

PREA Facility Audit Report: Final

Name of Facility: Maryland Correctional Training Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 04/27/2020

Date Final Report Submitted: 09/04/2020

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: 09/04/2020

AUDITOR INFORMATION	
Auditor name:	Dawson, Debra
Email:	dddawsonprofessionalaudits@gmail.com
Start Date of On-Site Audit:	03/02/2020
End Date of On-Site Audit:	03/05/2020

FACILITY INFORMATION	
Facility name:	Maryland Correctional Training Center
Facility physical address:	18800 Roxbury Road, Hagerstown, MD 21746, Maryland - 21746
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Liz Rice
Email Address:	elizabeth.rice@maryland.gov
Telephone Number:	240-420-1506

Warden/Jail Administrator/Sheriff/Director	
Name:	Richard Dovey
Email Address:	richard.dovey@maryland.gov
Telephone Number:	240-420-1400

Facility PREA Compliance Manager	
Name:	Elizabeth Rice
Email Address:	elizabeth.rice@maryland.gov
Telephone Number:	O: (240) 420-1506

Facility Characteristics	
Designed facility capacity:	2952
Current population of facility:	2905
Average daily population for the past 12 months:	2902
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-77
Facility security levels/inmate custody levels:	Medium, Minimum, Pre-Release
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	417
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	75
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	164

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

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

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

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Maryland Correctional Training Center (MCTC) was conducted on March 2-5, 2020. This was the 2nd PREA audit for the facility. The PREA audit was coordinated through the Maryland Department of Public Safety and Correctional Services (DPSCS) and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor, Debra Dawson was assigned as the Lead Auditor. Mr. Bobby Edwards was assigned as support staff to assist in conducting interviews. DOJ Certified Auditor Ms. Crystal Norment was assigned as the Secondary PREA Auditor during the review agency and facility policies, procedures and supporting documentation, systematic review of the evidence and drafting the interim and final report. A line of communication was developed between the DPSCS PREA Coordinator Mr. David Wolinski, Assistant PREA Coordinator Funsho S. Oparinde and the assigned Lead Auditor through telephone calls and emails. Due to the size and inmate population of the facility, it was determined the site visit would consist of a 4 day period.

Per-Audit Process:

The auditing team was presented with the Agency's PREA Manual which is a comprehensive 393-page development of the Department Directives that provide policies and guidance for compliance of the PREA standards. The manual was provided by the Agency PREA Coordinator Mr. David Wolinski.

A line of communication was also established between the PREA Lead Auditor and MCTC PREA Compliance Manager (PCM) Mrs. Elizabeth Rice through emails and telephone calls on December 19, 2019. A discussion regarding the posting of the audit notice, logistics of the audit process, completion of the Pre-Audit Questionnaire (PAQ), and submission of documentation through utilization of the Online Automated System (OAS) was conducted. The auditor selected numerous documents developed by the PREA Resource Center and listed in the PREA Training and Resource Portal for submission to the facility for completion during the pre-audit process. Specifically, the PCM was provided with the following to complete and return to the lead auditor not less than 3 weeks prior to the scheduled on-site visit: PREA Interviews -Specialized Staff; PREA Audit File Review; New Hires within 12 Months; Agency Contract Administrator; Immediate or Higher Staff; Inmates who report Sexual Abuse Abuse/Sexual Harassment; Allegations and Investigation overview; Requested rosters of security and non-security staff. The advanced documentation request was made in an effort for the auditor's selection of specialized staff and targeted inmates for interviews and review of staff and inmate files to include investigative files prior to the on-site visit. The PCM did confirm the audit notice posting through confirmation of photographs noting areas via email on January 24, 2020. However, the requested documentation to include the completed PAQ was not received as requested. Specifically, the lead auditor received confirmation of the requested documentation in the OAS during travel status to the facility. Therefore, the auditing team was unable to sufficiently review the PAQ and supporting documentation prior to on-site visit.

Upon receipt, the Pre-Audit Questionnaire (PAQ) consisted of links to DPSCS Directives facility policies, inmate handbook, training curriculums, organizational charts, background checks, staff, and inmate

PREA education, confirmation of staff and inmate PREA education and other PREA related material. The lead auditor received 1 confidential correspondence from an inmate assigned at MCTC. Both inmates were interviewed by the auditor during the site visit.

The PREA auditors reviewed the Department's website and observed the annual PREA reports and prior PREA Audit Report for MCTC. The lead auditor contacted Just Detention International (JDI) about any information submitted by inmates. JDI confirmed receipt of 1 confidential correspondence for an inmate.

Day 1 Site Visit:

The on-site visit began on Monday, March 2, 2020, at approximately 8:00 a.m. An entrance meeting was held with the Warden and other management staff for an introduction and to discuss the audit process. Those in attendance were: Warden, Rich Dovey; Assistant Warden William Bohrer; Assistant Agency PREA Coordinator Funsho S. Oparinde; Regional Social Worker Supervisor, Judith A. Brown; Case Manager, Todd McMayon; Assistant Director of Nursing, Becky Barnhart; Bethany Cornachia; Major, Robert Martin; Psychology, Emily Jones; Audit Coordinator Johnnavin McKinley and Food Service Supervisor Bryan Reedes. The MCTC PREA Compliance Manager Elizabeth Rice was absent from the facility. Regional Social Worker Supervisor Ms. Brown served as in the capacity and was extremely knowledgeable and appreciated for your assistance. Finalization plans of the facility's tour was determined in addition to the scheduling of both staff and inmate interviews. Private offices were identified for both the auditor and support staff to conduct staff and inmate interviews.

The inmate count of the first day of the on-site visit was reported as 2530. The auditor advised the management staff that a minimum of 50 inmates to include (25 targeted and 25 random) would be interviewed and the selection of inmates would be from a selection of inmates identified from a current roster and those identified within the targeted groups. Immediately following the entrance meeting, the auditing team was taken on a tour of the main facility by management staff. The tour consisted of visiting all areas and departments to include: all housing units, education, gatehouse, dispensary, administration building, visiting, mental health, Chapel, inmate dining hall/kitchen, Receiving & ID, Q Hut #2/Brush & Carton and staff dining. The tour at the main facility was completed in 5 hours.

At the completion of the tour, the lead auditor randomly selected inmates from each of the 10 housing units for interviews. The auditing team was provided a current inmate roster and Post Assignment Worksheet (PAWS) of staff schedule for the day. The auditing team was provided rosters identifying targeted group inmates, and random inmates for interview. Inmates were selected from each of the 10 housing units that included segregation. Inmates with no movement restrictions reported to the designated locations for interviews with the auditing team. The lead auditor elected to begin interviews with specialized staff to accommodate their work schedules. The auditing team elected to interview inmates assigned to the segregation unit at a later day during the week due to their restrictions.

Day 2 Site Visit:

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

Day 3 Site Visit:

The auditing team met with the PCM, and Regional Supervisor of Social Worker, for a tour at the Harold E. Donnell Building (HED) designated Pre-Release Program inmate housing unit and Emergency Housing Unit (EHU) minimum security housing unit. The tour concluded in approximately 1 ½ hours. At the conclusion of the tour, the auditing team was given separate private offices to conduct interviews with staff and inmate assigned at these areas. Inmates were randomly selected for interviews based on their

availability for interviews as the facility is also a work release program. Staff was also selected randomly and base on their work schedule. Upon completion of interviews at the HEU and EHU, the auditors returned to the main facility to continue with staff and inmate interviews

The auditing team conducted 35 random interviews and 27 targeted group inmate interviews. Targeted inmates interviews included: (6) Transgenders; (2) Gay; (4) Bi-sexual; (5) Inmates who reported sexual abuse; (2) Limited English Proficient; (1) Hard of Hearing; (1) Physical disabled; (6) Inmates who disclosed risk of sexual victimization during risk screening. MCTC does have house youthful inmate. There were no inmates placed in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse.

The auditing team conducted 35 random staff interviews and 27 specialized staff interviews. The specialized staff interviews included: (1) Agency Head (1) Warden; (1) Mental Health Supervisor; (1) Contract Assistant Director of Nurses; (1) Investigator; (1) Human Resource Manager; (1) PREA Coordinator; (1) PREA Compliance Manager; (1) Staff assigned to supervise segregation; (1) JUST Detention International Representative; (1) Volunteer; (1) Incident Review Team Member; (1) Designated staff member charged with monitoring retaliation; (1) Security who have acted as a first responder;(1) Non-Security who acted as a first responder (1) Local Hospital Nurse Coordinator/SANE Staff; (1) Agency Contract Administrator; (3) Intermediate or higher supervisors; (2) Staff who perform risk screening; (3) Intake staff; (1) Contract Psychology Nurse; (1) Contract Chief Psychology for Western Region..

Day 4 Site Visit

There were no discrepancies noted in the specialized training for the Intelligence and Investigative Division (IID) investigators who conduct both administrative and criminal investigations. Investigative files were reviewed during on-site visit and appeared to thoroughly document the investigative process per the Department procedures and PREA standards . There 21 allegations of sexual abuse and/or sexual harassment alleged during the audit cycle. There were no substantiated allegations determined by IID and no referrals for criminal prosecution.

The auditing team reviewed inmate risk screening for sexual victimization and abusiveness for 72-hours and the 30-day follow-up. The risk screening was completed in accordance to the Department's policies and PREA standards. Interviews with and the review of the 6 assigned transgender reassessments confirmed they were conducted bi-annually. A review of inmate PREA education was confirmed through the inmate's self-acknowledgement by signature.

The auditing team utilized rosters provided by the PCM to select random personnel files for staff, volunteers, and contract staff. Background checks and self-evaluation PREA forms for new hires and those staff promoted during the 12-month auditing period was reviewed. In addition to the review the confirmation of PREA training.

The auditing team utilized the final day at the facility conducting file review and reviewing the OAS with the PCM. The auditor and PCM conducted a complete review each standard and documentation submitted on the PAQ via the OAS. The auditor explained that additional supporting documentation would need to be added in the supplemental files to meet compliance of the standards. Staff from various departments began to work together as a team to accomplish the goal.

An exit briefing was conducted on Thursday, March 5, 2020 with the Warden, Assistant PREA Coordinator, PCM and other MCTC management staff. The auditing team thanked staff for their hospitality, the assistance and cooperation provided during the audit while acknowledging the very

essential staff members who assisted throughout the site visit. The auditing team discussed the general observations and preliminary findings and the post-audit phase was described that included the timeliness for submitting the additional documentation. An identified discrepancy noted during the review of documentation, the lack of documentation, and an interview with staff assigned to conduct retaliation monitoring for standard 115.67 (c, d) Retaliation Monitoring was discussed and identified has being a possible concern. The auditor explained further review of submitted documentation for the remaining standards would continue to be reviewed and the submission of additional documentation could be requested for the completion of review and the development of the report.

