and Warden.

115.42(f) MCIW ID 020.0026-1 and Directive OPS.200.0006, section .05C (4) states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The PCM indicated that transgender and intersex inmates would be given the opportunity to shower separately from other inmates. Facility practice would be to allow transgender or intersex inmates to shower during off hours or during count time. During the first day of the site visit, 18 inmates had been assigned classified as transgender/gender dysphoria and three (3) were pending approval within recent months. Interviews with four (4) transgenders and random staff, all indicated inmates identified as transgender are allowed to shower at

	<p>separate times from other inmates. The transgender/gender dysphoria inmates indicated they were advised that this option was available to them, but none have requested to shower at separate times as all showers are in single stalls.</p> <p>115.42(g) Directive OPS.200.0006, section .05C (5) states, “Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates.” The PCM indicated that MCIW does not house lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units or wings. The auditor interviewed inmates who were identified as the following: transgender -4, gay - 1, bi-sexual -2. Each confirmed they nor others identified as such have been placed in designated housing units or wings and they are assigned to various housing units throughout the facility. These statements were confirmed through a review of their housing unit assignments. Per an interview with the DPSCS PREA Coordinator, the State of Maryland does not have a consent decree.</p> <p>Based on the review of policies, assessments for transgender/gender dysphoria, interviews with staff and inmates, the facility has demonstrated compliance with all the provisions of this standard.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DOC.100.0002 Case Management Manual 3. Interviews <ol style="list-style-type: none"> a. Warden b. MCIW PCM c. Staff Assigned to Supervise Segregation <p>115.43(a) The DOC- Case Management Manual section .18E (1)(a)-(f) states, “Protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. Alternatives may</p>

include, but are not limited to: (a) Transfer of the inmate to a different housing unit within the facility; (b) A lateral transfer of the inmate to another facility of the same security level; (c) Transfer of the inmate's documented enemy or enemies to another facility; (d) Transfer of the inmate to another state under the provisions of the Interstate Corrections Compact (ICC); (e) Transfer to MCAC (in exceptional circumstances only); or (f) Assignment to home detention (if eligible). The PAQ noted that there was zero inmate held in involuntary segregated housing in the past 12 months to include less than 30 days. An interview with the Warden, inmates identified as at high risk for sexual victimization are not placed in involuntary segregated housing. Alternate housing methods are available that include housing an inmate identified as such near the officer's station for closer observation and/or placing the identified inmate on house alone status while remaining in the general population.

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

Opportunities for those in protective custody include institutional movement, hygiene, property, out-of-cell activities, access to health care, case management, education, library, legal, visits, religion, food, mail, commissary, and segregation status. The rationale for any limitations would be documented on the Administrative Segregation Investigative Report and the Notice of Assignment to Administrative Segregation.

However, per the Warden, MCIW PCM and staff who supervise segregation indicated MCIW does not place inmates at a high risk of victimization sexual abuse in involuntary segregation as alternated housing is available.

115.43(c) The PAQ noted no inmates were held in involuntary segregated housing for longer than 30 days in the past 12 months awaiting completion of assessment. The Warden indicated the facility does not place inmates at a high risk of sexual victimization in involuntary segregation. Other housing arrangements are made that includes the movement of the alleged abuser. There were no inmates in segregation identified at a high risk of sexual victimization to interview.

115.43(d) The DOC- Case Management Manual section .18E requires the use of the Administrative Segregation Investigative Report and Notice of Assignment to Administrative Segregation to document the basis for concern and reasons why no alternative means of separation can be arranged. The Notice of Assignment to Administrative Segregation is provided to the inmate and provides the inmate a rationale for placement. However, per interviews with the Warden, MCIW PCM, and staff assigned to segregation, the facility does not house inmates who reported sexual misconduct and are at a high risk of sexual victimization in involuntary segregation. There were no inmates in involuntary segregation due to being at a high risk of sexual victimization too interview.

115.43(e) The DOC - Case Management Manual section .18B(2)(c) requires a case management team review each case at least once every 30 days. As indicated in provision (c) above no inmates were held in involuntary segregated housing for longer than 30 days. The Warden was aware of the requirement for 30 days reviews

	<p>but indicated inmates have never been held in involuntary segregated housing due to high risk for sexual victimization.</p> <p>Based on the review of policies, investigative case files, interviews with staff and analysis, the facility has demonstrated compliance with all the provisions of this standard.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review): READY 2023</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 4. PREA Hotline Postings 5. PREA Posters 6. Inmate Handbook 7. Inmate Tablets 8. MCASA Brochure 9. Interviews with: <ol style="list-style-type: none"> a. Random staff b. MCIW PCM c. Random Inmates <p>115.51(a) Executive Directive OPS.050.0001, section .05E (1) and OPS.200.0005 section 5 (E) discusses methods on how a complaint of alleged sexual misconduct may be submitted in the following formats: (a) In writing (includes electronic documents); or (b) Verbally. A complaint of alleged inmate on inmate sexual conduct may be submitted by (a) the victim; (b) an individual with knowledge of an incident of alleged inmate on inmate sexual conduct; or (c) a third-party or other individual who has knowledge of the alleged inmate on inmate sexual conduct. Additionally, section E(4) states that to effectively reduce actual or implied barriers to filing a complaint, an individual may file a complaint of sexual misconduct with any one or all</p>

of the following without regard to chain of command or assignment: (a) Within the Department: (i) An employee; (ii) A supervisor, manager, or shift commander; (iii) The head of a unit; (iv) The Intelligence and Investigative Division (IID); (v) The Inmate Grievance Office, Inmate Handbook and the PREA and Sexual Assault Awareness brochure, PREA posters, and information on the inmate's housing units bulletin boards contain information on how to report sexual assault. Inmates identified signage on walls for the hotline and calling the hotline number was a common response in addition to the available of their issued tablets to report allegations of sexual abuse to outside resources and these services are free of cost to the inmates. The auditor requested an inmate to demonstrate the available resources on their tablet that confirmed the services. Random staff interviews indicated they were aware of the internal reporting options and outside resources available to the inmates to include via phone and their issued tablets.

115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 both indicate that they allow inmates to make a report of sexual abuse or sexual harassment outside the department to the Office of the Attorney General or any other private or public office. DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide advocacy services statewide. MCASA, Life Crisis Center also receives reports of sexual abuse and sexual harassment from inmates as an external reporting entity. Posting are on the inmates' housing unit bulletin boards on the various methods to report sexual misconduct to include the JUST Detention International (JDI). The Inmate Handbook list the contact information for the following outside agencies to report allegations of sexual misconduct: Rape Abuse and Incest National Network (RAINN) 1220 L Street, NW Suite 505 Washington, DC 20005 @ (202) 544-1034; National Sexual Abuse Hotline @ (800) 656-Hope; MCASA PO Box 8782 Silver Spring, MD 20907 @ (301) 328-7023.

The auditor requested an inmate to make a phone call to the PREA Hotline number and the MCASA for confirmation of available service. The call was completed, and the auditor conducted a conversation with the Listening. Confirmation of the inmates' assigned tablets also confirmed their accessibility to contact the outside resources.

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

115.51(c) Directive OPS.050.0001 and Directive OPS.200.0005 requires an employee receiving a complaint of sexual abuse or sexual harassment to immediately report the complaint to a supervisor, manager, shift commander, or head of the unit and subsequently document the report in a written format. Additionally, reports of sexual abuse or sexual harassment may be submitted verbally, in writing (including electronic documents), anonymously, and by third parties. Inmates also have access to a toll-free hotline number which will refer any reports for investigation. Reports can also be made anonymously. Inmate interviews indicated they were knowledgeable that they could report sexual abuse or sexual harassment either verbally, in writing, via third, and/or anonymously. All random staff reported inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties. Staff indicated they would notify their supervisor of all verbal reports of sexual abuse or sexual harassment and document the information on a matter of

	<p>record.</p> <p>115.51(d) Directive OPS.200.0005The PREA Audit manual states, “The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.” This policy guides facility practice with regard to privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated they were knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited the PREA hotline, and/or reporting directly to their supervisor as their primary method of reporting sexual abuse or sexual harassment.</p> <p>Based on the review of policies, documents, website, interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. COMAR 12.02.28 DPSCS Administrative Remedy Procedures to Resolve Inmate Complaints 3. PREA Case Files 4. Administrative Remedy Tracking Log 5. Interview with: <ol style="list-style-type: none"> a. Inmates Who Reported Sexual Abuse <p>115.52 (a): The PAQ indicates DPSCS does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. Two allegations of sexual abuse were reported through the grievance process in addition to being reported to staff. The allegations were forwarded for an investigation by the IID Investigator.</p> <p>115.52 (b): The PAQ indicates DPSCS does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. Two allegations of sexual abuse were reported through the grievance process in addition to being reported to staff. The allegations were forwarded for an investigation by the IID Investigator.</p> <p>115.52 (c): The PAQ indicates the agency does not have an administrative procedure</p>

for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. Two allegations of sexual abuse were reported through the grievance process in addition to being reported to staff. The allegations were forwarded for an investigation by the IID Investigator.

115.52 (d): The PAQ indicated the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. Two allegations of sexual abuse were reported through the grievance process in addition to being reported to staff. The allegations were forwarded for an investigation by the IID Investigator. Per an interview with an inmate who reported an allegation of sexual abuse via grievance, she confirmed an investigation was completed in which the aggressor is currently pending criminal charges for the actions alleged as staff has maintained a level of communication regarding the pending criminal case.

115.52 (e): The PAQ indicated that the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. Two allegations of sexual abuse were reported through the grievance process in addition to being reported to staff. The allegation was forwarded for an investigation by the IID Investigator.

115.52 (f): The PAQ indicated that the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. Two allegations of sexual abuse were reported through the grievance process in addition to being reported to staff. The allegations were forwarded for an investigation by the IID Investigator.

115.52 (g): The PAQ indicated that the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. Two allegations of sexual abuse were reported through the grievance process in addition to being reported to staff. The allegations had previously been reported to the IID for investigation.

DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this standard. All allegations of sexual abuse are referred to the IID Investigative Department for the completion of an investigation. Upon the submission of a PREA allegations submitted on a grievance form, the allegations is immediately forward to the IID Investigative Unit.

Based on the review of the PREA Case Files, Administrative Remedy Tracking Log, agency policy, and interview with an inmate who reported sexual abuse, the facility does meet all provisions of the standard.