Due to the global effect of COVID-19, staff shortages, limited inmate on inmate interaction, inmate movement throughout the facility and limited to no incoming inmate traffic, the corrective action period was extended to 180 days rather than the original 100 days. The time was agreed upon by the lead auditor and the Agency PREA Coordinator. An open line of communication with the Agency PREA Coordinator, Agency Assistant PREA Coordinator, designated facility support staff for the submission of requested documentation, and the PCM upon her return to work after an extended leave. The lead auditor received monthly PREA Tracking Sheets that identified all reported allegations of sexual abuse and sexual harassment and relevant information to include but not limited to date of reported allegation, date case was open and close, case number, names of suspect and victims, investigative staff and investigative findings. The sexual abuse cases and completed retaliation monitoring was forward to the auditor and submitted in the supplemental file for review. At the end of the corrective action period, it was determined MCTC was compliant with all 45 PREA Standards for Adult Prisons and Jails.

AUDIT FINDINGS

Facility Characteristics:

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

The Maryland Correctional Training Center (MCTC) located at 18800 Roxbury Road, Hagerstown, MD in Washington County. It was built in 1966 and is an Administrative One facility and is the largest single-compound correctional institution in the state of Maryland. The facility received their American Correctional Associate Accreditation on January 13, 2020.

MCTC primarily houses male inmates between the ages of 18 – 77 with medium, minimum and pre-release security levels. The facility does not house female inmates and/or youthful offenders. MCTC is designated as the Direct Intake Unit (reception center) for the counties of Garrett, Allegany, Washington, Frederick, Carroll, and Montgomery. The facility has the capability to also house maximum security inmates if needed. MCTC reported 1333 inmates admitted to the facility whose stay was for 72 hours. There were 1307 inmates admitted to the facility who stay was 30 days or more. The average inmate designation at MCTC is 14 months.

The facility is designed as a compound style. The inner perimeter of the main compound consists of housing units, vocational buildings, administration building, recreation, medical, Receiving & ID, inmate kitchen and dining, staff dining, program areas, Chapel, inmate visiting and other correctional setting buildings. There are 21 buildings to include the housing units situated on approximately 37 acres within the secure perimeter. There is an additional 240 acres on the exterior perimeter.

MCTC identify the facility to have 8 housing units on the main compound. However, the Department of Justice (DOJ) PREA Working Group Frequent Asked Question (FAQ), has provided a definition of housing units. "Housing unit is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. The unit contain sleeping space, sanitary facilities (including toilets, lavatories, and showers) and a dayroom or leisure space in different configurations and at the same time will be counted as a housing unit." Therefore, each tier is recognized under the PREA standards as an individual housing unit for a total of 28 housing unit on the main compound. The housing units are designated as the following:

HU# 1 is designated for general population inmates with open housing. There are 4 tiers/housing units, A, B, C, D.

HU# 2 is designated for general population inmates with open housing. There are 4 tiers/housing units, A, B, C, D.

HU# 3 is designated for general population inmates with closed housing. There are 3 tiers/housing units, A, B, C.

HU# 4 is designated for general population inmates with closed housing. There are 3 tiers/housing units, A, B, C.

HU# 5 is designated as for general population inmates with closed housing. There are 4 tiers/housing

units, A, B, C, D.

HU# 6 is designated for general population inmates with closed housing. There are 3 tiers/housing units, A, B, C.

HU# 7 is designated as the segregation unit with 4 tiers/housing units, A, B, C, D

HU# 8 is designated as the general population with closed housing with 4 tiers/housing units, A, B, C, top D. The bottom tier of D is designated for arriving Intake/Temporary housing such as parole retakes and transportation layovers.

At a further distance on the grounds of MCTC, there are two off-site units identified as the Harold E. Donnell Building (HED) and Emergency Housing Unit (EHU). These are in a separate secure fence area from the main unit. The HED housing units are assigned to inmates who are in the Pre-Release Program or the minimum-security unit. This housing unit has 3 tiers. Ten cameras are in the HED for staff monitoring. Inmates assigned to the EHU are part of the institutional cadre. The EHU has 4 tiers. These inmates maintain two vegetable gardens that provide produce to the Washington County Food Resource Food Bank. An inmate kitchen and dining area is accessible to the inmates at both units. (EHU) has 4 tiers and was added in later years due to the need for additional inmate housing. EHU has been identified to receive cameras during the camera installation process. There were 331 inmates assigned in these housing units during the site visit. The installation of a mirror was recommended by the auditor to prevent a blind spot while providing supervising staff with full coverage of the kitchen area and inmate workers from all locations in the kitchen. The auditing team verified installation of the mirror on the final day of the on-site visit.

All housing units are constructed in a manner that provides privacy to all inmates while toileting, showering and changing clothes. Individual stalls provide privacy to the inmates during these visual/strip searches. The facility identified 290 cameras that aid in the prevention, detection of sexual abuse and/or sexual harassment. The video retention can be as long 45 days for investigative purposes.

A review of video monitoring did not reveal any violation of privacy during the inmates' performance of bodily functioning or change of clothing. An Excerpt from Executive Directive OPS.110.0047 Personal Search Protocols -Inmates is posted in Receiving & ID, inmate visiting and all areas where inmates' searches are conducted that outline the correct visual/strip procedures accessible to staff and the inmate population. A PREA educational poster identifying how to report sexual abuse and/or sexual harassment to include the PREA Hotline phone number is also posted next to the search procedures. Security officer coverage was provided on every correctional post noted on the daily roster (PAWS). Medical staff and security supervisory to include Sergeants, Lieutenant, Captains and Majors were each assigned to the 3 shifts to provide directed protocol measures upon the report of alleged sexual abuse and/or sexual harassment.

The institution offers academic programs that include basic adult education to high school equivalency diplomas and special education. Additionally, a variety of occupational training programs are available to the inmate population. These training programs include auto mechanics, carpentry, masonry, small engine repair, auto body repair, plumbing, residential electrical wiring, and introduction to office technology. An intensive Therapeutic Community Substance Abuse recovery treatment and after care program to 200 inmates yearly. A 15-month American's Vet Dogs program is operated at the facility with a capacity of 12 dogs.

The Maryland Correctional Enterprises (MCE) is a program that trains and employs inmates to produce

quality goods at affordable prices and employees 31 inmates. Twenty-one inmates were assigned during the site visit. The MCE has its own camera system with 14 cameras that provides coverage throughout the entire factory. The video monitoring is in the supervisor's office. The operation at MCTC produce utility brushes and corrugated cartons along with partition for state office workstations. Items are only sold to the state of Maryland, fire fighters, churches, and other non-profit organizations.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

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

115.12, Contracting with other entities for the confinement of inmates

115.13, Supervision and monitoring

115.14, Youthful inmates

115.15, Limits to cross-gender viewing and searches

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

115.17, Hiring and promotion decisions

115.18, Upgrades to facilities and technologies

115.21, Evidence protocol and forensic medical examinations

115.22, Policies to ensure referrals of allegations for investigations

115.31, Employee training

115.32, Volunteer and contractor training

115.33, Inmate education

115.34, Specialized training: Investigations

115.35, Specialized training: Medical and mental health care

115.41, Screening for risk of victimization and abusiveness

115.42, Use of screening information

115.43. Protective Custody

115.51, Resident reporting

115.52, Exhaustion of administrative remedies

115.53, Inmate access to outside confidential support services

115.54, Third-party reporting

115.61, Staff and agency reporting duties

115.62, Agency protection duties

115.63, Reporting to other confinement facilities

115.64, Staff first responder duties

115.65, Coordinated Response

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

115.67, Agency protection against retaliation

115.68, Post-allegation protective custody

116.71, Criminal and administrative agency investigations

115.72, Evidentiary standard for administrative investigations

115.73, Reporting to inmates

115.76, Disciplinary sanctions for staff

115.77, Corrective action for contractors and volunteers

115.78, Disciplinary sanctions for inmates

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

115.82, Access to emergency medical and mental health services

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

115.86, Sexual abuse incident reviews

115.87, Data collection

115.88, Date review for corrective action

115.89, Data storage, publication, and destruction

115.401 Frequency and scope of audits

115.403 Audit contents and findings

The below identified standard 115.67, Agency protection against retaliation was determined to not meet all provisions of the standard during the initial audit process. A corrective action plan was developed for

100 days. However due to the global COVID-19 pandemic, and the effected it played on staff, the inmate population and facility operations, the corrective action period was extended to 180 days

115.67(c & d) 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. The facility PAQ indicates that there were 20 incidents where inmates were monitored for retaliation. The auditing team randomly identified the retaliation monitoring of 14 inmates who reported sexual abuse. The requested cases were determined to be unsubstantiated. There were no sexual abuse cases determined to be substantiated within the past 12 months. The review revealed: 2 cases of retaliation monitoring was not conducted within the second 30-day period (60) but continued within 90 days later; 3 inmates were transferred to other DPSCS facilities prior to the completed required retaliation monitor. However, there were no documentation that identified the receiving institution was advised of the inmates' monitoring status; the auditor was advised that staff was unable to locate retaliation monitoring for the remaining 3 requested inmate monitoring. The Lieutenant assigned to conduct retaliation monitoring was unaware of the requirement to notify the inmate's receiving institution of the continued required monitoring.

Based on the review of policies, retaliation forms, interviews, and analysis, MCTC did not demonstrate compliance with provisions c & d of this standard. Staff was unable to present documentation to support retaliation monitoring for all requested inmate's retaliation monitoring documentation. Due to not meeting the 90-day retaliation monitoring as outlined in this provision and/or not providing documentation to support compliance, MCTC does not meet the provisions of standard

115.67 Corrective action: MCTC will be placed in a corrective action status for a period of 100 days to exhibit compliance in retaliation monitoring. The auditor will be provided a copy of all completed investigative reports by the IID investigators for allegations of sexual abuse and sexual harassment. The retaliation monitoring staff will forward a copy the updated retaliation monitoring forms each 30 days to the auditor for review. If an inmate is transferred prior to the 90-retaliation monitoring completion, the monitoring staff or PCM will forward an email to the inmate's new DPSCS facility advising the PCM of the remaining required monitoring period. The email will remain attached to the MCTC retaliation monitoring file.

115.67 c, d Completed Corrective Action for Compliance: Due to the global pandemic of COVID-19, staff absence from the facility, restricted inmate movement throughout the facility, limited inmate on inmate interaction and little to no inmate incoming and/or outgoing traffic, the corrective action period was extended to 180 days rather than the original 100 days. Throughout the corrective action period, a continuous level of communication was maintained between the Agency PREA Coordinator, Agency Assistant PREA Coordinator, designated facility support staff and the PCM upon her return to work from an extended absence. The lead auditor received monthly PREA Tracking Sheets that identified all reported allegations of sexual abuse and sexual harassment and relevant information to include but not limited to date of reported allegation, date case was open and close, case number, names of suspect and victims, investigative staff and investigative findings. The sexual abuse cases and completed retaliation monitoring was forward to the auditor and submitted in the supplemental file for review. The retaliation monitoring of 7 inmates was reviewed and noted as documented with the appropriate monitoring that included monitoring within 2 weeks, 30 days, 60 days, and 90 days for each unsubstantiated case of sexual abuse. There were no substantiated cases of sexual abuse. There were no discrepancies noted in the documented monitoring of retaliation and there no inmates whom retaliation monitoring was extended beyond 90 days. There were no inmates pending monitoring

transferred from MCTC during the corrective action period. However, staff demonstrated an outstanding and received training on the requirement to inform an inmate new facility of ongoing retaliation monitoring. Staff assigned to conduct the retaliation monitoring successfully demonstrated the practice and procedure in monitoring retaliation that met compliance in accordance to PREA standard 115.67. Therefore, MCTC meet the provision of standard 115.67. This accomplishment was met during the corrective action phrase.

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. MCTC Completed Pre-Audit Questionnaire (PAQ) 2. MCTC.020.0026 PREA Compliance 3. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance 4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 5. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 6. DPSCS Executive Directive OEO.050.0024 Sexual harassment-Prohibited 7. Facility Directive MCTC.050.0001 Sexual Misconduct-Prohibited 8. MCTC Organizational Chart and DPSCS Organization Chart 9. Interviews with: <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager <p>115.11(a) The agency and facility have multiple comprehensive written policies that mandates zero tolerance toward all types of sexual abuse and sexual harassment. Executive Directive DPSCS.020.0026 section .03 states, "The Department does not tolerate sexual abuse or sexual harassment of an inmate." The Directives clearly outlines the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection and response to sexual assault incidents in their facility. The Directives includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, that are consistent with PREA standards. The Directives also outlines sanctions for those that have participated in prohibited behaviors in the facility. Executive Directive OPS.200.005 contains information on inmate discipline.</p> <p>115.11(b) The agency has designated an agency wide PREA coordinator, who is assigned these duties. The agency's facilities organizational chart was provided for review. The chart shows the PREA Coordinator's position as a Special Assistant who reports directly to the Deputy Secretary of Operations. The auditor interviewed the PREA Coordinator and confirmed that he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The agency recently hired a PREA Assistant Coordinator to help the PREA coordinator with his responsibilities.</p> <p>115.11(c) The facility has designated a PREA Compliance Manager, who is assigned these duties along with other duties in the facility. The facility's organizational chart shows that the PCM position as a Case Manager who reports directly to the Assistant Warden and Warden in</p>

PREA related issues. The auditor interviewed the PCM and confirmed that although she has other responsibilities, she has time to oversee the facility's efforts to comply with the PREA standards. The facility does not have a dedicated staff for this role.

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

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

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCTC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management 4. DPSCS Staffing Analysis and Overtime Management Manual 5. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 6. Facility Directive MCTC.050.0030.1 Staffing Plan Review 7. Post Assignment Worksheet (PAWs) 8. Log of unannounced rounds 9. MCTC Staffing Plan 10. Observation while on-site 11. Interviews with: <ol style="list-style-type: none"> a. Warden b. PREA Coordinator c. PREA Compliance Manager d. Intermediate or Higher-Level Staff <p>115.13(a) Directive OPS.115.0001 states the requirements of a facility staffing plan. These requirements contain the eleven requirements stated in this provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels and requirements and the documentation of any deviations to these requirements. The MCTC Staffing Plan addresses the eleven requirements indicated in this provision. The staffing plan was based on 2952 inmates. Interviews with the agency PREA Coordinator, Warden and PCM indicated that the facility does develop and comply with a staffing plan and annual review. The facility considers each element of the provision and that upper level administration as well as the PREA Coordinator review the staffing plan.</p> <p>115.13(b) Directive OPS.115.0001 states the requirements of a facility staffing plan. Overtime Management Manual outlines the minimum requirements for the development of a facility staffing plan and the requirements for documenting any deviations from the staffing plan. Any deviations from the staffing plan are documented on the PAWS with an explanation as to why</p>

that position was closed. The Warden reported that deviations are documented, and the PAWS ensures that staffing levels are maintained at the required level.

115.13(c) Directive OPS.115.0001 states, "At least annually, or on an as needed basis, consulting with the Department PREA Coordinator to review, assess, determine, and document if adjustments are necessary to the facility's: (a) Staffing plan based on topics identified under §.05C(2)(d) of this directive; (b) Use and deployment of video monitoring system and other surveillance technology; and (c) Resources available to commit to ensure compliance with the established staffing plan." The staffing plan review is documented on an agency-wide standardized form. MCTC provided a copy of the Staffing Plan Review dated September 25, 2018 for fiscal year 2019. Interviews with the agency PREA coordinator, Warden and PCM indicated that the facility does conduct a staffing plan review at least annually.

115.13(d) Directive OPS.050.0001 states "Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: (i) Randomly on all shifts; (ii) Except when necessary to prevent prohibited cross gender viewing of an inmate or as part of a legitimate facility operation, unannounced in order to prohibit staff from alerting other staff that the rounds are being conducted; and (iii) At a frequency established by the managing official" regarding the conduct of unannounced rounds. The auditor reviewed rounds documentation which indicates that rounds occur on all shifts throughout the facility where inmates are housed and have access too. An interview with intermediate or higher levels staff indicated that unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted at least weekly and documented by the Major and higher-level staff. Confirmation of the unannounced rounds was supported through the review of the auditing team randomly selected weekly Daily Supervisor Security Inspections for the 12-month auditing period. There were no discrepancies noted. Sergeants, Lieutenants and Captains are required to conduct unannounced rounds on all shifts.

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

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14 Youthful inmates</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCTC Completed Pre-Audit Questionnaire (PAQ) 2. DPDS.100.0003 Separation of Adult and Juvenile Detainees 3. Observation during onsite tour 4. Interviews with the following: <ol style="list-style-type: none"> a. Warden b. PCM <p>Review of the PAQ, policy and interviews, confirmed the facility does not house Youthful Inmates.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCTC Completed Pre-Audit Questionnaire (PAQ) 2. DPS.020.0026 PREA Compliance Manual 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Executive Directive OPS.110.0047 Inmate Personal Search 5. IIU.110.0008 Strip & Body Cavity Searches 6. Lesson Plan- LGBTI 7. Lesson Plan -Frisk/ Body Searches, Restraints, and Scanning Devices 8. DPSCS Search exception cards 9. Training records 10. Observation while on-site 11. Interviews with: <ol style="list-style-type: none"> a. PCM b. Random staff c. Inmates <p>115.15(a) Directive OPS.110.0047, Section .05F states, “(4) An inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer.” Section .05F(3)(b), “When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate’s preference in the gender of the officer conducting the search” with regard to conducting strip searches of transgender and intersex inmates. Section .05H(2) states, “Only a certified medical professional may perform a body cavity search of an inmate.” Section .05H(4) states, “Only the certified medical professional and the inmate being searched may be present during the procedure.” Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months. MCTC only houses male inmates. Inmates interviewed did not report being subjected to cross-gender viewing by female staff during a strip search or visual cavity search. Transgender inmates identifying as female have search exception card to indicate if they wish to be searched by a female staff member.</p>

115.15(b) Directive OPS.110.0047, Section .05E(3)(a) and(c) states, “(a) Except under provisions of §.05E(3)(c) of this directive, a frisk search of a female inmate shall be conducted by a 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 MCTC is a male only facility. Training records demonstrate that all staff are trained to perform a cross gender frisk search. Provisions of 115.15(b) does not apply.

115.15(c) Directive OPS.110.0047, Section .05F(6)(b) regarding all strip searches states, “(b) Log or report the search in accordance with established procedures.” Section .05H(1)(b) regarding body cavity searches requires prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12 months. Thus, there are no written reports or incidents of cross-gender strip searches or cross-gender body cavity searches. Staff interviews did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff in the past 12 months. Likewise, inmate interviews did not indicate any occurrence of cross-gender viewing by female staff during a strip search or visual cavity search. MCTC does not house female inmates. Therefore, cross gender pat down searches of female inmates does not apply.

115.15(d) DPSCS.020.0026 states, “Staff of the opposite sex announce their presence when entering a housing unit at least at the start of their shift.” Auditor observed notices posted at entrance to housing units for an Opposite Gender Announcement. Additionally, during the tour it was noted that the facility implemented procedures that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. Inmates indicated that opposite gender staff announce their presence when entering a housing unit. The majority of inmates interviewed stated that staff make the opposite gender announcement of “female on the unit” when entering the housing unit.

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

115.15(f) Directive OPS.110.0047, Section.05F(3)(b) states, “When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate’s preference in the gender of the officer conducting the search.” Section .05F(3) speaks to searches of transgender and intersex inmates stating, “The inmate is responsible for carrying the Personal Search Exception Card at all times and shall present the card to the correctional officer prior to the start of a personal search. Failure to present the card may result in the inmate being searched in accordance with the gender associated with the institution.” The facility provides training on LGBTI and Frisk/ Body Searches, Restraints, and

Scanning Devices. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The Pre-Audit Questionnaire noted that 100% of staff have been trained. Random staff interviews indicate that they received training regarding cross gender, transgender, and intersex search procedures. Six transgender inmates were interviewed and stated they could request a search exception card.

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

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCTC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 5. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy 6. DPSCS Executive Directive OEPS.050.0011 American with Disabilities Act of 1990, Titles I&II 7. Translation Services Documentation 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. Agency head b. Random staff c. Inmates <p>115.16(a)(b) Agency policy requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP). Agency policy also requires the head of the facility (or designee) 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.</p> <p>DPSCS has a contract with Ad Astra for all their interpreter needs. Ad Astra services are available in-person, or via phone call and email. They also provide services for the hearing impaired. Part of the intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This brochure covers the zero-tolerance policy and reporting information and is available in both English and Spanish. At orientation inmates are provided a copy of the Inmate Handbook that covers the agency's zero-tolerance policy. Additionally, inmates also participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. The video presentation has audio and is also available in Spanish. Staff were observed to be present</p>

during inmate orientation and conducted a question and answer session at the end of the presentation. Sign language services are available through Statewide Visual Communication Services. During the interview with the agency head/designee, he indicated that language line and sign language services are available to inmates. Two LEP inmates, one disabled inmate and one hearing impaired inmate were interviewed. Inmates reported being given information regarding sexual abuse and sexual harassment in formats that they were able to understand. The PCM provided access to the Language Line Solutions to assist in conducting the two inmates were was limited proficient in English. Spanish was their first language.

115.16(c) Directive OPS.050.0001 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Directive OPS.200.0005 states, "Except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation, inmate interpreters, inmate readers, or other inmates." These policies guide practice regarding the use of inmate interpreters. During interviews, staff indicated that they rarely encounter inmates that cannot speak English and were aware that inmate interpreters should not be used regarding a PREA allegation.