115.53	Inmate access to outside confidential support services
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1062 376">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="256 409 1123 1093" style="list-style-type: none"> <li data-bbox="256 409 970 443">1. MCIW Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="256 477 1123 510">2. Maryland Coalition Against Sexual Assault (MCASA) Posters <li data-bbox="256 544 1043 577">3. DPSCS PREA and Sexual Assault Awareness Brochure <li data-bbox="256 611 767 645">4. PREA Intake and Reception Sheet <li data-bbox="256 678 576 712">5. On-site Observation <li data-bbox="256 745 874 779">6. DPSCS Contract for Services with MCASA <li data-bbox="256 813 651 846">8. Testing of Inmate Phones <li data-bbox="256 880 624 913">9. Inmate's Issued Tablets <li data-bbox="256 947 727 1093">10. Interviews with: <ol style="list-style-type: none"> <li data-bbox="256 1037 727 1093">a. Random and Targeted Inmates <p data-bbox="256 1126 1469 1417">115.53(a) (b) During the intake process, inmates are provided a copy of the Maryland Coalition Against Sexual Abuse (MCASA) Brochure which informs them of services (including confidential emotional support services) provided through MCASA prior to departing Intake & Reception. Prior to accessing services inmates are informed to the extent to which their communications will be monitored. The brochure is a guide for prisoners, advocates, and allies and includes information for inmates to report sexual misconduct to outside confidential support services.</p> <p data-bbox="256 1451 1469 2078">The PREA Intake & Reception Sheet is not only posted in the Intake & Reception area but is also posted on inmate bulletin boards in their housing units, program areas, visitation and work assignment areas. The facility provides inmates with access to outside victim advocate for emotional support service related to sexual abuse by giving them mailing addresses and telephone numbers including toll-free hotline numbers where available, of State, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Telephone calls to these agencies may be monitored. Written communication will remain confidential. (1) YWCA of Annapolis & Anne Arundel County 1517 Ritchie Highway, Suite 201 Arnold, MD 21012 (410)222-6800; (2) Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring , MD. 20907 (301) 328-7023/(800) 983-7273; (3) Sexual Assault Legal Institute P. O. Box 8782 Silver Spring, MD 20907 (301)-564-2277/(877)-496-SALI; (4) Just Detention International 1900 L St, NW, Suite 601 Washington, DC, 20036 (202) 506-333; (5) RAINN Rape, Abuse & Incest National</p>

	<p>Network which does not accept written correspondence but provides a telephone number of (800) 656-4673.</p> <p>MCASA posters are installed throughout the facility to include in all inmate housing, visitation, program areas and work assignments. The posters identify advocacy services that are available by calling the 855-971-4700 to the Life Crisis Center which is under the umbrella of MCASA. In addition to the inmate's accessibility to utilize the inmate public telephones, inmates have access to complete these calls on their personal tablets. Interviews conducted with random, targeted group inmates to include informal interviews during the tour, confirmed the inmate's knowledge of the outside advocacy services. The auditor requested an inmate to complete a call to the identified number and the auditor personally spoke with staff at the Life Crisis Center while confirming the available service. Interviews conducted with the inmate population confirmed they were also able to complete these calls from their personal tablets. Interviews and documentation supported an inmate who reported sexual abuse was allowed to complete calls to the Life Crisis Center for victim advocate services by staff within their office. The inmate population also have the availability to contact the outside resources via their issued tablets and the calls are not monitored.</p> <p>115.53 (c) DPSCS has established a contract for services with the Maryland Coalition Against Sexual Assault (MCASA) to provide emotional support services. Services include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. A copy of the contract was presented for review.</p> <p>Based on the review of policies, contract for victim advocate services, posters identifying accessibility to victim advocate services, documentation of services provided, testing of the inmate's phone, and interviews with random and targeted group inmates, the facility has demonstrated compliance with all the provisions of this standard.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA and Sexual Assault Awareness Pamphlet 3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 4. Observation During Tour

	<p>5. DPSCS website</p> <p>6. Testing of PREA Hotline Number</p> <p>7. Interviews:</p> <p>a. Formal and Informal Inmate Interviews</p> <p>115.54(a) Directive OPS.200.0005 states, “A complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals: A “third party” or other individual who has knowledge of the alleged inmate on inmate sexual conduct.” The DPSCS PREA and Sexual Assault Awareness “What Every Inmate Needs to Know” lists reporting options for PREA allegations that includes the PREA Hotline @ 410-585-3177. Additionally, the PREA Hotline number was identified as posted throughout the facility to include front entrance, housing units, food service, program areas, and inmate visitation while being accessible to the inmate population, visitors and staff.</p> <p>Third party reporting methods are also listed on the agency’s website which is visible to the public @ https://dpscs.maryland.gov/prea/index.shtml. All complaints of sexual misconduct or sexual assault are serious incidents that will be thoroughly investigated. The Department’s Internal Investigative Division oversees all PREA related investigations and will accept complaints from any concerned individual. The Internal Investigative Division can be contacted at Complaint Number (410) 724-5742. The website also listed the DPSCS PREA Coordinator contact information at the Office of the Chief of Staff 300 E. Joppa Road Suite 1000 Towson, MD 21286 with phone number listed as (410)-339-5091 as an avenue to make reports. Interviews with staff indicated they were aware of their responsibility of reporting all PREA allegations to include those reported by a third-party and they would immediately report the information received to their next level supervisor who would continue up the chain.</p> <p>Informal and formal interviews with the inmate population during the site visit confirmed their awareness of the PREA Hotline for third party reporting in addition to their family members and family accessibility to report for them. The auditor requested an inmate to conduct a test of the PREA Hotline, and confirmed the number was accessible for the inmate population to make a report. The auditor also observed the PREA Audit Notice posted throughout the facility accessible to the inmate population for reporting PREA allegations and/or to request an interview with the auditor. The auditor did receive three (3) requests from the inmate population prior to the site visit via a third party and each were selected for interview during the random inmate selection process.</p> <p>Based on the review of agency policies, available third-party reporting methods, agency’s website, testing of the PREA Hotline, interviews with inmates, the facility does meet the standard provision.</p>
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115.61	Staff and agency reporting duties
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 5. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents 6. Investigative Case Files 7. Limitations of Confidentiality Forms 8. AD Family Law Code Ann 5.704 9. Reporting Child Abuse 10. Interviews with: <ol style="list-style-type: none"> a. Warden b. DPSCS PREA Coordinator c. Medical and Mental Health Staff d. Random staff e.. IID Investigator <p>115.61(a) Directive IIU.110.0011, section .05A states, “An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident.” Directive OPS.050.0001 and Directive OPS.200.0005 requires employees who receive a complaint of or otherwise have knowledge of alleged sexual misconduct/sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document the incident. It also requires the supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct/sexual conduct occurred notify the managing official responsible for the facility receiving. If the incident occurred at another facility, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident, shall notify the managing official of the facility</p>

where the incident occurred. If the incident occurred at a facility that is not under the authority of the department, the facility head or agency head responsible for the facility where the incident occurred and the IID regardless of the jurisdiction where the incident occurred. Directive OPS. 020.0003 identify PREA related incidents as a priority #2 within the serious incident category descriptions. The policy lists staff responsibilities and procedures in reporting such incidents. All reported incidents are to be documented on a matter of record initiated by the reporting staff member. Interviews with 23 random staff indicated they were aware of their responsibility to report any knowledge of PREA allegations to include harassment, sexual abuse, and retaliation and each would report to their immediate supervisor. Non-security staff also indicated they would report to their immediate supervisor who would report to the security supervisory on duty.

115.61(b) Directive OPS.050.0001 and Directive OPS.200.0005 identify information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of alleged inmate on inmate sexual misconduct and immediate and continued care of the victim. Interviews with random staff confirmed they would initiate a private conversation with supervisory staff and only share such information with authorized staff such as investigators, medical and mental health staff, and the MCIW PCM and they would not document the information received in the unit logs which are accessible to others to include those without the need to know.

115.61(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Inmates are given a Limits of Confidentiality form by both medical and mental health during the initiation of their first service within each department. The inmate acknowledges their understanding that treatment providers are limited in confidentiality and have a duty to report.

Interviews confirmed that medical and mental health staff are aware of their duties required by this provision that includes their duty to report. Mental health and medical staff indicated all inmates are informed of their limitation of confidentiality during their initial services into the facility that is noted on the form. The limitation of confidentiality is also verbally explained to inmates. Per mental health, upon an inmate discussing certain topics during sessions, she reminds each of her duty to report. The inmate signs the limitation of confidentiality form that acknowledges their agreement to participate in services acknowledges the limits of confidentiality.

115.61(d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." Child Abuse and Neglect, Maryland Family Law § 5-704 (2013) pertains to health practitioners, educators or human service workers, and police officers regarding reporting physical and sexual abuse of children and

	<p>vulnerable adults. Per interviews with the Warden, DPSCS PREA Coordinator, MCIW PCM, staff and observation during the on-site visit, MCIW does not house youthful inmates under the age of 18 years old, as they are assigned at a designated facility for youth. However, under such circumstances, notification would be forwarded to the MD Department of Social Services in accordance with MD Law Vulnerable Adults.</p> <p>115.61(e) Directive IIU.110.0011, section .05A states, “An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. OPS. 200.0005 indicate a complaint of alleged inmate on inmate sexual conduct may be submitted by the victim, an individual with knowledge of an incident of alleged inmate on inmate sexual conduct, or a “third party or other individual who has knowledge of the alleged inmate on inmate sexual conduct. It also notes a complainant of inmate-on-inmate sexual conduct received anonymously shall be accepted and processed the same as a complaint received from an identified and may remain anonymous. An interview with the IID Investigator indicated all allegations of sexual misconduct are investigated to include those reported by third parties, by the alleged victim, and anonymously and are handled the same. A review of the seven (7) reported and completed PREA investigations during the review period confirmed the allegations were reported by the alleged victims of sexual abuse and sexual harassment via letters, verbally to staff, through the PREA Hotline and/or to medical staff during an outside medical trip with escorting MCIW security officers present.</p> <p>Based on the review of policies, documents, investigative case files, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. Interviews with:

	<p>a. Agency head</p> <p>b. Warden</p> <p>c. MCIW PCM</p> <p>d. Random staff</p> <p>115.62 (a) Executive Directives require each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. The Directives hold supervisors responsible for taking reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct. Staff responding to an incident are to ensure the safety of a victim of sexual misconduct by immediately stopping an incident in progress, and if necessary, arranging for separation of the victim from the abuser. Continued personal protection of the alleged victim shall be provided. Directive OSPS.200.0005 states a supervisor, manager, or shift commander shall take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate-on-inmate sexual abuse. The auditor presented a variety of scenarios to 23 randomly selected staff during the interview process for response to their awareness of an inmate at substantiated risk of sexual abuse. In all scenarios, staff indicated, they would immediately remove the inmate from the area of threat, protect the inmate and notify their shift commander. Per an interview with the Agency Head Designee, he indicated, each facility is expected to take an immediate action in the initiation of protective measures for an inmate identified as subject to a substantial risk imminent sexual abuse to include the assignment to different housing, reassignment of cellmate, and as needed a transferred to another facility. Protective custody will be used as a last result. An interview with the Warden, she identified a variety of options to protect an inmate identified as subject to a substantiated risk of sexual abuse to include housing and /or cell partner changes, the assignment of vulnerable inmates closer to the officer's station, offering mental health services and providing house alone status as needed. Additionally, an investigation would be initiated by the IID, and further actions would apply to individuals as applicable. The victim would never be placed in involuntary segregation. Per the Warden, MCIW PCM and staff assigned to supervise segregation, and review of the PAQ, zero inmates have been placed in segregation due to being at substantiated risk of sexual abuse during the review period.</p> <p>Based on the review of policies, and interviews and PAQ, the facility has demonstrated compliance with the provision of this standard.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed (documents, interviews, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. Notifications to other facilities
5. Interviews with:
 - a. Agency Head Designee
 - b. Warden
 - c. MCIW PCM

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

An interview with the Agency Head Designee indicated when allegations are reported to another facility that is alleged to have occurred at the inmates' previous facility, the allegation is to be reported to the affected institution within 72 hours of being reported. The information is then reported to the IID Duty Officer for the initiation of an investigation. A review of the seven (7) reported PREA investigations indicated each of the allegations were reported by inmates currently assigned to MCIW. However, one inmate contacted the PREA Hotline to request an additional investigation of an incident she had previously reported while assigned at her previously assigned facility. Upon MCIW's notification of the allegation to the affected institution, the completed investigative report was forwarded to the MCIW facility investigator. Per the MCIW Warden, MCIW PCM and facility investigator, and in addition to the review of the investigative case files, the facility did not receive notifications of PREA allegations having occurred at the facility after the inmate's departure.

Based on the review of policies, notification of previous allegations, and interviews, the facility has demonstrated compliance with all the provisions of this standard.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. IIU.110.0011 – Investigating Sex Related Offenses 5. Review of PREA Investigation Case Files 6. Staff Issued PREA Cards 7. Interviews with: <ol style="list-style-type: none"> a. Security Staff First Responder b. Inmates who reported sexual abuse c. Random Staff <p>115.64 (a) Directive OPS.050.0001, addresses the requirements of this standard. It indicates the first correctional officer responding to an incident of sexual misconduct shall respond by immediately stopping an incident in progress, if necessary arranging for separation of the victim from the abuser, immediately providing medical attention, if qualified, or arranging for appropriate medical attention, preserving the scene of the incident, and ensuring the victim and abuser are advised not to do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The same language is in Directive OPS 200.0005.</p> <p>Pursuant to the IIU.110.0011, the IIU duty officer shall take immediate action to stop the misconduct; protect the victim from further harm, make sure appropriate medical attention is provided and notify the managing official or unit head. It further states that if the proximity of the occurrence to the reporting supports ensure that the perpetrator is detained; witnesses are identified; the scene is protected to preserve evidence and the victim is advised against actions that would destroy evidence that may be present on the victim's body or clothing. The PAQ indicated there were three allegations, but it was later identified as five (5) allegations of sexual abuse in the previous twelve months. Neither of the allegations involved any first responder duties, including separating, preserving a scene, and preserving evidence. Of these allegations, one (1) was reported in which the first responder staff was notified within a time period to collect evidence (body fluids) during the completion of a forensic</p>

	<p>medical examination by a SANE at a local hospital. Investigator staff collected the victim's bra, underwear and the object identified as used during penetration as evidence.</p> <p>The PREA Card is provided to each staff member as a reference and outlines first responder duties, including separate the alleged victim and abuser, preserve, and protect any crime scene, request that the victim not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, etc. and ensure that the alleged abuser does not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, etc. Staff was observed in possession of the PREA Card during interviews and throughout the tour.</p> <p>Interviews were conducted with three (3) inmates who reported allegations of sexual abuse. Each reported staff responded immediately to their allegations. All indicated they were not in the area of their aggressor when they reported the allegation. Each indicated they were evaluated by both medical and mental health within minutes of reporting the allegation. One inmate confirmed receiving a forensic examination at a local hospital. An interview conducted with staff who served as a first responder indicated, the allegation reported had previously occurred and the inmates had been separated prior to reporting the allegation.</p> <p>115.64 (b) Directive OPS.0050.0001 states, "that if the first employee responding to an incident of sexual misconduct is not a correctional officer, the employee shall immediately request that a correctional officer respond to the scene and take steps to ensure that the victim not do anything that might destroy physical evidence, i.e., brushing teeth, bathing, changing clothes, urinating, defecating, drinking, or eating." Interviews with non-security staff indicated they were aware of their responsibilities as first responders. Staff reported that they would immediately separate inmates and maintain sight of a victim, apply measures to preserve a crime scene including advising involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet, maintain a visual on the victim and immediately notify their chain of commander supervisor who would contact the security shift supervisor. There were no reported allegations of sexual abuse reported directly to non-security other than medical and mental health. Staff assigned to these departments immediately reported the incident to their supervisor while maintaining sight on the alleged victim. There were no PREA allegations reported to volunteers during the review period.</p> <p>Based on the review of policies, sexual abuse case files, interviews with inmate who reported sexual abuse and staff who serve as a first responder, the facility demonstrated compliance with all the provisions of the standard.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. MCIW Directive 020.0026-1 PREA 3. Interviews with: <ol style="list-style-type: none"> a. Warden b. Random Staff <p>MCIW.020.0026.1, governs the mandate of the standard provisions. The facility policy identifies a plan of action for employees, managers, supervisors, shift commander and first responders. The actions include stopping the incident, separation of the victim and aggressor, safeguarding the victim, arranging for any needed medical services, detain the alleged perpetrator, preserve evidence and the scene of the alleged incident, refer the victim for needed medical and mental health treatment. The Warden noted the facility's coordinated action plan as described in the directive.</p> <p>MCIW.020.0026.1 includes a section on first responder duties to include a PREA First Responder Checklist which outlines the plan of action for first responders in a checklist format to ensure all are adhered to. This directive includes a Containment Checklist for the shift commander or supervisor to follow listing all actions to be taken when a report of sexual abuse is received. Responsibilities of the MCIW PCM, medical and mental health staff is to ensure the victim of sexual abuse receive appropriate medical and mental health screenings follow-ups in appropriated time frames.</p> <p>Interviews with random staff indicated all was aware of the facility's policy and protocol upon being advised of a reported sexual abuse allegation.</p> <p>Based on a review of the facility's policy, and interviews confirming their staff's awareness of the facility's policy, the MCIW does meet all provisions of the standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland 3. AFSCMET MOU

	<p>4. Interview with:</p> <p>a. Agency Head Designee</p> <p>115.66(a) AFSCME Maryland Memorandum of Understanding between the American Federation of State County and Municipal Employees & the State of Maryland Effective January 1, 2020 through December 31, 2023, Article 3. Management rights indicated “The employer retains the sole and exclusive authority to for the management to its operation and may exercise all right, powers, duties, authority and responsibilities conferred upon and invested to it by all laws including, but no limited to, the Collective Bargaining Law (Title 3, State Personnel and Pensions Article). Maryland law requires that management retain all basic rights. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland regarding management’s rights as provided by law was submitted for review. Items 1 through 8 documents specifically state that the Agency has the ability to manage their staff in the event that an issue were to occur related to many different issues, of which (3) states, hire, direct, supervise, and assign employees, and (4) states, promote, demote, discipline, discharge, retain, and lay off employees. The Agency Head Designee reported Maryland is a management rights state. DPSCS has discretion regarding the assignment, hiring and firing of staff without limitations to the agency’s ability to remove employee sexual abusers from contact with inmates. He added depending on the allegations reported a variety of adjustments would be considered. Staff may be reassigned to a non-contact with inmates post, reassigned to an area away from the alleged victim, placed on administrative leave and/or a male staff assigned to a female correctional facility may be reassigned to a male inmate facility throughout the investigation.</p> <p>Based on a review of the code, MOU, and interview with Agency Head Designee, the facility has demonstrated compliance with this standard.</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. DPSCS Executive Directive OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. Facility Directive MCIW.020.0026-1 PREA Compliance 5. IIU.110.0011 – Investigating Sex Related Offenses

6. Retaliation Monitoring Forms

7. Interviews with:

a. Agency Head

b. Warden

c. MCIW PREA Compliance Manager

d. Staff Assigned to Conduct Retaliation Monitoring

115.67 (a) (b) (c) (d) (e) (f) MCIW.020.0026.1, OPS.200.0005 and OPS.050.0001, governs the mandate of the standard. The head of a unit, or a designee, is responsible for ensuring an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual or feared retaliation. IIU.110.0011, pages 9-10 state that when conducting an investigation of an incident involving a sex related offense an investigator shall determine if an individual has been the target of retaliation and if so investigate the circumstances of the retaliation. The MCIW Associate Warden and MCIW PCM has been designated as staff assigned to monitor retaliation.

In accordance with the Directives, if retaliation is identified or feared staff are to take action to stop the actual or feared retaliation that may include the application of available medical or mental health services or counseling; changes to inmate housing assignments, change in inmate work assignments, disciplinary actions, staff work assignments, staff write-ups, inmate and/or staff change in behavior. These procedures were also described by the Associate Warden during the interview. She further stated she initiate meetings with the inmates and advises them that they may request to meet with her by forwarding a request and/or informing other staff. She added her role often includes providing emotional support to the victims.

Per an interview with the Agency Head Designee, measures to protect the inmate population from retaliation monitoring include assigning the victim to an area that provide a line of sight, staff conducting rounds while monitoring and daily contact is maintained, ensuring emotional support is offered, and the mental health team is involved in monitoring the inmate. If the victim is in agreement and would like to a transfer, a transfer would be initiated. In regard to staff involvement in retaliation, an investigation would be conducted by an IID Investigator and disciplinary actions to include termination would be determined based on the investigative finding for both staff and the inmate population as applicable.

Per an interview with the Warden, she indicated a variety of measures would be implemented to protect both inmates and staff from retaliation to include the initiation of an investigation for confirmation. Inmate on inmate measures would include separate housing assignments, applying enemy status that would prevent assignments together such as housing, and all programs in addition to interaction

during meals and recreation. If staff was identified as performing acts of retaliation toward an inmate and/or another staff, the identified staff would be removed from assignments in the areas of the inmate and staff could be placed a temporary duty assignment to another facility throughout the completion of the investigation that could result in disciplinary actions.