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

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCTC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance 4. Code of Maryland COMAR 17.04.14.10 and .20 5. Code of Maryland COMAR 12.15.01.19 6. DPSCS PREA Interview/Hiring Process guide 7. PREA DBM DPSCS JOBAPS Application Form 8. PREA Interview Questions 9. Polygraph Questions for Mandated Positions 10. DPSCS Interview form – Correctional Applicant 11. Hiring and Promotional Records 12. Criminal History Background Records Check Documentation 13. Interviews with: <ol style="list-style-type: none"> a. PREA Coordinator b. Administrative (Human Resources) Staff c. Central Hiring Unit Supervisor <p>115.17(a) Directive DPSCS.020.0026, section .05F(1) regarding the Human Resources Services Division (HRSD) states, “shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coerce, or if the victim did not consent or was unable to consent or refuse; or (c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B(3) of this directive.” Human resources staff reported that hiring and background checks of new employees, promotions, contractors, and volunteers are performed by the centralized hiring unit. Human resources staff verified that the agency does prohibit the</p>

hiring or promotion of anyone who do not meet the requirements of this provision. It also prohibits the acquisition of services from any contractor who does not meet the requirements of this provision. A total of 11 agency hiring and promotional records were reviewed. Records indicated that applicants were asked about behavior described in 115.17(a)(1-3). Documentation indicates that all applicants were asked again during a polygraph examination.

115.17(b) Directive DPSCS.020.0026, section .05F(2)(a)-(b) states, "The HRSD 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, background investigation, and orientation processes. Human resources staff also indicate that this also true for contactors. The PAQ and documentation indicated a total of 22 new hires during the past 12 months of the audit. The auditing team conducted a random review of 11 hiring and promotional records. Records indicate that applicants were asked about the types of behavior described in 115.17(b) regarding sexual harassment. Documentation also indicates that all applicants were asked again during a polygraph examination.

115.17(c) Directive DPSCS.020.0026, section .05F(3) states, "Before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) Consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse." Human resources staff reported that the centralized hiring unit performs all criminal background checks and efforts to contact all prior institutional employers of new employees. It was reported that investigators are assigned and attempt to contact all previous employers. A total of 8 agency new hires and 3 promotional records were reviewed. Upon review it was noted that a criminal background check and efforts to contact all prior employers was performed for all applicants. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers.

115.17(d) Directive DPSCS.020.0026, section .05F(3)(c) states, "Before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall: (c) Before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background records check of the contractor's employees who may have contact with an inmate." Human resources staff reported that the centralized hiring unit performs all criminal background checks and efforts to contact all prior institutional employers of new employees. It was reported that investigators are assigned and attempt to contact all previous employers. MCTC reported 8 new contract hires in the past 12 months of the audit. A review of a random selected contract worker background check proved to comply with this standard provision.

115.17(e) Directive DPSCS.020.0026, section .05I states, "For each subordinate employee and contractor service provider who may have contact with an inmate, an appointing authority,

or a designee, shall conduct a criminal records background check, at minimum, every five years, or have in place a system for otherwise capturing such information for current employees and contractors.” Pursuant to COMAR 12.15.01.19 regarding the state “Rap Back” program, arrest reports are monitored for employee contact with law enforcement, on a continuous basis. The “Rap Back” program is a continuous real time monitoring program. If an employee has any contact with a law enforcement, the contact is immediately reported to the agency.

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

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

115.17(h) Maryland’s Public Information Act (“PIA”), GP§ 4-311, states, “personnel records of an individual are protected; however, such records are available to the person who is the

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

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

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCTC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. Observation 4. Interviews with: <ol style="list-style-type: none"> a. Warden b. Agency Head <p>115.18(a) The Audit Manual states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect inmates from sexual abuse. The Pre-Audit Questionnaire indicated that there had been some additions to the video monitoring systems at MCTC in 2019. An interview with the agency head/ designee indicates that when designing, acquiring, or planning substantial modifications to facilities the agency considers PREA requirements relevant blind spots in building plans regarding camera placement. The agency also considers statistics (e.g. a prevalence if incidents), considers needs, past problem areas and evidence-based practices. The Warden confirmed the addtional video monitoring will assist in the prevention and detection of sexual abuse, sexual harassment, gang activities an other prohibited acts.</p> <p>115.18(b) The PREA Audit Manual states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department’s ability to protect inmates from sexual abuse.” The Pre-Audit Questionnaire indicated new installation or update to the current video monitoring systems. An interview with the Warden indicated they consider statistics (e.g. a prevalence if incidents), past problem areas, blind spots and evidence-based practices during the placment of monitoring equipment. The upgrade plan is a phased plan to add additional cameras throughout the facilty to increase the facilities ability to protect inmates from sexual abuse or harrassment and the protection of staff. The Warden also stated they received funding to replace all the housing unit lighting with LED bulbs for better lighting and camera viewing.</p> <p>Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p>

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="252 165 895 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 244 523 280">Auditor Discussion</p> <p data-bbox="252 322 991 358">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 398 1460 1384" style="list-style-type: none"> 1. MCTC Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing 3. DPSCS Executive Directive OSPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited 4. DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses 5. Executive Directive OSPS.050.0001 Sexual Misconduct - Prohibited 6. Wexford Health P-314 Procedure in Event of Sexual Assault 7. DPSCS Executive Directive OSPS.200.0004 Inmate Sexual Misconduct 8. MCASA Website 9. Investigation Files 10. Interviews with: <ol style="list-style-type: none"> a. IID Investigator b. Warden c. Meritus Medical Center Nurse Coordinator d. Facility Victim Advocate <p data-bbox="252 1426 1481 2145">115.21(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.” This directive outlines that the investigator if appropriate shall coordinate with facility medical and custody staff to arrange for the victim to be examined by a licensed health care professional to evaluate and treat physical or emotional illness or injury suffered as a result of the incident and obtain physical evidence from the victim using a rape kit available at the medical facility. Facility staff are to arrange for the victim to undergo a forensic medical examination that is performed by a Sexual Assault Forensics Examiner (SAFE), Sexual Assault Nurse Examiner (SANE) or if documented attempts to obtain the services of a SAFE or SANE are unsuccessful, a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. MCTC utilizes Meritus Medical Center to perform Forensic Exams. If possible, preserve the scene of the incident and items that may be used as evidence, collect, and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings (a) (c). Directive OPS.050.0001 and Directive</p>

OPS.200.0005 states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct." The agency head designee reported that every allegation of sexual abuse or sexual harassment goes through IID. All investigations criminal or administrative are tracked by the facility and IID. The auditor conducted a phone interview with the Nurse Coordinator at the Meritus Medical Center. The Nurse Coordinator confirmed the medical facility has a team of Sexual Assault Forensics Examiners and these services are provided. A SAFE is on placed on call status when one is not on regular duty. A SAFE was not on duty or available for interview by the auditor.

115.21(b) Directive OPS.050.0001 and Directive OPS.200.0005 states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct." The Department employs investigators who are sworn police officers who are authorized under Maryland law to conduct both administrative and criminal investigations. The DPSCS website was reviewed and the policy was posted on the agency website. Interviews with investigative staff indicate that all allegations of sexual abuse and sexual harassment are first referred to IID for investigation. An interview with the agency head designee noted that every allegation of sexual abuse or sexual harassment goes through IID. Executive Directive OSPA.050.0030 outlines that if medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensic exam at no cost to the victim.

115.21 (c) IIU.110.0011 indicates if the alleged sexual misconduct involves sexual abuse, the assigned investigator shall ((a) if medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by a: (i) A sexual assault forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); or (iii) If after documented attempts to provide a sane or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examinations. There have been no sexual abuse allegations reported within a 72-hour period that met the outline for the completion of a forensic examination.

115.21(d)(e) The agency has an MOU with the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services in all its facilities. MCASA provides sexual assault forensic examinations, advocacy services, and an agency for reporting RPEA allegations of sexual abuse and sexual harassment. The Hotline contact information for MCASA is (410) 585-3177. This information is posted throughout MCTC housing units, library, Psychology Department, medical and receiving and ID/Intake. Inmates are given MCASA information upon arrival at MCTC within 24 hours. The auditor called the MCASA hotline number and verified that the agency does provide services for inmates at MCTC. The auditor also reviewed the MCASA website at MCASA.org and verified that services for advocate services are available through this agency. The PCM identified the facility has a qualified staff member who serves as victim advocates. A Social Worker 2 has been designated to serve as a victim advocate for MCTC. As well, as if an inmate were to go to the hospital, the hospital would provide an advocate if requested.

115.21 (e) PREA Information Packet was reviewed and it stated if requested by the victim and the services are reasonably available, have one of the following accompany, for the purpose

of support, the victim through the forensic examination and investigation interviews with a qualified victim advocate, a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role or a non-Department community-based organization representative who meets the criteria for a Department employee established under §.05G(3)(b)(ii) of this directive.

115.21 (f) The DPSCS conducts its on administrative and criminal investigations. Therefore, this provision is identified as not applicable.

115.21 (g) The DPSCS conducts all its administrative and criminal investigations to include those of sexual abuse. In accordance with Directive IIU.110.0011 Department personnel assigned an 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, the correctional setting. Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall perform investigative activities professionally with due consideration for the emotional state of the victim resulting from the physical an emotional trauma and person embarrassment resulting for the sex related offense.

115.21 (h) An interview was conducted with the MCTC Social Worker 2 who is serves as a victim advocate for the facility. The victim advocate completed a course provided by the Just Detention International titled "Hope Behind Bars: An Advocate's Guide to Helping Survivors of Sexual Abuse in Detention." The Victim Advocate also completed a course title Mandated Reporters referencing Child Protective Services through the Maryland Department of Human Resources, and a four hour advanced training workshop on trauma through Rutgers, University: Trauma and Community Violence, Responding to Disaster, Group Interventions for Trauma and Differences and Diversity in the Effects and Treatment of Trauma.

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

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing
7. 2019 PREA Tracking log
8. Investigation Files
9. Interviews with:
 - a. Investigative Officers
 - b. Warden

115.22(a) Directive IIU.110.0011, section .03 states, "The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator." Directive OPS.050.0001 and Directive OPS.200.0005 states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct." The agency head designee 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. In the past 12 months there were 21 cases opened and investigated for allegations of sexual abuse and sexual harassment reported.

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." Directive OPS.050.0001 states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct." The Agency employs investigators who are sworn police officers who are authorized under Maryland law to conduct both administrative and criminal investigations. The DPSCS website was reviewed and the policy was posted on the agency website. Interviews

with investigative staff indicate that all allegations of sexual abuse and sexual harassment are first referred to IID for investigation. An interview with the Warden and IIU Investigator noted that every allegation of sexual abuse or sexual harassment goes through IID.

115.22(c) DPSCS IID is responsible for investigations of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

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

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC 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 12.10.01.16 Correctional Training Commission requires annual training
6. PREA Training Lesson Plans
7. PREA Training records and Rosters
8. Interviews with:
 - a. PCM
 - b. Random staff

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

115.31 (b) (c) Additionally, COMAR 12.10.01.16 Correctional Training Commission requires completion of annual training by December 31 of each calendar year. 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 very similar in content. Training is two hours, lecture based with a slide presentation, and followed by a test. The lesson plans cover the 10 topics specified in this provision.

A review of staff training records was performed to confirm staff completed the required PREA training. Random staff interviews indicated that in-service training is provided annually and that PREA is part of this training. 100% of random staff interviewed reported that in-service training contains all the information required by this provision. Training staff indicate that all staff are required to complete training annually and the training department tracks staff progress via 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) would be required to make up any missed training by the required deadline.

115.31(b) The PREA Audit Manual states, "Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa." Training is designed for officers to be able to function in both female and male facilities. MCTC only houses male inmates; however, staff may transfer to any facility in the system.

115.31(c) The PREA Audit Manual states, "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."

115.31(d) The PREA Audit Manual states, "The Department shall document, through employee signature or electronic verification that employees understand the training they have received." COMAR 12.10.01.16 Correctional Training Commission section F(3) states, "An agency head or training director sending a mandated employee to another academy for Commission-approved mandated employee training shall maintain records of in-service training and firearms training and qualification provided by the academy conducting the training until audited by the Commission. A review of annual staff training records was performed. Staff signatures confirm that training records are signed indicating completion of training. Employees who attend the training must score 75% or better to pass a test which demonstrate their understanding of the material.

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

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPSP.050.0001 Sexual Misconduct
3. MCTC Completed Training for Volunteers
4. DPSCS Volunteer Services Orientation Manual
5. Corizon PREA Training Lesson Plans
7. PREA Training records and Rosters
8. Interviews with:
 - a. PCM
 - b. Contract Staff
 - c. Volunteer
 - d. Volunteer Coordinator

115.32 (a), (b) Directive OPSP.050.0001 states that 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." Interviews conducted with medical, mental health contract staff and one volunteer with Alcohol Anonymous confirmed receipt of PREA training that include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per the Department policy and procedures. All stated they were notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report it. Each stated they would report to a security supervisor and their immediate supervisor. The Volunteer confirmed receipt of PREA training from the Volunteer Coordinator and noted the PREA training to be rather extensive. He received brochures and lecture during the training. Contract medical staff received PREA training during in-service and annually through the contract office (Corizon Health Services). Contract psychology staff confirmed receiving PREA training during in-service, quarterly through information from the state and annually through Centurion (contract agency). An interview with the volunteer coordinator related that volunteers apply online and once approved for one facility, may go to any facility upon completion of the orientation. This auditor

verified there is an informative page on the DPSCS website specifically for volunteers, with contacts for further information as well as convenient links to the volunteer application. The Volunteer Program Orientation Manual guides volunteer training. Volunteers complete approved orientation prior to beginning an assignment and volunteer orientation shall be a minimum of 2 hours. The manual covers the agency's policies regarding sexual abuse and sexual harassment, as well as the expectations, responsibilities, and rules of conduct for each volunteer.

Per the PCM, most contractors attend in service using the department's PREA lesson plan. Volunteers and contractors who have minimal inmate contact are trained using the volunteer manual. Contractors who come in one time only are given a PREA sign off information sheet. Per the PAQ, there are 239 regular contractual staff and volunteers. Review of documentation indicated all have received training based on the services they provide and level of contact they have with inmates. It should also be noted that as of January 1, 2019, the DPSCS changed health care contracts from Wexford Health to Corizon Health Services. Medical and mental health contract staff receive PREA training through both DPSCS and their contract agency, Corizon and/or Centurion.

115.32(c) The Volunteer Orientation Manual is provided to each volunteer and includes a signed and dated agreement by the volunteer and witnessed by the trainer. The agreement indicates the volunteer understands and will comply with the requirements provided to them in the Orientation Guide, rules of conduct, written guidelines and handouts provided and explained to them during orientation. An interview with a volunteer indicated that the volunteer coordinator reviewed PREA information with them, including zero tolerance for sexual abuse and sexual harassment, that incidents must be reported and how to report. The manual covers the agency's policies regarding sexual abuse and sexual harassment, as well as the expectations, responsibilities, and rules of conduct for each volunteer. Contract staff attend the Non-Academy Pre-service Orientation training for new employees. This training is followed by a test. Staff must score 75% or better in order to complete the training.

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

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
4. DPSCS Executive Directive OPS.020.0032 LEP Policy
5. DCD.200-1 Inmate Rights
6. PREA Hotline signs (English and Spanish)
7. MCTC Inmate handbook
8. PREA Sexual Assault Awareness Brochure (English and Spanish)
9. Inmate PREA Orientation Receipt
10. PREA video log
11. Observation on site
12. Interviews with:
 - a. PCM
 - b. Intake Staff
 - c. Classification staff
 - d. Random inmates

115.33(a)(b) OPS.050.0001 states that Receiving and ID departments are responsible for providing inmate orientation. Under this directive, they shall ensure that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate on inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation. All inmates shall receive comprehensive PREA education as well as institutional-specific PREA training within 30 days of transfer to the facility. All inmates shall sign a form indicating they have participated in the training. These signed forms shall be maintained in the inmates' base file." During intake, inmates receive and sign for the inmate handbook. It 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. Inmate interviews confirmed that they received the comprehensive orientation within 30 days. The case management staff indicated that they conduct the comprehensive orientation within the 30 days but usually within 14 days.

During interviews with intake staff they indicated that inmates receive information explaining

the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Random inmate interviews revealed that most indicated that they received the handbook and or flyer as soon as they arrive at the facility. The auditor reviewed 80 inmate files. The review of inmate file documentation indicated that inmates received the handbook at intake on the day of arrival.

MCTC PAQ indicated that 1333 inmates were admitted within the last 12 months and of that 1307 admitted stayed longer than 30 days.

Orientation is usually conducted within 72 hours of arrival at the facility in conjunction with the PREA screening process. Orientation is provided by the case management specialist, PREA is discussed and inmates have an opportunity to ask questions. PREA video logs were reviewed to indicate that the PREA education video is shown throughout the day in both English and Spanish.

115.33(c) The Directives listed above also meet the requirements of this provision. All inmates receive PREA orientation even if transferred from other facilities.

115.33 (d) (e) Executive Directive OEO.020.0032 LEP Policy states that inmates will be provided orientation information in formats accessible for all inmates. Inmates are provided with a Sexual Abuse Brochure in both English and Spanish. A PREA video is continuously played on the institutional channel 6. Inmates sign the Orientation Acknowledgement indicating that they understand the information provided. Case managers indicate that orientation is usually conducted the week of arrival. Overall inmates reported having received comprehensive orientation within 30 days of arrival. A review of inmate file documentation indicates that 100% received comprehensive orientation within 30 days of arrival.

115.33(d) The PREA Audit Manual states, "The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills." Directive OPS.050.0001 section .05C(5) states, "Procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under §.05E(4) of this directive." When necessary telephone interpretation services are available through Language Line.

115.33(e) The Directives listed above also meet the requirements of this provision. Random files were reviewed. Inmates sign two separate forms one acknowledging receipt of the intake information and another form acknowledging participation in comprehensive orientation. A review of inmate files indicates that 100% of inmates signed acknowledging having participated in both the intake education and the comprehensive education.

115.33(f) PREA information was observed to be continuously and 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 and the inmate handbook.

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

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
4. Maryland Code Annotated 10-701 Intelligence Investigative Unit
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. Lesson Plan – Specialized Training: Investigations
7. Interviews with:
 - a. IID Investigator

115.34(a) Directive OPS.050.0001 states in part, “To the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations.” The IID assigns investigators by Region to conduct administrative and criminal investigations at all its correctional facilities. Directive IIU.110.0011, section .03B states, “Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting.” IID has jurisdiction over both administrative and criminal investigations. IID handles all allegations of sexual abuse and sexual harassment. IID investigators are required to meet training standards in order to maintain law enforcement certification and are sworn officers. All investigations of sexual abuse and sexual harassment, criminal and administrative, are initially forwarded to the IID unit. IID will subsequently determine if the allegation will be investigated locally by facility staff or investigated by an IID detective. The Maryland Police and Correctional Training Commission Lesson Plan – Specialized Training: Investigations which is required of all IID detectives before conducting sexual abuse and sexual harassment investigations was reviewed and covers the requirements of this standard. Upon completion of training IID detectives are issued a certificate of completion indicating that the detective has successfully completed training in conducting PREA investigations.

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

responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations. The specialized training for investigator's program includes a slide presentation, video presentation, role play activities, handouts and a comprehensive knowledge test. Staff must score 75% or better in order to complete the training.

115.34(c) The PREA Audit Manual states, "The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations." The PAQ reported 36 IID investigators and the auditor was provided a confirmation of their successful completion of the training via computerized training records. Per the IID investigator, investigators are assigned by Regions to conduct sexual abuse and/or sexual harassment allegations at the facilities. The training documentation noted the training as "PREA: Specialized PREA Training."

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

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive DPSCS.020.0026 PREA Federal Standards Compliance
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
5. Corizon Training Certificates
6. Training records
7. Medical and Mental Health Training Presentation
8. Interviews with:
 - a. Medical and Mental health staff

115.35(a) Directive OPS.050.0001 defines “employee” as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C(1) states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;” Medical and some mental health staff are contract employees who must complete the agency’s PREA training and specialized training received from the contractor (Corizon or Centurion). The training curriculum Medical and Mental Health Training Presentation was reviewed. This training is lecture based accompanied by a slide presentation and followed by a test. Medical and mental health staff also receive the Sexual Assault Prevention and Reporting Staff Information Brochure and the Prison Rape Elimination Act Information Booklet for Volunteers and Contractual Workers. This information covers the agency’s zero tolerance policy, methods of reporting, consequences for participating in prohibited activities, and basic actions to take (i.e. separate victim and aggressor) during an incident. This includes a duty to report and how to report allegations of sexual abuse and sexual harassment. The information also covers characteristics of at-risk populations, predatory inmates, and the warning signs associated with victimization. During interviews with medical and mental health staff they indicated they received PREA training from both MCTC and contractor and confirmed the trainings covered the topics required by this provision. The Auditor also reviewed training records and certificates for 14 medical and mental health staff.

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

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

indicating all medical and mental health staff attended specialized training.

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

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

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Reviewed (documents, Evidence interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
3. PREA Intake Screening Instrument
4. Inmate Screening Files
5. Interviews with:
 - a. Agency head Designee
 - b. PCM
 - c. Intake staff
 - d. Case Managers
 - 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. The agency uses a standardized PREA Intake Screening form to assess inmate risk of sexual victimization and risk of sexually abusing other inmates. The auditing team reviewed a sample of 80 inmate PREA Intake Screening forms. All inmates were screened using the PREA Intake Screening form. The initial risk assessment is completed upon arrival to MCTC by a case management specialist. Random and targeted inmates interviewed remembered being asked the PREA Intake Screening questions.

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 random sample of 80 inmate PREA Intake Screening forms reviewed, revealed 100% of the screenings were conducted within 72 hours of the inmate's arrival. Specifically, the screenings were conducted on the arrival date of the inmate. Case management specialist are assigned to conduct the initial screening for risk of victimization and abusiveness. Interviews were conducted with two case managers who identified conducting the screenings on the day of the inmate's arrival. They stated the inmate cannot be housed at the facility until the PREA Intake Screening has been completed to assess whether the inmate is at risk of sexual victimization or a potential for abusiveness based on the inmate scoring. The MCTC PAQ states they had 1333 inmates in the last 12 months that arrived at the institution and stayed longer than 72 hours. Interviews were conducted with 65 inmates by the auditing team.