Executive Directive OPS.050.0001, identifies changes that may suggest possible retaliation by inmates or staff, which may include, but is not limited to unreasonable or unjustified: Discipline; Changes in work or program assignments; Transfers or placements; or Denial of privileges or services. These must be monitored. The facility presented Retaliation Monitoring forms, that includes inmate name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a place for reporting within two weeks, within 30 days, within 60 days, final 90 days or more, and Extended Monitoring (if required). It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. A review of five (5) reported sexual abuse cases for confirmation for retaliation monitoring in accordance with standard provisions identified the following:

An inmate-on-inmate sexual abuse allegation was reported on May 4, 2022, and determined as Unsubstantiated on May 27, 2022. Retaliation monitoring was documented as conducted on May 16, 2022, and June 2, 2022. Retaliation monitoring was not conducted for 90 days.

An inmate-on-inmate sexual abuse allegation was reported on June 7, 2022, and determined as Substantiated on September 14, 2022. Retaliation monitoring was documented as conducted on June 17, 2022, and August 29, 2022. Retaliation monitoring was not conducted throughout the completion of the investigative finding nor for 90 days as required for a Substantiated sexual abuse investigation.

A staff on inmate sexual abuse allegation was reported on June 21, 2022, and determined as Unfounded on June 29, 2022. Retaliation monitoring was not required.

A staff on inmate sexual abuse allegation was reported on August 29, 2022, and determined as Unfounded on November 1, 2022. Retaliation monitoring was documented as completed on January 12, 2023. Although the investigative findings were determined as Unfounded, the investigative findings were not concluded until November 1, 2022. There was no documentation to support retaliation monitoring was conducted during the 64 days of the investigation.

A staff-on-inmate sexual abuse allegation was reported on December 8, 2021, and determined as Unsubstantiated on July 15, 2022. Retaliation monitoring was documented as completed on May 6, 2022, and June 8, 2022. Retaliation monitoring was not completed in accordance with the standard provision or agency policy.

Policy indicate staff are 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. Mental illness or mental

disabilities shall be considered when determining sanctions. However, as the agency and facility's policy identify appropriate measure to protect individuals against retaliation, documentation does not identify staff performed these duties in accordance with policy and/or the standard provision to include (f), as documentation does not demonstrate the completion of monitoring 90 days and beyond as applicable.

The auditor identified the discrepancies of non-compliance in the completion of retaliation monitoring during the pre-audit phase and shared this information with the MCIW PREA Compliance Manager, DPSCS PREA Coordinator and DPSCS Assistant PREA Coordinator. The MCIW PREA Compliance Manager was given training on the requirement of completing retaliation monitoring as staff did not have a clear understanding of the requirement for retaliation monitoring for 90 days and beyond as applicable. Measures were put in place during the pre-audit phase as the facility had reported three (3) additional PREA cases prior to the site visit.

Based on the review of the completed investigative case files and inclusion of retaliation monitoring that concluded retaliation monitoring was not completed in accordance with the standard provision, the facility does not meet the standard provision of (b) (c) (d) (e) (f).

Corrective Action Plan:

The discrepancies in the completion of retaliation monitoring were discovered during the pre-audit phase, and the corrective measures were initiated immediately during the retaliation monitoring of three (3) PREA allegations reported prior to the site visit. Staff were provided additional training on the requirement of completing retaliation monitoring in accordance with agency policy and the standard provisions. The facility was placed in corrective action period not to exceed 120 days.

Corrective Action Applied:

The facility reported two sexual abuse and two sexual harassment allegations throughout the corrective action period. Although all allegations were determined as unfounded, retaliation monitoring was completed for 90 days for the two unfounded sexual abuse and one sexual harassment while continuing retaliation monitoring for the second unfounded sexual harassment throughout the submission of the final report. The retaliation monitoring began for each inmate victim two weeks after reporting the allegation and continued at 30-day intervals for 90 days. Documentation of interaction and monitoring of the inmates were noted on the retaliation monitoring forms and acknowledged by the inmate and staff conducting retaliation monitoring. Areas monitored included housing and program changes, disciplinary record, negative interactions identified and/or reported by the inmate and one on one interaction with each inmate by the assigned retaliation monitor. There were zero substantiated and/or unsubstantiated sexual abuse investigative findings throughout the corrective action period. However, the facility staff identified their awareness, understanding of the agency's' policy and PREA standard while demonstrating the practice of applying the corrective measures in conducting retaliation monitoring.

	Based on the review of completed retaliation monitoring conducted on all inmates who reported sexual abuse and/or sexual harassment conducted at a minimum of 30-day intervals for 90 days, MCIW does meet all provisions of the standard to include (c) (d) (e) and (f). .
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DOC 100.0002 Case Management Manual 3. Investigative Case file 4. Interviews with: <ol style="list-style-type: none"> a. Warden b. Staff Who Supervise Segregation <p>115.68 (a) DOC.100.0002 Case Management Manual, indicates that Protective Custody is appropriate when required for the protection of the inmate. It goes on to say, “every effort shall be made by Case Management Staff, and the managing official, to find suitable alternatives to protective custody housing.” Suitable alternatives identified in the Case Management Manual include transfer of the inmate victim to another housing unit within the facility, a lateral transfer of the inmate victim to another facility of the same level, and transfer of the inmate’s documented enemy, or enemies, to another facility. Every Protective Custody placement is, by policy, reviewed every 30 days. Inmates housed in Protective Custody are allowed the same out-of-cell activity as in their regular housing unit, have the same access to Health Care and Case Management services, the same visiting opportunities, the same access to the library and legal reference materials, the same access to programming, including religious programming, and to educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations.</p> <p>Per interviews with the staff assigned to supervise segregation, the facility does not house inmates in involuntary segregation therefore restrictions are not applicable. An inmate who alleges sexual abuse would have to request placed in administrative segregation under protective custody status. Administrative segregation is not punitive. Therefore, the inmate would have access to education, religious material, recreation, legal material, medical, mental health services and treatment, access to law library and leisure library material, phone, and limited hair care services.</p>

	<p>Per the PAQ and an interview with the Warden, zero inmates were placed in involuntary segregation due to reporting an allegation of sexual abuse and/or being identified as at risk of sexual victimization. As this practice is not utilized. The alleged aggressor would be placed in administrative segregation throughout the investigation. There were zero inmates identified as being at risk of sexual victimization and/or reported an allegation of sexual abuse in segregation during the site visit to conduct interviews.</p> <p>Based on the review of agency policy, review of investigative case files, interviews with Warden and staff who supervise segregation, the facility has demonstrated compliance with this standard</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. IIU.110.0011 – Investigating Sex Related Offenses 3. OPS.050.0001 – Sexual Misconduct – Prohibited 4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 5. Investigative Case Files 6. Interviews: <ol style="list-style-type: none"> a. IID Investigator b. Inmates Who Reported Sexual Abuse <p>115.71 (a) Directive OPS. 050.0001, OPS 200.0005, and IIU.110.0011, governs the mandate of the standard provisions. Pursuant to the Directives an IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct according to applicable statutory, regulatory, case law contract, Department procedures, or other reasonably accepted standards.</p> <p>Additionally to the extent possible, but in every case where the allegations of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings; Sexual Abuse evidence collection; and criteria and evidence necessary to substantiate</p>

administrative action and, if appropriate, referral for criminal. Per an interview with an IID Investigator, the length of time in the initiation of an investigation of reported sexual abuse or sexual harassment depends on how the allegation is received. If an inmate reports to the hospital for a forensic examination, the IID Investigator would report to the hospital and meet with the inmate. If medical staff determine a SANE exam is not required, the investigator normally report to the institution within 7 days to meet with the inmate for sexual abuse cases. However, there are also times when cases could be delayed based on the lack of information given and the severity of allegations made. All third party and anonymously PREA allegations are conducted in the same manner as those directly reported and are not handled any differently.

115.71 (b) Pursuant to OPS.050.0001, to the extent possible, but in every case where the allegations of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings; Sexual Abuse evidence collection; and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal. OPS. 050.0001 and OPS.200.0005 states Department personnel assigned to conduct the investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigation of sex related offenses in the correctional setting in accordance with standard 115.34. An interview with an IID Investigator confirmed all IID Investigators are sworn law enforcement officers inducted by the Attorney General in Baltimore. The investigators attend training established by the Maryland Police and Correctional Training Commission for police to maintain certification, as well as advance training in investigative techniques.

115.71(c) IIU.110.001, states that when the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, the investigator will coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, SANE or a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. if possible, the investigator will preserve the scene of the incident and items that maybe used as evidence and collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings. Per an interview with IID Investigator, the initial investigation begins upon the allegation being reported as the preliminary investigation is initiated by the facility investigator/shift supervisory staff. The arrival of the IID Investigator is dependent on the circumstances of the allegation reported. If an inmate alleges sexual abuse and it is determined a forensic examination is applicable, the inmate would be transported to the local hospital, the investigator will report to the hospital and make contact with the victim where a DNA sample would be collected by the SANE. In circumstances where a forensic examination is not applicable, the IID Investigator will report to the facility within seven days of the reported allegation. However, the preliminary investigation which begins immediately includes providing

medical treatment for the victim, conducting an interview with the victim, identifying and securing the crime scene area, collecting photographs of the area and those involved, collection the victim and perpetrator personal items, to include linen in addition to other possible physical evidence while maintaining a chain of evidence, conduct interviews with all witnesses and others within the area to include inmates and staff, monitoring of the victim's, alleged perpetrator and other inmate phone calls within the affected area and those of the identified inmates' associates, conduct a review of available video within the area, review the history of the alleged aggressor and involvement within prior sexual abuse allegations, and conduct an interview with the alleged preparator.

115.71 (d) Directive OPS.050.001 states a victim of sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examinations as a condition for proceeding with an investigation of alleged sexual misconduct. Per the IID Investigator, in regard to criminal investigations, The IID Investigators are sworn law enforcement by the Attorney General in Baltimore. Therefore, they are authorized to do indictments and the suspect would be advised of their Miranda rights, but they are not required to consult with the prosecutors on whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.71 (e) Directive IIU.110.0011. notes the credibility of a victim, witness or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. In addition, a victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of an incident involving a sex related offense. The IID investigator explained the investigative finding is based on collection of all available evidence not based on the status of an individual as inmate, victim, aggressor etc. She continued in stating at no time would the continuation to proceed with the investigation be based upon an alleged victim requirement to submit to the polygraph or truth-telling device nor would the victim be requested to submit to such. Interviews with three (3) inmates who reported sexual abuse stated at no time were asked to submit to a polygraph or other truth telling device during the investigation process. The review of the seven (7) investigative case files that included both sexual abuse and sexual harassment allegations confirmed zero inmates were identified as being requested to submit to a truth telling devis and confirmed the credibility assessment of the investigative findings for each appeared to be based on the evidence collected, not the status of an individual.