115.41(c) Directive OPS.200.0006, section .05A requires the implementation of a screening instrument and 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 based on inmate responses. MCTC does not hold inmates solely for civil immigration purposes. Therefore, this question is not applicable to the facility and is not addressed.

115.41(d) The auditor reviewed the screening instrument and instructions and found that it addresses the criteria required by this provision with the exception of whether or not the inmate is detained solely for civil immigration purposes. DPSCS does not house inmates solely for civil immigration purposes.

115.41(e) 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 that it does consider all the criteria required by this provision.

115.41(f) Directive OPS.200.0006, section .05B (2) requires case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility. The PREA Intake Screening form is utilized to conduct the 30-day risk screening re-assessment. A random sample of 80 inmate PREA Intake Screening forms was reviewed for compliance with the reassessment being completed within 30 days of arrival. The auditor found that the vast majority were completed between 20 – 30 days of the inmate's arrival. All 30-day reassessments were conducted within 30-days of the inmates' arrival. Staff who perform risk screening re-assessments indicated that she conducts re-assessments between 25 and 30 days. Case managers indicated the inmate often reveal more information during the 30-day reassessment. Case managers also advise the inmates they can change their responses if appropriate. Most inmates who arrived at the facility within the past 12 months of audit did recall being asked the questions associated with the PREA Intake Screening form a second time.

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 any reassessment. Interviews with the two case managers who perform risk screening indicated that a reassessment is conducted upon receiving information that an inmate has been abused, harassed, or something has changed regarding the initial assessment. Staff also advise the inmate he can change his responses if appropriate as the inmate often provide more information during the 30-day reassessments.

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 interviewed stated 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. During inmate interviews, no inmate reported being disciplined for refusing to answer PREA risk screening questions.

115.41(i) Directive OPS.200.0006,section .05B(6) requires that appropriate controls be in place for the 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 file. Inmate files are secured in a centralized file room. 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. Staff who perform risk screening indicated that risk assessments are kept in the file room and that case managers, medical and mental health staff have access to the risk assessment results.

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

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.42(a) Directive OPS.200.0006, section 5C(1)(a) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: (1) Screening information shall be considered: (a) When making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive." The completed PREA Screening Instrument(s) for each inmate is sent to case management for placement in Section 5 of the base file.

115.42(b) Relevant alerts shall also be placed on all facility and agency data systems by case management to assist in housing and programming decisions. As indicated above, the information from each inmate's individual risk screening is reviewed and utilized to keep inmates safe.

115.42(c) Directive OPS.200.0006 states, " When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by case basis, determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems." The PREA Intake Screening form affirmatively requires an inmate to indicate if they consider themselves to be transgender or intersex. The PCM indicated placement and programming assignments for transgender and intersex inmates are reviewed with the case management team.

115.42(d) Directive OPS.200.0006,.05C(2) states, "Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review threats to safety experienced by the inmate." Per the PCM transgender inmates are screened every 6 months, at that time they can address any concerns they may have. However, at anytime they can write or speak with their case manager if they have any concerns they would like to be addressed. If an transgender concerns about their own safety are brought to the case manager's attention and they are given serious consideration. Staff who perform risk screening added that placement decision for transgender inmates are handled by the PCM. Documentation of bi-annual reassessments for the 6 inmates identified as transgender was submitted for review. Documentation of the reassessments were in compliance with the Directive and elements of this standard.

115.42(e) Directive OPS.200.0006, section .05C (3) states, "A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered." The inmate's own views with respect to his safety shall be given serious consideration. The PCM indicated that transgender and intersex inmate's views regarding his or her own safety are seriously considered. Transgender inmates are authorized to request a personal search exception card issued by the Warden that allows the inmate to be searched by staff of a preferred gender. Staff who perform risk screening reported that transgender or intersex inmate's views are absolutely considered. The auditing team interviewed 6 inmates who identified as being transgender. Each of the 6 inmates stated they felt their own views of safety was given serious consideration and they had no negative concerns regarding their safety.

115.42(f) Directive OPS.200.0006, section .05C (4) states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The PCM indicated the transgender inmates are given the opportunity to shower separately from other inmates. Facility practice has been to allow transgender inmates to shower alone after the remaining housing unit inmates.

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 PREA Coordinator stated that the State of Maryland places gay, bisexual, transgender or intersex inmates throughout their facilities. At the facilities they are placed in general population housing units. He also stated that the State of Maryland does not have a consent decree. The PCM indicated that MCTC does not house gay, bisexual, transgender, or intersex inmates in dedicated units or wings. Six inmates identified as transgender, two inmates identified as bi-sexual and two inmates identified as gay was interviewed. Each of these inmates reported the facility has not assigned them to a dedicated unit or wing since their arrival at MCTC. Direct observation and the inmates housing unit assignment corroborates staff and inmate interview results.

MCTC reported there were no inmates identified as intersex within the past 12 months of the audit.

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

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
4. DOC.100.002 Case Management Manual
5. Executive Directive 020.0026 PREA Compliance
6. Inmate Files
7. Interviews with:
 - a. Agency head Designee
 - b. PREA Compliance Manager
 - c. Intake Staff
 - d. Case Managers
 - e. Random Inmates

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 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).” Executive Directive 020.0026 outlines that Inmates at high risk for sexual victimization shall not be placed 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. If an assessment cannot be immediately conducted, the victim may be held in involuntary segregated housing for less than 24 hours while completing the assessment. The PAQ noted that there were no inmates held in involuntary segregated housing in the past 12 months. An interview with the Warden revealed, he was aware of the requirements pertaining to the placement of inmates at high risk of sexual victimization in involuntary segregated housing. He reported that as a last resort segregation cells could be utilized to hold inmates who are at high risk for sexual victimization.

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. The rationale for any limitations would be documented on the Administrative Segregation Investigative Report and the Notice of Assignment to Administrative Segregation. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If restrictions to programs, privileges, education, or work opportunities are in place it shall be documented by supervisor staff and forwarded to the PCM. A report requires the following: (a) The opportunities that have been limited; (b) The duration of the limitation and; (c) The reasons for such limitations.

115.43(c) The PAQ noted that 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 that as a last resort, involuntary segregation could be utilized to hold inmates at high risk for sexual victimization. However, placement would be for no longer than 24 hours.

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.

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, and indicated no inmates have been held in involuntary segregated housing for longer than 30 days due to high risk for sexual victimization.

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

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
5. PREA Information Packet
6. DPSCS Website
8. PREA Hotline Posters
9. PREA Posters
10. Inmate Handbook
11. Interviews with:
 - a. Random staff
 - b. PCM
 - c. Random Inmates

115.51(a) Executive Directive OPS.200.0005, section .05E (2) states a complaint of alleged sexual misconduct may be submitted in the following formats: (a) In writing (includes electronic documents); or (b) Verbally. Additionally, section E(4) states that to effectively reduce actual or implied barriers to filing a complaint, an individual may file a complaint of sexual misconduct with any one or all of the following without regard to chain of command or assignment: (a) Within the Department: (i) An employee; (ii) A supervisor, manager, or shift commander; (iii) The head of a unit; (iv) The Intelligence and Investigative Division (IID); (v) The Inmate Grievance Office. The Inmate Handbook and the PREA and Sexual Assault Awareness brochure contain information on how to report sexual assault. Random inmate interviews indicate that all inmates were aware of the reporting options available. They indicated there is signage everywhere and calling the hotline number was a common response. Random staff interviews indicate that all staff were aware of the internal reporting options available to the inmates and themselves.

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 also receives reports of sexual abuse and sexual harassment from inmates

as an external reporting entity.

MCTC 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 that they knew they could report sexual abuse or sexual harassment either verbally, in writing, or via third parties. Most inmates also indicated that they could report sexual abuse or sexual harassment anonymously. All random staff reported that inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties. Staff indicated that they would document verbal reports of sexual abuse or sexual harassment. Auditor verified that 6 inmates reported through the hotline.

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

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

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. COMAR 12.02.28 DPSCS Administrative Remedy Procedures to Resolve Inmate Complaints
4. Interviews with:
 - a. PREA Coordinator

Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title 12-DPSCS, Subtitle 02-Division of Correction, Chapter 28-Administrative Remedy Procedures (ARP) to Resolve Inmate Complaints, Section .04B), An inmate may not use the ARP to resolve a complaint concerning: (5) The following acts by staff or another inmate, which shall be addressed according to Department procedures for addressing complaints under the Prison Rape Elimination Act: (a) Rape; (b) Sexual assault, sexual harassment, sexual abuse; and (c) Other sexual misconduct. If a complaint is made through the ARP, it is treated as any other written form of reporting, and forwarded directly to the Facility Administrator and to IID to be processed for investigation.

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

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.53(a) The DPSCS PREA Audit Manual states inmates will have access to outside community 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. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA). MCASA is the federally recognized state sexual assault coalition. Its core members are the state's 17 rape crisis and recovery centers. Services provided through MCASA include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. The agreement specifically states, "MCASA will develop procedures to meet PREA Standard 115.53 in providing access to outside confidential services for Inmates. MCASA will provide technical assistance as needed, including researching and developing policies to address problems and concerns related to provision of confidential emotional support services. Random and targeted inmate interviews revealed that they are aware that advocacy, crisis intervention, and emotional support services were available.

115.53(b) The PREA Audit manual states, "(b) Each Department facility shall 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." Upon arrival inmates are provided the Maryland Coalition Against Sexual Abuse (MCASA) Brochure which informs inmates about services (including confidential emotional support services) provided through MCASA. Prior to accessing services inmates are informed to the extent to which their communications will be monitored. Each inmate upon

arrival to MCTC is given an Inmate Handbook which outlines PREA reporting and response. Inmates are provided comprehensive education about PREA during the Inmate PREA Orientation.

115.53 (c) DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA). MCASA is the federally recognized state sexual assault coalition. MCTC has two staff assigned as Victim Advocates and the auditor verified they received training.

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

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
5. MCTC Inmate Handbook
6. DPSCS website
7. Interviews with:
 - a. PCM
 - b. Random Inmates

115.54(a) Directive OPS.050.0001 and Directive OPS.200.0005 states, "A complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals: A "third party" or other individual who has knowledge of the alleged inmate on inmate sexual conduct." The auditor reviewed the agency's website. It contains the necessary PREA contact information. The Information provided on the website includes phone numbers and email address that are published and available to the public along with the agency PREA Coordinator's contact information.

Interview with random and targeted inmates revealed that most were aware a 3rd party could report a sexual assault allegation. Additionally, the auditor verified that 6 inmates had reported through the PREA Hotline.