115.71 (f) Directive OPS.050.0001 and Directive OPS.200.0005 requires agency investigators to thoroughly document all aspects of the investigation in a written report as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution. A review of completed seven (7) PREA investigative case files to include sexual abuse and sexual harassment included both administrative and criminal investigations. Directive IIU.110.0011, section .05D 6 states, "Conduct post-incident investigation action to a comprehensive investigation of the incident that intends to: (a) Identify the perpetrator; (b) Determine if employee action or lack of action contributed to the occurrence; and (c) Collect and preserve evidence to effectively support an administrative and, if appropriate, criminal

proceedings regarding 115.71 (f). An interview with an IID Investigator indicated at any time during the investigation there was evidence to support staff did not perform their duties, a review of the assigned staff's statements, review of available video, the staff's member affiliation with the suspect and/or a gang would be reviewed and included in a separate investigation will be conducted to include how staff's actions and/or failure to follow policy contributed to the prohibited act. A review of completed seven (7) PREA investigation to include sexual abuse and sexual harassment included both administrative and criminal investigations. However, staff was not identified as not appropriately performing their assigned duties in a manner that could have contributed to an alleged incident of sexual abuse and/or sexual harassment.

115. 71 (g) Directive IIU.110.0011 states An investigator assigned to investigate an incident involving a sex related offense shall document all aspects of the investigation in a comprehensive investigative report that: (a) Thoroughly describes, physical, testimonial, and documentary evidence; (b) Explain the reasoning behind credibility assessment; (c) Include facts and findings; and (d) When appropriate, include related documents and (e) the report is maintained according to an established retention scheduled, which requires the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department plus five years. Directive OPS.050.0001 reference upon the IID Investigator completing an investigation of a complaint of alleged sexual misconduct, the investigator shall: (a) Thoroughly documental all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution; (b) Include in the report a determination indicating the complaint of alleged sexual misconduct to be Substantiated (the investigation determined the sexual misconduct occurred); Unsubstantiated (the investigation produced insufficient information to determine whether or not the alleged sexual misconduct occurred); or Unfounded (the investigation determined that the alleged sexual misconduct did not occurred).

115.71 (h) An interview with the IID Investigator indicated that all PREA allegations are initially opened as a criminal case until it is proven no criminal activity was committed. At that time, the case was completed as an administrative investigation. There was one (1) allegation of sexual abuse that was determined by the investigative staff as Substantiated. This case was completed as a criminal case and forward to the Anne Arundel County District Court and later forward to the Circuit Court on December 30, 2022. The inmate is awaiting a court appearance on Mach 17, 2023. A review of the seven (7) PREA investigative case files confirmed the investigative summary was thoroughly written, with the inclusion of all reviewed and collected evidence to include photographs, of the victim, aggressor, and witnesses, written statements submitted by the victim, aggressor, and witness, video surveillance, forensic examination documentation and finding, staff statements, the determination of the investigative finding and referral for prosecution.

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

	<p>with an IID Investigator confirmed the retention schedule of the investigative files.</p> <p>115.71 (j) Directive IIU.110.0011 states an investigation under this directive may not be terminated based on victim or suspect departure for Department employee or custody. The IID investigator confirmed whether staff is terminated or resigns, the investigation continues. The investigative staff would either go to the staff member's home or request they report to the investigative staff. If an inmate is transferred, or released, an investigative staff would continue with the investigation.</p> <p>115.71 (k) (l) All administrative and criminal sexual abuse and/or sexual harassment investigations are conducted by the Department IID investigators. These investigators are sworn law enforcement officers with the State of Maryland. Therefore, this provision is not applicable.</p> <p>Based on the review of policies, six (6) administrative sexual abuse and sexual harassment investigation and one (1) criminal investigation that was referred for criminal prosecution, in addition to the documentation of evidence review and collected, medical treatment provided, video surveillance reviewed, medical services provided, and interviews with staff and the inmate population completed by the investigative staff, that was inclusion in determining an investigative finding, in addition to interviews with the IID Investigator and inmates who reported sexual abuse, MCIW does meet all provisions of the standard.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. IIU.020.002 Investigating Sex Related Crimes 3. PREA Investigative Case Files 4. Interview: <ol style="list-style-type: none"> a. IID Investigator <p>115.72 (a) OPS. IIU. 110.0011 indicates upon the conclusion an investigation involving an inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence. In a review of seven (7) investigative case files to include sexual abuse and sexual harassment, the investigative findings were determined on the collection of evidence recovered during the investigative process, to include interviews conducted, and physical evidence collect. The review of the</p>

	<p>investigative files confirmed the Department does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse/sexual harassment is substantiated during an administrative investigation. An interview an IID Investigator confirmed the preponderance of evidence is the standard necessary to substantiate an allegation for sexual abuse/harassment through collected evidence and interviews for an administrative investigation and beyond a reasonable doubt for criminal charges.</p> <p>Based on a review of the relevant policy, review of investigative files and interview, it is determined the facility does meet all provisions of the standard.</p>
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115.73 Reporting to inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. IIU.020.002 Investigating Sex Related Crimes 3. Inmate Notification of Investigative Findings 4. OPS.050.0001 – Sexual Misconduct – Prohibited 5. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 6. Interviews: <ol style="list-style-type: none"> a. Warden b. IID Investigator c. Inmates Who Reported Sexual Abuse <p>115.73. (a) (b) (c) (d) IIU.110.0011, OPS. 050.0001 and OPS. 200.0005 governs the mandates of the standard provisions. The Directives states upon concluding an investigation involving an inmate as victim of sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being Substantiated, Unsubstantiated, or Unfounded. Policies outline the investigator shall document victim notification in the investigative report to include the name of the individual who notified the victim: the date, time, and location that the victim was notified and how the victim was notified.</p> <p>Per an interview with the IID Investigator, at times, based on the evidence reviewed, the victim may be informed of the investigative findings during the interview process. However, on most occasions, the facility PREA Compliance Manager would be notified</p>

of the investigative findings and advised to inform the inmate. Upon confirmation that the inmate has been notified, this notification is documented in the conclusion of the investigative report in addition to identifying the staff member informing the inmate and the date the notification was made.

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

Upon completion of a substantiated investigative finding that an employee committed a sex related offense on an inmate, the inmate would be advised when the employee is no longer assigned to the inmate's housing unit, when the employee is no longer employed at the facility, when, if known, the employee was indicted or charged with a sex related offense occurring at the facility, or if known, the employee was convicted of a charge related to a sexual related offense occurring at the facility. There were zero substantiated and/or unsubstantiated sexual harassment and/or sexual abuse allegations concluded against a staff member at MCIW during the 12-month review period.

Upon the completion of substantiated investigative finding that an inmate committed a sex related offense on another inmate, the investigator will arrange for the inmate victim to be advised, if known that the perpetrator was indicted or a charge related to as related offense occurring at the facility: and if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. There was one substantiated allegation of inmate-on-inmate sexual abuse during the 12-month review period. The assigned IID Investigator filed a criminal summons for the case in the District Court of Maryland for Anne Arundel County. The victim documented her signature as receiving notification of the pending criminal charges to include the court case number. The victim confirmed during an interview she was provided notification of the pending criminal charges.

The auditor conducted a review of the seven (7) completed investigative case files for confirmation of the inmate victim's notification of the investigative findings. Documentation was noted in each investigative summary that the inmate was notified and by whom to include the date of notification. Additionally, an Inmate Notification form was included in each case file documenting the investigative findings that included each victim's signature, date received and the signature of issuing the staff. Interviews with three (3) inmates who reported sexual abuse confirmed they received both verbal and written notification of the investigative finding.

Per an interview with the Warden, the facility's PREA Compliance Manager and/or the Assistant Warden are responsible for informing the inmate population of the investigative findings upon being notified by the assigned IID Investigator.

The agency's victim reporting requirement under this standard shall terminate at the time the victim inmate is released for DPSCS custody.

Based on the review of policies, investigative summaries documenting investigative notifications, victims' acknowledgement by signature, interviews with the IID

	Investigator, Warden, and inmates who reported sexual abuse, the facility does meet all provisions of the standard.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, investigative files, interviews, and on-site visit)</p> <ol style="list-style-type: none"> 1. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 2. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct Prohibited 3. DPSCS Standards of Conduct and Internal Administrative Disciplinary Process 4. Review of Investigative PREA casefiles <p>115.76 (a) (b) (c) (d) Executive Directive OPS. 050.0001, Executive Directive OPS.200.0005, and DPSCS Standards of Conduct and Internal Administrative Disciplinary Process governs the mandate of the standard provisions. The Department does not tolerate sexual misconduct by an employee, by either omission or commission; and considers alleged or actual consent as a defense to an allegation of sexual misconduct. An employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee, except under exigent circumstances, did not perform responsibilities established under the directive or neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct. The directive further states an employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to a penalty under the Standards of Conduct, up to including termination of employment with the Department; Criminal prosecution; and if applicable, notification to a relevant licensing authority.</p> <p>There were no substantiated allegations of staff sexual misconduct to include sexual abuse and/or sexual harassment on an inmate during the 12-month review period as confirmed during the review of the completed PREA investigative casefiles and indicated within the PAQ. Therefore, there were no disciplinary actions and/or termination of staff nor was there a requirement to report such staff to a relevant licensing body.</p> <p>Based on the review of agency policies, and review of PREA investigative files, the facility does meet all provisions of the standard.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. PREA Investigative Case Files 4. Interview: <ol style="list-style-type: none"> a. Warden <p>115.77(a) (b) Executive Directive OPS.050.0001, governs the mandate of the standard provisions. Agency policy identifies an employee as an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools. Thus, these identified groups are subject to the same types of discipline employees are for such an infraction. OPS.050.0001 states an employee may not: commit, participate in, support, or otherwise condone sexual misconduct. A contractor who does not perform responsibilities established under the directive is considered to be in violation of terms of conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency. The contractor is subject to sanctions according to provisions of the contract or agreement and criminal prosecution.</p> <p>Per an interview with the Warden, volunteers and contractors, if accused of sexual misconduct they shall be prohibited from contact with the inmate population, denied entry into the facility and all other DPSCS facilities immediately until an investigation is completed. If the accusation is substantiated the volunteer and/or contractual status shall be terminated, and the individual shall be subject to criminal prosecution if the behavior is deemed to be criminal in nature. An email would be forwarded to all agency institutions to include a picture of the banned volunteer/or contract staff identifying they are no longer authorized to enter, and their identification badge would be removed. A review of the reported and completed PREA investigations during the 12-month review period, confirmed there were no allegations of sexual abuse and /or sexual harassment alleged against contract staff and/or volunteers assigned at MCIW.</p> <p>Based on the review of policies, review of completed PREA investigative case files, and interview with the Warden, the facility meets all provisions of the standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> 1. OPS.050.0001 Sexual Misconduct - Prohibited 2. OPS. 200.0005 Inmate on Inmate Sexual Conduct - Prohibited 3. DPSCS.020.0026 Executive Directive PREA Rape Elimination Act - Federal Standards Compliance 4. MCIW ID 020.0026-1 Prison Rape Elimination Act Maryland Correctional Institution for Women Institutional Directive 5. Title 12 DPSCS Subtitle 03 Operations Chapter 01 Inmate Disciplinary Process 6. COMAR 12.03.01 7. COMAR 12.02.27 8. Substantiated Inmate on Inmate Sexual Abuse Criminal Case 9. Interviews: <ol style="list-style-type: none"> a. Mental Health Staff b. Warden <p>115.78(a) (b) (c) (d) (e) (f) (g) The aforementioned policies govern the mandate of the standard provisions. The Department does not tolerate sexual abuse or sexual harassment of an inmate. The policies identify sexual abuse of an inmate by another inmate to include the following acts, if the victim inmate does or does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse: (i) Acts listed under §§ .04B(3)(a)(i) and (ii) of this directive; (ii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and (iii) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin breast, inner thigh, or the buttocks of another inmate, excluding contact incidental to a physical altercation. OPS.200.0005 states: The Department does not (1) Tolerate inmate on inmate sexual conduct; (2) Consider alleged or actual consent as a defense to an allegation of inmate-on-inmate sexual conduct.</p> <p>Pursuant to MCIW ID 020.0026-1, Sanctions are in place for inmates found to have participated in prohibited behaviors. Inmates are subject to sanctions pursuant to a formal disciplinary process following an administrative finding, criminal finding of guilt that an inmate engaged in inmate-on-inmate sexual abuse. Title 12 DPSCS Subtitle 03 Operations Chapter 01 Inmate Disciplinary Process and COMAR 12.03.01 identify the</p>

inmate violation summary code has 117 – An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act.

Per the PAQ one inmate was noted as pending criminal prosecution pursuant to a substantiated investigative finding for inmate-on-inmate sexual abuse during a criminal investigation by the IID Investigator. The inmate was charged with Rape 2nd Degree; Assault 2nd Degree, Sex Offense 4th Degree – Sex Contact and Assault 2nd Degree - DOC Employee. an inmate of corrections. Per the DPSCS PREA Coordinator, facility discipline is withheld pending the final disposition of the court hearing.

Per an interview with the Warden, all inmates who are identified to have committed sexual abuse and/or sexual harassment are subject to disciplinary sanctions in accordance with agency policy. She added one inmate was identified as the aggressor during a substantiated sexual abuse investigation. However disciplinary sanctions will not be imposed until the conclusion of the criminal court hearing that has been scheduled.

OPS.200.0005 state: If therapy, counseling, or other intervention designed to address and correct underlying reasons or motivation for sexual conduct is available, may be required to participate in available therapy, counselling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process. Per an interview with mental health staff, the facility does not offer specific programs for an aggressor, but assistance is available through regular scheduled programs as oftentimes, an aggressor has previously been abused themselves. The programs are available to the inmates upon their request however, inmates are never forced to participate and/or enroll.

OPS.200.005 states inmates may be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct. A review of the investigative case files, there were zero substantiated cases of sexual abuse for staff on inmate and zero incidents in which inmates were disciplined for sexual abuse with staff upon being determined that the staff did not consent to the sexual conduct.

OPS.050.0001 and OPS.200.0005 states, "A complaint of an alleged inmate on inmate sexual conduct made in good faith based upon a reasonable belief that the alleged inmate on inmate sexual conduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of inmate-on-inmate sexual conduct." Per the review of the investigative case files, zero inmates received disciplinary sanctions upon an investigation determination that the inmate filed a false report or lied during a reported allegation of sexual abuse and sexual harassment.

OPS.050.0001 and OPS.200.0005 states, "An inmate may not commit, participate in, support, or otherwise condone sexual conduct." COMAR 12.03.01 identify the inmate violation summary code has 117 – An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act. Per interview with the Warden, the facility does not consider consensual sexual activity between inmates to be sexual abuse and disciplinary sanctions are given to those inmates identified performing

	<p>such acts. Per the PAQ, zero inmates received disciplinary sanctions for participating in sexual conduct activities that was not determined to be sexual abuse.</p> <p>Based on a review of policies, identified violations for acts of sexual abuse, review of an inmate pending criminal charges for sexual abuse, interview with mental health staff, and Warden, MCIW does meet all provision of the standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. 3. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness 4. Mental Health Services Manual Programs and Services: Mental Health Services Chapter 18 5. Mental Health Referral Tracking Log 6. Interviews with: <ol style="list-style-type: none"> a. Medical and Mental Health staff b. Staff who conduct risk screening c. Inmates Who Disclosed Prior Sexual Abuse <p>115.81 (a) (b) OPS.200.0006, states that the PREA Coordinator is responsible for ensuring that whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with a medical or mental health practitioner within 14 days of the initial screening. A review of the PREA Intake Screening confirmed if an inmate response is yes, to the following questions: a) Were you ever sexually assaulted or abused as a child or adult? and/or b) Have you ever been approached for sex/ threatened with sexual assault while incarcerated? Have you ever been sexually assaulted while incarcerated? Upon an inmate's response of yes, the inmate is offered a mental health follow-up.</p> <p>Per the Mental Health Services Manual Programs and Services: Mental Health Services Chapter 18 PREA governs the mandate of the standard provision. Inmates/detainees with positive screening results will be referred to the psychology department for</p>

follow-up within 14 days of the screening. The Chief psychologist or lead mental health provider shall ensure that all positive screenings that indicate an inmate/detainee current or prior sexual victimization within a prison/jail setting or in the community that the mental health department of the institution of facility will offer a follow-meeting with the inmate /detainee within fourteen (14) days of the screening.

OPS.200.0006 and Mental Health Services Manual Programs and Services: Mental Health Services Chapter 18 PREA governs the mandate of the standard provision. The Chief psychologist or lead mental health provider shall ensure that all positive screenings that indicate an inmate/detainee has perpetrated a sexual assault within a prison/jail setting or in the community that the mental health department of the institution of facility will offer a follow-meeting with the inmate /detainee within fourteen (14) days of the screening. During the risk screening process, each inmate is asked the following questions a) Do you have a history of administrative violations or institutional infractions for sexual misconduct ? b) Do you have a history of domestic violence as a perpetrator including pending charges and your current charge? c) Do you have a criminal history of sex offenses with adults? d) Have you ever sexually assaulted another inmate while incarcerated? Upon a yes response of three points, the inmate is offered a mental health referral.

An interview with staff who conduct risk screening indicated upon an inmate being identified with history of prior sexual victimization and/or a history of have perpetrated a sexual assault, these inmates are offered a follow-up meeting with mental health in which they are required to seen within 14 days of the submitted referral. The inmate has the option of accepting and or refusing the referral.

The auditor requested a listing of all inmates who reported and/or were identified as prior victims of sexual abuse and/or having a prior history of victimization. The documentation presented identified 36 inmates as prior victims. Of these 36 inmates, eight (8) were referred to mental health and seen within 14 days of the referral. Twenty-one inmates were identified as not seen within the 14-days that included an excess of six (6) months of the dated referral. Seven (7) inmates were noted as refusing the offered mental health follow-up at the time, which included being identified beyond 14 days of the made referral. One (1) inmate was identified as having sexually assaulted another inmate while incarcerated and was seen on the day of the referral. Interviews conducted with four (4) inmates who reported prior sexual abuse indicated they were offered a mental health referral during intake and were seen by mental health range from two weeks to a month and half before they were seen by mental health.

115.81(c) MCIW is not a jail.

115.81(d) OPS.050.0001 states that information concerning an alleged complaint of sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating and resolving the alleged misconduct and immediate and continued care of the victim. Per interview with staff who conduct risk screening, this information is limited to intake staff, case managers, medical and mental health staff and the PREA Compliance Manager. The

Traffic Officer does have access to the inmate's result of prior victim and/or prior aggressor to ensure proper housing assignments but not the inmate responses to the questions. The specific details related to sexual victimization or abusiveness is strictly limited. Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments. Per observation during the site visit and interviews with the PREA Compliance Manager and staff who conduct risk screening, the inmate files are maintained in the Record's Office with limited staff access. This helps protect the confidentiality of information and helps ensure that any information related to sexual victimization or abusiveness is kept confidential and that access is strictly limited to those with a need to know.

115.81(e) Mental Health Services Manual Programs and Services: Mental Health Services Chapter 18 PREA governs the standard provision. The chief psychologist or lead mental health provider shall ensure that all mental health providers shall obtain informed consent from inmate/detainees who experienced prior victimization in the community before any information about the inmate /detainee's sexual victimization may be release unless the inmate /detainee is under the age of eighteen (18). In addition, interviews with both medical and mental health staff verified they would be required to obtain an informed consent from inmates before reporting sexual abuse that did not occur in an institutional setting by completing appendix G and H of the Medical Records Manual (consent forms). Interviews with both medical and mental health staff confirmed they require an inmate to sign a consent form at the initiation of services and advise each inmate of their duty to report. MCIW does not house inmates under the age of 18 years old.

Although the agency has policies that identify inmates who report a history of previously perpetrated sexual abuse and/or a prior sexual victimization are offered a mental health referral with 14-day of being offered, the 36 inmates were not seen by mental health within 14 days of the submitted mental health referrals. Therefore, the facility does not meet the standard provisions of 115. 81 (a) and (b).

Corrective action required: The auditor identified the facility's failure to complete mental health referrals within 14 days during the pre-audit process and corrective action measures were immediately initiated by the facility. Training was given to staff and procedures were developed that require the completed intake risk screening forms be personally delivered to the mental health supervisor daily. Mental health staff was informed that the mental health follow-ups are to be completed within 14 days of the submitted referral not 14 days after receiving the referral. The facility will be placed in a corrective action phase for 120 days.