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

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents
7. Interviews with:
 - a. Warden
 - b. PREA Coordinator
 - c. PREA Compliance Manager
 - d. Medical Staff
 - e. Random staff
 - d. IID Investigator

115.61(a) Directive OPS.050.0001 and Directive OPS.200.0005 requires employees who receive a complaint of or otherwise have knowledge of alleged sexual misconduct/sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document the incident. It also requires the supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct/sexual conduct occurred notify the managing official responsible for the facility receiving. If the incident occurred at another facility, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident, shall notify the managing official of the facility where the incident occurred. If the incident occurred at a facility that is not under the authority of the department the facility head or agency head responsible for the facility where the incident occurred and the IID regardless of the jurisdiction where the incident occurred. During random and targeted staff interviews staff reported that the agency does require staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Staff also indicated a responsibility to report any retaliation against inmates or staff for reporting sexual abuse or sexual harassment. Staff also indicated a duty to report any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment.

115.61(b) Directive OPS.050.0001 and Directive OPS.200.0005 requires confidentiality with regard to information concerning a complaint of alleged sexual misconduct/sexual conduct and any information may only be available to individuals who have an established role in the reporting, processing, investigating, and immediate and continued care of the victims. Staff interviewed recognized their immediate duty to report the information to a supervisor and also of their responsibility to keep information related to an incident of sexual abuse confidential.

115.61(c) The PREA Audit Manual states that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Medical and Mental Health Staff interviews confirmed that they are aware of their duties required by this provision.

115.61(d) The PREA Audit manual states that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Child Abuse and Neglect, Maryland Family Law § 5-704 (2013) pertains to health practitioners, educators or human service workers, and police officers regarding reporting physical and sexual abuse of children and vulnerable adults. MCTC only houses male inmates 18 or older, but does house inmates with learning disabilities or otherwise considered vulnerable.

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. During an interview with the Warden he said that all allegations of sexual abuse and sexual harassment are forwarded to IID for investigation.

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

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. Division of Correction Manual: DOC.100.0002, Case Management Manual
6. Interviews with:
 - a. Agency head
 - b. Warden
 - c. PREA Compliance Manager
 - d. Random staff

115.62(a) OPS.050.0001 indicates that staff responding to an incident are to ensure the safety of a victim of sexual misconduct by immediately stopping an incident in progress, and if necessary arranging for separation of the victim from the abuser. This information is also covered in the PREA lesson plan. Directive OPS.200.0005, in Section 5C1a, requires staff to use screening information to separate inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive. Staff are issued a First Responder Checklist card in the event they are the first on scene of an alleged sexual abuse.

All security and non-security staff interviewed said they would take immediate steps to protect the inmate and call a supervisor. The MCTC PAQ indicates that there have been no instances where an imminent threat was reported. The Warden, when interviewed, said they have multiple ways to protect inmates, such as moving the victim or abusers or housing an inmate in segregation to protect them. The auditor interviewed a First Responder and Non-Security First Responder, both indicated the inmates were not in the same area at the time of notification. However, they ensure the separation continued and notified was made to the security supervisor. The Special Assistant to the Deputy Secretary of Operations and Warden identified numerous methods of protection for the inmate to immediately include separation, transferring the inmate, assigning the inmate with different cellmate, to a different housing unit. The inmate could be placed in voluntary or involuntary segregation if staff could not identify where the threat was coming from. Whatever method necessary to protect the inmate would be utilized.

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

has demonstrated compliance with all the provisions of this Standard.

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. PREA allegation logs and files
7. Interviews with:
 - a. Agency head
 - b. Warden
 - c. PREA Compliance Manager
 - d. IID Investigator

115.63 (a-d) Executive Directive OPS.050.0001 states that if a complaint of alleged sexual misconduct is received at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint will immediately, but not later than 72 hours of being notified of the incident 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. The IID will assign an investigator 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 investigated. An in review with the Special Assistant to the Deputy Secretary of Operations indicated if another agency or facility within another agency refers allegation of sexual or sexual harassment that occurred within one of Department's facilities, the designated point of contact is the IID Duty Officer and Warden of the facility. The allegation would be investigated just as all others. The Warden confirmed the allegation would be investigated as if the inmate notified facility staff himself. The allegation would be reported to IID and a thorough investigation would be conducted. He stated the most recent notification received at the facility was May 22, 2018.

Therefore, in accordance with the PAQ and Warden's interview, the facility has not received any allegations that an inmate was abused at MCTC while confined at another facility. Per interview with the PCM she indicated that if an allegation were reported, MCTC would ensure

all PREA follow up protocol was followed as the holding facility.

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

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. Interviews with:
 - a. Warden
 - b. Security First Responder
 - c. Non-security First Responder
 - d. Random staff

115.64(a) Directive OPS.050.0001 states that the first correctional officer or security staff 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.

In the past 12 months, there were 15 allegations of sexual abuse reported by the inmate population. There were 7 incidents in which these allegations of sexual abuse when the first security staff member to respond separated the alleged victim and abuser. These reported allegations pertained to cellmates and were immediately separated by security staff. There were 3 sexual abuse incidents where staff were notified within a time period that still allowed for the collection of physical evidence that included a change of clothing a mouth swab. Of the reported sexual abuse allegations, there were 5 allegations where the first security staff member responded and separated the alleged victim and abuser. Of these allegations there was 1 incident where staff were notified within a time period that still allowed for the collection of physical evidence and the first security staff member to respond preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. Of the reported allegations there were 7 where staff were notified within a time period that still allowed for the collection of physical evidence and the first security staff member to respond requested 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. Seven of these reported allegations was reported where the first staff were notified within a time period that still allowed for the collection of physical evidence,

the first security staff member to respond ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. An interview with a security first responder, indicated he approached two inmates fighting in a cell as one alleged the other was raping him. The security first responder immediately called for the supervisor and additional staff. The security repsonder separated the two inmates, secured the cell and identified it as a crime scene, and gave both inmates instructions on preventive measures of destroying the evidence. He escorted the alleged victim to medical for an examination. He concluded the inmates were not allowed to destroy any physical evidence to the staff quick response. Supervisory staff took over the incident upon his arrival to the scene.

115.64(b) Directive OPS.0050.0001 states, "that if the first employee responding to an incident of sexual misconduct is not a security staff member or correctional officer, the employee shall immediately request that a security staff or 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". In each of the 5 incidents in which the inmates reported the sexual abuse allegation to a nurse while in the medical department. In the past 12 months there were 5 instances of alleged inmate sexual abuse where the first responder was a non-security staff member. All 5 of these allegations allowed the first responder to preserve the scene and preserve evidence. An interview with a non-security first responder indicated upon being advised by an inmate reporting to her he had been raped, the incident was reported to have happened days or weeks prior to his reporting. She advised the assigned security staff to remove the inmate. She remained at the cell door observing the inmates until the alleged victim was removed from the assigned cell with the alleged abuser. The alleged victim was escorted to medical for a medical examination and security staff took control of the incident upon her reporting the incident. The non-security staff first responder (nurse) states as medical staff, inmates feel comfortable reporting to them, and the medical staff immediately report the all allegation of sexual abuse and/or sexual harassment to security supervisory staff. Random staff interviewed were aware of their responsibilities as first responders. All reported they would immediately separate inmates and maintain sight of the victim, do what is possible to preserve a crime scene including advising involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet. They all stated they would also immediately call their supervisor. All staff are trained as first responders and were issued a pocket card that list the steps to take when responding to an allegation that an inmate was sexually abused.

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

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. MCTC.050.0030.1 Sexual Misconduct - Prohibited
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Random staff

115.65(a) Facility Directive MCTC.050.0030.1 and OPS.050.0001 identifies a plan of action for employees, managers, supervisors, shift commander and first responders. The actions include stop the incident, safeguard the victim, arrange 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.

MCTC.050.0030.1 includes a section on First Responder duties to include a PREA First Responder Checklist which, lays out the steps of the plan of action for first responders in a checklist format to ensure that none of the step are omitted. This directive includes a Containment Checklist for the shift commander or supervisor to follow listing all action to be taken when a report of sexual abuse is received. All staff interviewed were very well informed on the steps of the action plan and were able to articulate the responsibilities of a first responders.

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

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland
4. AFSCMET MOU
5. Interviews with:
 - a. Agency Head designee
 - b. Union Official

115.66(a) The PREA Audit Manual states, “Neither the Department nor any other governmental entity responsible for collective bargaining on the Department’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the Department’ 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.”

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 of this document 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 Special Assistant to the Deputy Secretary of Operations reported Maryland is a management rights state. DPSCS has discretion regarding the assignment, hiring and firing of staff and no limitations to the agency’s ability to remove employee sexual abusers from contact with inmates. An interview with a member of the Union confirmed there is no interference with the assignment of staff upon a report of PREA allegations.

Based on a review of the code, MOU, interviews and analysis, the facility has demonstrated compliance with this standard.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. MCTC Facility Directive MCTC.050.0030.1 Sexual Misconduct - Prohibited
5. Executive Directive OPS. 200.0005 050.00 Inmate on Inmate Sexual Conduct- Prohibited
6. Retaliation Monitoring forms
7. Interviews with:
 - a. Agency Head
 - b. Warden
 - c. PREA Compliance Manager
 - d. Staff charged with Monitoring Retaliation

115.67 (a) (e) Facility Directive MCTC.050.0030.1 and Executive Directive OPS.050.0001, states the head of a unit, or a designee, is responsible for ensuring an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual or feared retaliation or until the allegation is determined to be unfounded. MCTC has designated a Lieutenant to monitoring retaliation.

115.67(b) Both Directives states that if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: Application of available medical or mental health services or counseling; Changes to inmate housing assignments and staff work assignments; and Continued monitoring as deemed appropriate. Interviews were conducted with the Special Assistant to the Deputy Secretary of Operations. Warden, and staff assigned to monitor retaliation. Each provided methods utilized to protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations. Depending on the situation, review the 30 day, 60 day and 90 day retaliation follow standards, move staff and/or inmate to include abuser from the facility, provide protective custody, and provide support. An interview with the Lieutenant assigned to monitor retaliation explained, he separate the alleged victim or person who reported the allegation that may include a transfer, monitor behavior to see if anything have been reported, check for disciplinary actions, and review medical and psychology reports if applicable. He continued in stating he initiate contact with the alleged victim within hours of their reporting the allegation, if the allegation is reported through the Hotline or a written letter, he still makes contact upon being advise of the reported allegation. Interviews with inmates

who reported an allegation of sexual abuse stated they did feel protected enough from possible retaliation from staff and/or inmates after reporting the sexual abuse sexual harassment allegations. The inmates had no negative comments to report. There were no inmates in segregation for risk of sexual abuse.