Corrective Action Applied:

MCIW identified the following inmates were referred to mental health upon arrival at the facility based on the PREA risk screening score during the corrective action period: victim of victimization = 5; risk of abusiveness – 0; at risk of victimization and abusiveness = 1; and identified as at a low risk of sexual victimization = 10. The review of the 16 PREA Follow-ups documents confirmed all referred inmates were

	<p>seen by the mental health staff within 14 days of the dated referral.</p> <p>Based on the presented documentation that supports the 16 inmates identified within the standard provision was offered a PREA follow-up with mental health staff and were seen within 14 days of the submitted referral, MCIW does meet all provisions of the standard to include (a) and (b) .</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. 3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 4. DPSCS Office of Clinical Services Inmate Health Medical Evaluations Manual Chapter 13 Sexual Assault on An Inmate 5. Interviews with: <ol style="list-style-type: none"> a. Security First Responder b. Medical Staff/ Mental Health Staff c. Inmates Who Reported Sexual Abuse <p>115.82(a) OPS.050.0001, OPS.200.0005, and the Medical Evaluations Manual Chapter 13 governs the mandates of the standard provisions. Per OPS.050.0001, and OPS.200.0005 the head of a unit, or a designee is responsible for ensuring that appropriate medical and mental health services and support service are made available to a victim of sexual misconduct/sexual conduct. OPS.050.0001 states supervisors, managers, and shift commanders are responsible for ensuring the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes referral for medical and mental health care follow up and non-medical or mental health related counseling services.</p> <p>The Medical Evaluations Manual, Chapter 13, states following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during</p>

transfer to a facility for forensic examination. Policy further states that notifications to mental health psychology staff, social workers and the facility PREA Compliance Manager will be done irrespective. The policy outlines procedures in which medical treatment will be delivered to the victim who sexual abuse allegations within 72 hours of occurrences for an offsite SANE examination and those who report sexual abuse beyond 72 hours of occurrences to include those reported via the PREA Hotline. All inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit regarding the allegation of sexual assault. A mental health professional will see the patient within 24 hours of his or her return to evaluate for any treatment needs, and document findings. If the victim's situation did not generate the need to have an off-site hospital visit, a mental health professional shall conduct a mental health evaluation within 24 hours of the initial report of incident, document disposition and follow-up needs as indicated. Interviews were conducted with both medical and mental health supervisors. As both medical and mental health staff are on duty 24/7, a victim of sexual abuse would be seen on the day the allegation was reported and medical services would be initiated immediately. Both indicated the services provided are in accordance with their professional judgement in addition to state law and agency policies. Interviews conducted with four (4) inmates who reported allegations of sexual abuse confirmed they were seen by both medical and mental health staff shortly after reporting the allegation. Confirmation of these services were noted in each of the inmate's investigative case files.

115.82(b) OPS.050.0001 states, "The first correctional officer responding to an incident of sexual misconduct shall: (a) Ensure the safety of a victim of sexual misconduct by: (i) Immediately stopping an incident in progress, if necessary, arranging for separation of the victim from the abuser; and (ii) If applicable, immediately, if qualified, providing medical attention or arranging for appropriate medical attention. Interviews with random staff confirm they were aware of the first responder duties. All stated they would separate the victim from the abuser, keep the victim safe, contact their immediate supervisor and the inmate would be escorted to the medical department for services. An interview was also conducted with a security staff member who served as a first responder. Staff indicated upon the inmate reporting the sexual abuse, she immediately removed the inmate from the area of the alleged aggressor and escorted the inmate to medical per orders of her supervisor. The inmate was later transported to an outside hospital for a forensic examination. The inmate reported the sexual abuse had occurred 30 minutes prior to reporting the allegation. The allegation was reported to have occurred within an area accessible to others.

115.82(c) (d) Chapter 13 outlines the requirement that the victim and alleged abuser shall be offered follow-up STI testing within 60-90 days of initial testing to include HIV, HCV, and syphilis serology. Chapter 13 states all treatment services shall be provided to both parties (victim, and the alleged abuser) without financial cost and regardless of whether the victim names the abuse or cooperates with any investigation arising out of the incident. Interviews with both medical and mental health staff also verified the services would be provided to inmates at no cost.

Based on the review of policies, interviews with first responder, inmates who reported

	sexual abuse, medical and mental health staff, documentation of both medical and mental services provided to inmates who reported sexual abuse, the facility meets all provisions of the standard.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. 3. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness 4. DPSCS Office of Clinical Services Inmate Health Medical Evaluations Manual Chapter 13 Sexual Assault on An Inmate 5. Medical and Mental Health Documentation 6. Interviews with: <ol style="list-style-type: none"> a. PREA Compliance Manager b. Medical and Mental Health Staff c. Inmates who reported sexual abuse <p>115.83(a) DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault and, addresses the requirements of this standard. Per Section I, Detainees/inmates reporting to have been sexually assaulted while in DPSCS custody shall be managed using guidelines consistent with the Prison Rape Elimination Act (PREA). An initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. In an interview with medical staff, indicated they would ensure the victim is stable and then provide follow up treatment plans per the physician or local hospital.</p> <p>Per Chapter 13, Section F of the Manual, states within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room notes, and write appropriate orders for care in the patient's medical record. If the provider is off site, the emergency room protocol for review will be conducted and the disposition of care executed. Medical staff is assigned at the facility 24/7. Therefore, the inmates are seen by facility medical staff upon their return to the facility following the initial</p>

offsite medical visit regarding the allegations of sexual assault. An interview with mental health staff indicated staff would meet with the victim within minutes of awareness and offer supportive counseling. Medical and mental health services are available 24/7.

115.83(b) The facility offers medical and mental health evaluation as appropriate treatment to all inmates who have been victimized by sexual abuse. Inmate sexual abuse casefiles confirmed inmates are seen by and follow-up services are conducted with medical and mental health staff through documentation of services. The Office of Clinical Services/Inmate Health Administrative Manual, Chapter 9, Continuity of Care, states that inmates leaving the Department of Public Safety and Corrections facilities will be provided with information and access to systems that will enable them to continue care for diagnosed disease processes that was received while the inmate was incarcerated. Additionally, COMAR 10.12.02.03, states that prophylactic medication shall be discussed and offered to the victim and recommended initial tests and follow-up tests shall be performed. The victim shall be referred to the appropriate anonymous or confidential and free HIV counseling and test sites for potential baseline and follow-up testing and support services Confirmation of continued community follow-up services is arranged prior to the inmate's departure from the facility. An interview with a victim identified in substantiated sexual abuse allegation that involved penetration of an object, confirmed she received medical treatment and was provided initial medical treatment performed by facility medical staff and at the local hospital. She declined further treatment that was documented within her medical file.

115.83(c) In an interview with the mental health and medical supervisors indicated the level of care provided is consistent and better than the community level of care.

115.83(d) & (e) MCIW houses female inmates. Per Chapter 13, Section F of the Manual, if pregnancy results from the sexual abuse the detainee or inmate shall receive timely and comprehensive information and access to all pregnancy related medical services including abortion, as outlined in the DPSCS Clinical Services Pregnancy Management Manual. Interviews with medical and mental health care staff confirmed that female victims of sexual abuse vaginal penetration would be offered pregnancy tests and access to all pregnancy related information and lawful services. The facility employs the services of a community Ob-Gyn and if pregnancy resulted, continuous follow-up services would also be performed by the license Ob-Gyn. Upon an inmate's release, continued services would be arranged within the community. There were no reported allegations of sexual abuse involving the penetration of a male genital with a female inmate. The completion of a pregnancy test was not applicable. Pregnancy did not result from the allegation of sexual abuse.

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

	<p>indicated the insertion of an object and not a body part. There were no reported allegations of sexual abuse involving the penetration of a male genital with a female inmate.</p> <p>115.83(g) Per Chapter 13, Section O, of the Manual, all treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The one inmate who was transported to a local hospital for a forensic examination indicated she was not held responsible for the financial cost of medical treatment resulting from the reported allegation of sexual abuse.</p> <p>115.83(h) Per Chapter 13, Section K, of the Manual, an alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse. An interview with a Case Manager, who performs risk screening for victimization or abusiveness, indicated that an inmate disclosing prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are automatically referred to mental health. The inmate is given the option of being evaluated but a referral is made whether the inmate chooses to participate or not. Mental health staff confirmed a mental health evaluation of all known inmate-on-inmate abusers is completed and services are offered but they often refuse the services, and oftentimes, the victim will not identify the aggressor. She further stated the abuser is seen within 60 days of learning of the sexual abuse.</p> <p>Based on the review of policies, documentation of services provided, interviews with both medical and mental health staff, and inmate who reported sexual abuse, the facility does meet all provisions of the standard.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OSPS.020.0027 – PREA Investigations – Tracking and Review 3. PREA Investigative Case Files 4. PREA Incident Reviews 5. Interviews with: <ol style="list-style-type: none"> a. Warden

b. MCIW PCM

c. Incident Review Team Member

115.86(a)(b)(c) OSP.S020.0027 states, "that except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded, review the incident. It also indicates the facility incident review team shall consist of upper-level facility management officials designated by the facility managing official after consultation with the facility PREA Compliance Manager and have input from or access to line supervisors, investigators, and medical or mental health practitioners concerning the incident being reviewed.

A review of the seven (7) reported PREA investigative case files identified there were two (2) sexual abuse allegations determined as Unsubstantiated and one determined as Substantiated. The three incident reviews were determined as the following:

One (1) sexual abuse investigation was determined as Unsubstantiated on June 21, 2022. The incident review was documented as completed on January 23, 2023.

One (1) sexual abuse investigation was determined as Unsubstantiated on May 24, 2022. The incident review was documented as completed on January 23, 2023.

One (1) sexual abuse investigation was determined as Substantiated on September 12, 2022. The incident review was documented as completed on October 7, 2022.

Although the review of the completed sexual abuse investigations was thorough, two (2) of the three (3) incident reviews were not conducted within 30 days of the completed investigations. Therefore, the facility does not meet provision (b) of the standard.

The facility failure to complete the incident reviews in accordance with agency policy and the standard provisions, was identified by the auditor and corrective measures were developed.

115.86(d) OSP.S020.0027 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the location where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing in these areas. The team is required to prepare a report of findings for the managing official and MCIW PCM that identifies problem areas, necessary corrective action, and recommendations for improvement. An interview with a member of the incident review team indicated the committee took all factors into consideration. The committee looks at the identified areas to see if there are any blind spots, if additional mirrors are needed, or if more staff is needed. Also consider if additional cameras are needed. The auditor reviewed the incident review reports and found they contained the required information. There

were no recommendations made on the report.

115.86(e) OSP.S020.0027 requires the managing official to work with the facility's PCM to implement the facility incident review team's recommendations for improvement from the review team; or if a recommendation is not implemented, document the reason for not adopting the recommendation. Per review of the completed incident reviews, there were no recommendations made in the reports.

Based on the review of policies, sexual abuse investigative case files to include completed incident reviews identifying two (2) of the three (3) were completed outside the agency policy and standard provision (b) that occurred outside 30 days of the investigative findings, the facility does not meet standard provision (b). Therefore, the facility is placed in a corrective action period of 120 days.

Corrective action required:

The facility will conduct an incident review of all completed sexual abuse investigations during the 120-day corrective action period to include those sexual abuse investigations that are determined as Unfounded. The auditor will monitor throughout the corrective action period for compliance of completion within 30 days of each sexual abuse investigation.

Corrective Action Applied:

The facility reported two sexual abuse allegations during the corrective action period. The investigative findings for both sexual abuse allegations were determined as unfounded. Although the investigative findings were unfounded, incident reviews were completed to demonstrate the knowledge, understanding and practice of conducting incident reviews. One unfounded sexual abuse investigation was completed on February 9, 2023, and the incident review was conducted on February 28, 2023. A second unfounded sexual abuse investigation was completed on February 21, 2023, and the incident review was completed on February 28, 2023. An incident review was also conducted for an unfound sexual harassment investigation. The sexual harassment investigation was completed on April 6, 2023 and an incident review was completed on April 7, 2023. There were zero substantiated and/or unsubstantiated sexual abuse investigative findings during the corrective action period.

The review of the incident reviews indicated staff documented the review of the incident description; possible motivation, review of the location, review of staffing levels, need for additional or augmented monitoring technology and recommended changes/improvements to policy or practice.

Based on the staff completion of three incident reviews that demonstrated the knowledge, understanding and practice of completing incident reviews within the provisions of the standard, MCIW does meet all provisions of the standard to include provision (b).

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review 3. DPSCS Website <p>115.87(a) OSPS.020.0027 says that the Department's Internal Investigation Division, IID, is the primary investigative body for all PREA related allegations and is responsible for uniformly collecting and maintaining data regarding PREA related criminal and administrative investigations and for developing the forms to collect such data. Documentation provided included an information sheet entitled Incident-Based Data Collection. This outlines exactly what information is to be collected and reported on. The document identifies detailed information that must be collected regarding victim's information, perpetrator information, staff perpetrator information, medical and mental health information, and information from investigations that were conducted.</p> <p>115.87(b) OSPS.002.0027, indicates that the DPSCS PREA Coordinator is responsible for aggregating the incident-based sexual abuse data annually. The DPSCS PREA Coordinator, said, in an interview, he receives the data from IID and prepares the report based on that data. He indicated he collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. He reviews the data collected with the Warden as well, prior to writing the report. The report is based on the Fiscal Year.</p> <p>115.87(c) The DPSCS provided a copy of their most recent SSV-2 report that demonstrated that the data collected is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence.</p> <p>115.87(d) Directive OSPS.020.0027 also holds the DPSCS PREA Coordinator responsible for collecting, maintaining, and reviewing the data from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. The DPSCS PREA Coordinator provided a tracking sheet he uses to keep track of the data. It includes information such as name and number of inmates involved, both the inmate making the allegation and any known perpetrators or suspects, date of the allegation, investigative case number, the outcome of the investigation, date of closure of the case, name of the investigator assigned to the case, date of notification of inmate complainant and the nature of the complaint.</p> <p>115.87(e) Directive OSPS.020.0027, section .03B states, "The Department shall uniformly collect accurate data for every allegation of sexual abuse from each</p>

	<p>correctional facility under the authority of the Department to assess and improve effectiveness of sexual abuse prevention, detection and responsiveness.” The Maryland Department of Public Safety and Correctional Services previously had a contract with the “Threshold, Inc.” for its pre-release services. The most recent PREA audit was dated May 22, 2018, and the facility was closed in 2020. The DPSCS PREA Annual Report for 2021 did include data for Threshold, Inc. while documenting incident-based sexual abuse data and was published on the DPSCS website.</p> <p>115.87(f) Directive OSPS.020.0027, section .03B states, “The IID shall: (4) By June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.” The DPSCS PREA Coordinator, provided a copy of the most recent SSV-2 which demonstrated that the information is submitted to the Department of Justice timely.</p> <p>Based on the review of policies, incident reviews, interviews and analysis, the facility is compliant with all provisions of this standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review 3. DPSCS Website 4. 2021 Annual PREA Report 5. Interviews with: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. Agency Head Designee <p>115.88(a-d) Section .05 C of OSPS.020.0027 addresses the requirement of this standard. The Directive indicates the DPSCS PREA Coordinator, or a designee shall aggregate the incident-based sexual abuse data annually. Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Ensure that all aggregated sexual abuse data is included in an annual report that includes an assessment of the Department’s sexual abuse prevention, detection, and response policies, practices, and training; If applicable, identifies Department-wide problem areas or problems</p>

	<p>within specific correctional facilities; Is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available from previous years; Assess the Department's progress in addressing sexual abuse; and is approved by the Secretary and made available to the public through the Department's public and redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication.</p> <p>Per an interview with the DPSCS PREA Coordinator, the agency maintains a running report of all PREA allegations received from all of the agency's correctional facilities. His office continuously looks for trends of the alleged occurrences. His office also reviews investigations for thoroughness while returning some on occasion if it is felt the additional investigation and/or information is needed. He maintains a tracking log of individuals to include staff identified within the investigations. This includes data collected by the IID, which is forwarded to him annually. He aggregates the data and compares it to previous years' data, looking for patterns or for anything unusual or noteworthy. He writes the annual report for the Secretary's review and signature. Upon the Secretary's approval and signature, it is published on the agency website. He also indicated he does not include information that meets the requirement of being redacted.</p> <p>Per an interview with the agency head designee, there are many layers of review prior to the final approval of the annual reports by the DPSCS Commissioners for publishing.</p> <p>The auditor reviewed the website and verified the 2021 annual report was signed by the Secretary and published. The Annual Report was signed by the DPSCS PREA Coordinator, and DPSCS Secretary on September 27, 2022, and signed by the DPSCS Deputy Secretary on September 23, 2022. A review of the report indicated a comparison of data from 2013 -2021. The report is professionally written and addresses the requirement of this standard.</p> <p>Based on a review of policy, website, annual report, interview and analysis, the facility does meet all provisions of the standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIW Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OSP5.020.0027 PREA Investigations Tracking and Review

	<p>3. DPSCS Agency website</p> <p>4. Annual PREA Report 2013 -2021</p> <p>5. Interview::</p> <p>a. PREA Coordinator</p> <p>Section C of OSPS.020.0027 addresses the requirements of this standard. The directive indicates the DPSCS Coordinator is responsible for completing an Annual report and when approved by the Secretary it is made available to the public through the Department's public website. The report should redact information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information and related personal identifiers. Securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information. Maintain sexual abuse data for at least 10 years from the date received.</p> <p>Per an interview with the Agency PREA Coordinator, he stated he writes the report that is published on the Department website. He does not include any information that would present a clear threat to the safety and security of a correctional facility or personal identifiers that would require to be redacted. He also indicated the data is securely maintained for at least 10 years in computerized system and only authorized personnel has access. The auditor reviewed the agency website and verified Annual PREA Reports were posted for public viewing annually from 2013 - 2021. A random review of these reports to include the most recent 2021 Annual PREA Report indicated there were no personal identifiers.</p> <p>Based on the review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this Standard.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.401 (a) (b) The facility is part of the Maryland Department of Public Safety and Correctional Services. This is the first year of the current cycle (fourth). A review of the agency's website https://dpscs.maryland.gov/prea/prea-audits.shtml confirmed all agency correctional facilities were audited during the previous three-year cycle and are visible to the public. The Department scheduled the facility audits within the three-year cycle, while one third were completed each year of the cycle.</p> <p>115.401 (h -n) The auditor received all requested documentation throughout the pre-audit, on-site visit, and post audit phases that included a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents to support a conclusion of</p>

	<p>compliance with each PREA standard. An excess of the required number of staff and inmates were interviewed, and all were knowledgeable regarding PREA education and how to report. The auditor was granted access to tour and visit all areas of the facility. Inmates confirmed their observation of the notice of the audit posted throughout the institution that included the auditor's name and mailing address to submit confidential correspondence and dated December 1, 2022. Confirmation of the notice posting was forwarded to the auditor via dated photographs of the postings. Per an interview with mailroom staff, inmates are allowed to forward confidential correspondence to the auditor in the same manner as mail addressed to a legal counselor. The auditor received three (3) correspondences from the inmate population requesting interviews in addition to two (2) inmates requests during the site visit. Each of these inmates were granted an interview with the auditor.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f): A review of the agency's website https://dpsscs.maryland.gov/prea/prea-audits.shtml confirms all agency correctional facilities PREA audits are posted and visible to the public. The most recent audit posted on the agency's website for MCIW is dated December 14, 2020.</p>

115.11 (a)

	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)

	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)

	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

	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.)	na
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	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na
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	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.)	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
	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.)	na
	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
	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)

	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
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	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)

	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

	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
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	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
	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
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
	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)		
	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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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)		
	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)		
	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
	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	yes

	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?	
	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
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
	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
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

	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)		
	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
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
	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
	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

	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
	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
	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
	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
	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
	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)		
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
	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

	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
	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
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
	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
	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
	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
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)		
	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
	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)		
	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
	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)		
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)		
	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
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
	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
	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	yes

	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.)	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
	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
	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
	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
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
	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)	no

	Whether the inmate is detained solely for civil immigration purposes?	
	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)		
	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
	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
	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)		
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
	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
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
	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	yes

	present management or security problems?	
	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
	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)		
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	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: 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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
	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
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na

	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
	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
	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
	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
	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	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
	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
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)		
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
	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)		
	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	na

	this standard.)	
	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
	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)		
	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

	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
	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
	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,	yes

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
	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
	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
	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
	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	yes

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

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

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

	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?	
	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
	In the case of inmates, does such monitoring also include periodic status checks?	yes
	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
	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
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
	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
	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
	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)		
	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
	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
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)		
	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)		
	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)		
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
	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
	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

	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
	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
	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	yes

	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?	
	Does the agency document all such notifications or attempted notifications?	yes
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
	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
	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)		
	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
	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
	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
	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
	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
	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
	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)		
	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	yes

	evidence sufficient to substantiate the allegation?	
	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
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	no
	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
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
	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
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
	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
	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
	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
	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)		
	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)		
	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

	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)		
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)		
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)		
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)		
	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)		
	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)		
	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
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)		
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
	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)		
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)		
	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
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)		
	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
	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)		
	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.)	na
115.87 (f)		
	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)		
	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	yes

	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?	
	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)		
	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
	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
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
	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
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
	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

	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
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**115.401
(b)**

	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

**115.401
(h)**

	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
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**115.401
(i)**

	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
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**115.401
(m)**

	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
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**115.401
(n)**

	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
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(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>