115.67(c & d) 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. The facility PAQ indicates that there were 20 incidents where someone was monitored for retaliation. The auditing team randomly identified the retaliation monitoring of 14 inmates who reported sexual abuse. The requested cases were determined to be unsubstantiated. There were no sexual abuse cases determined to be substantiated within the past 12 months. The review revealed: 2 cases of retaliation monitoring was not conducted within the second 30 day period (60), but later the following month; 3 inmates were transferred to other DPSCS facilities prior to the completed required retaliation monitor, however there was no documentation that identified the receiving institution was advised of the inmates' required continued monitoring status upon his arrival; the auditor was advised that the remaining 3 requested retaliation monitoring documentation could not be located. Th Lieutenant assigned to conduct retaliation monitoring was unaware of the requirement to notify the inmate's receiving institution of the continued required monitoring. The tracking portion of the available forms identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides an area for reporting within 7 days, at two weeks, within 30 days, within 60 days, final 90 days, and space for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. However, due to not meeting the 90-day retaliation monitoring as outlined in this provision and/or not providing documentation to support compliance, MCTC does not meet the provisions of standard

115.67 (e & f) Executive Directive OPS. 050.0001 and Directive OPS.200.0005, states an individual (staff or inmate) reporting, participating in the investigation or resolution, of, or who is a victim or alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or fear, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: (a) Application of available medical or mental health services or counseling; (b) Changes to inmate housing assignments and staff work assignments; and (c) Continued monitoring as deemed appropriate. Interviews with the Special Assistant to the Deputy Secretary of Operations and the Warden confirmed the measures identified within the policies in addition to following the Standards of Employee Conduct.

Based on the review of policies, retaliation forms, interviews, and analysis, MCTC demonstrate compliance with the provisions of a, b e, & f.

Based on the review of policies, retaliation forms, interviews, and analysis, MCTC did not demonstrate compliance with provisions c & d of this standard. Staff was unable to present documentation to support retaliation monitoring for all required monitoring inmates. Additionally, no documentation was presented that the 3 inmates transferred to another DPSCS facility requirement of continued retaliation monitoring was forwarded to the receiving facility for continued monitoring for a minimum of 90 -days. These 3 inmates were transferred

prior to the 90-day monitoring requirement.

As of August 12, 2020 the facility has demonstrated compliance with this standard. The number of monitoring is reduced because of COVID-19 the facility has had limited movement into or out of the facility. Additionally, a different retaliation monitor was appointed by the Warden. The auditor believes that the facility will continue to monitor as needed and as required based on review of submitted documentation and interview with the new retaliation monitor.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DOC 100.0002 Case Management Manual
5. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Special Housing Supervisor

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 to receive out-of-cell time for recreation, showers, as required while maintaining security of the unit. All inmates have the same access to Psychology, 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.

Per the PAQ and interview with the PCM, no inmates who allege to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months.

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

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review)

MCTC Completed PRE-Audit Questionnaire (PAQ)

DPSCS PREA Audit Manual

IID Position Functions

DPSCS OPS. IIU.110.0011 Investigating Sex Related Offenses

DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited

DPSCS 200.0005 Inmate on Inmate Sexual Conduct

Interviews:

Warden

IID Investigator

PREA Coordinator

PREA Compliance

15.71 (a) Directive OPS.200.0005 notes "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department or agency procedures, or other reasonable accepted standards related to: a) collecting and preserving evidence; b) interviewing victims, witnesses, and suspected perpetrators; c) conducting and using polygraph examination; d) identifying suspects; e) preserving an individual's person dignity and legal rights; f) and maintaining confidentiality of the investigation. He continued in stating all third party and anonymously PREA allegations are investigation using the elements described. However, information provided anonymous is very limited. The IID investigator described the elements conducted during the investigation process. A review of the sexual abuse case files revealed the inmate population reported allegations of sexual abuse by reporting directly to staff, use of the PREA Hotline @ (301) 759-9244 and/or the submission of a letter to Just Detention International. There were no reports of sexual abuse submitted by an anonymous party.

115.71 (b) The PREA Manual acknowledges the Department where the sexual abuse alleged to have occurred, the Department shall use investigators who have received special training in sexual abuse investigation pursuant to standard 115.34. Directive OPS. 050.0001 states to the extent possible, but in every case where the allegations of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) interviewing sexual abuse victims; (b) Using

Miranda and Garrity warnings; Sexual Abuse evidence collection; and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. An interview with an IID investigator confirmed all IID investigators are sworn law enforcement officers and attend training through the Maryland Police and Correctional Training Commission for police to maintain certification, as well as advance training in investigative techniques. The auditor was presented with a roster of all IID investigators confirmation of Specialized PREA Training. The course was keyed as a 7-hour and 8-hour course which required a passing score requirement for all participants.

115.71 (c, d) Directive OPS. 200.0005 indicates an IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department or agency procedures, or other reasonable accepted standards related to: collecting and preserving evidence; interviewing victims, witnesses, and suspected perpetrators, conducting and using polygraph examination; identifying suspects; preserving an individual's personal dignity and legal rights, and maintaining confidentiality of the investigation. Directive IUU. 10.0011 Investigative Sexual Related Offenses section .050 also address the investigator's responsibilities that includes interviews and collection and preservation of evidence. An interview with an IID investigator confirmed his knowledge of conducting sexual abuse investigations in accordance to the Department's policies and PRE standards There no cases in where a forensic examination was conducted to collect DNA evidence. The IID investigator identified numerous measures taken during a forensic examination to include gathering a rape kit, preserving the alleged victim and alleged perpetrator's clothing, reviewing and collecting video, photos, conducting interviews to include those involved and all witnesses, collecting all available evidence, monitor inmate phone calls, review medical records, review prior reports and complaints of the alleged perpetrator, advisement of Miranda rights and request DNA testing which could take 3 months for the results. He explained, the IID investigators are sworn law enforcement officers with the State of Maryland. The IID investigator would advise the suspect of their Miranda rights, but they are not required to consent with the prosecution on whether compelled interviews may be an obstacle for subsequent criminal charges. There were no reported allegations of sexual abuse at MCTC within the past 12 months referred for criminal charges and /or prosecution.

115.71.(e) Directive OPS.050.001 states a victim of sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examinations as a condition for proceeding with an investigation of alleged sexual misconduct. Directive IUU.110.0011. page 8 section e. notes the credibility of a victim, witness or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. In addition, a victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of an incident involving a sex related offense. The IID investigator explained during the interview, his determination of the findings is based on an individual basis of credibility of evidence recovered during the investigative process to include collection of available video, surveillance, monitored phones, staff's logs, interviews, photographs, bed sheets, medical records, DNA collected and all other available evidence. He 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. An interview with 5 inmates who reported sexual abuse stated they were not asked/required to submit to a polygraph or truth-telling device by the investigative staff. A review of the investigative case files confirmed the credibility assessment of findings for each investigative case appears to be

based on the evidence collected throughout the investigative process.

115.71 (f, g) IIU.110.0011 require all IID investigators conduct post-accident investigative actions to complete a comprehensive investigation of the incident that intends to: (a) identify the perpetrator; (b) determine if employee action or lack of action contributed to occurrence; (c) collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings. The investigator shall also document all aspects of the investigation in a comprehensive investigation report that: (a) thoroughly describes, physical, testimonial, and documentary evidence; (b) explains the reasoning behind credibility assessment; (c) includes facts and finds and when (d) when appropriated, has related document attached; and is maintained according to an established retention schedule, which required that the report is maintained as long as the employee is employed by the Department or the inmate is under authority of the Department plus five years.

115.71 (h) Directive 200.0005 Upon completing an investigation of a complaint of alleged inmate on inmate sexual conduct, the investigator: thoroughly document all aspects of the investigation in a written report so as to best support subsequent administration and action, if appropriate, referral for criminal prosecution Directive IIU.110.0011 indicate if an investigation finding is appropriate, the investigator shall work with the prosecutor to develop the case for criminal prosecution. An interview with the IID investigator included investigations when criminal charges are determined will be referred to the prosecution. There were no sexual abuse investigations determined to be substantiated and/or referred for criminal prosecution at MCTC in the past 12 months of the audit.

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 under the condition staff is terminated or resigns, the investigation could continue. The IID investigator would either go to the staff member's home or request they report to the investigative staff. If an inmate is transferred, the investigator continues with the investigation.

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

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

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review)

1. MCTC Completed PRE-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS OPS. 050.0001 SExual Misconduct-Prohibited
4. DPSCS IIU.110.0011 Investigating Sex Related Offense
5. Investigative Files
6. Interviews
 - a) Warden
 - b) IID Investigator

115.72 OPS IIU.110.0011 indicates upon conclusion of an investigation involving an inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence. A review of 12 investigative files to include sexual abuse and sexual harassment, the investigative findings was determined on the collection of evidence recovered during the investigative process, to include interviews conducted, physical evidence and available video monitoring if applicable. The review of the investigative files confirmed the Department does not impose a standard higher than a preponderance of evidence in determining whether an allegation of sexual abuse or sexual harassment is substantiated. An interview with an IID Investigator confirmed a preponderance of the evidence is the standard of evidence necessary to substantiate an allegation of sexual abuse and/or sexual harassment.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review)

1. MCTC Completed PRE-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS OP.IIU.110.0011
4. DPSCS OPS. 050.0001
5. DPSCS OPS. 200.0005
6. Review of sexual abuse investigative files
7. Review of documented notification to inmates of findings
8. Interviews:

Warden

IID Investigator

Inmates who Reported a Sexual Abuse

115.73 (a) Directive OPS.050.0001 section (H). Victim Notification state (1) When notified by an investigator under this directive, if the allegation was sexual abuse, to the head of the unit responsible for the victim inmate shall ensure the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded. Directive IIU. 110.0011 and OPS. 200.0005 both states the investigator shall document victim notification in the investigative report recording. In accordance with an interview with the Warden, he stated the IID calls the facility and advise the PCM to inform the inmate of the investigative findings. A review of 11 sexual abuse investigations, the ID investigator noted the inmate was informed of the investigative findings by the PCM in the final report. On occasion, the IID investigator noted himself as advising the inmate of the investigative findings.

115.73 (b) The Department conducts its own administrative and criminal investigation to include those of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

115.73 (c) Directive OPS.050.0001 dictates except when an allegation of sexual abuse is determined to be unfound, the head of the unit responsible for the victim inmate shall, for as long as the inmate is under the authority of the Department, ensure that the is notified of the following situations concerning the employee who victimized or is alleged to have victimized the inmate: (a) the employee is no longer assigned to he inmates 'housing unit; (b) the employee is no longer assigned at the inmates' facility; if aware, the employee is criminally charged for an offense related to the sexual abuse that occurred within the facility; and if

aware, the employee is convicted on a charge related to the sexual abuse that occurred within the facility. A review of the sexual abuse and sexual harassment revealed there were no substantiated PREA cases against staff.

115.73 (d) Directive OPS.200.0005 states except when all allegation of inmate on inmate sexual conduct is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the victim inmate is under the authority of the Department, ensure that the victim inmate is notified of the situations concerning the inmate who sexually abused or is alleged to have sexually abused the victim inmate: (a) if aware, the accused inmate is in any way charged with a crime related to the sexual abuse that occurred within the facility; and (b) if aware, the accused inmate is convicted on a charge related to the sexual abuse that occurred within the facility. There were no sexual abuse and/or sexual harassment reported allegations with the determined findings of substantiated.

115.73 (e) Directive OPS.050.0001 section (H). Victim Notification state (1) When notified by an investigator under this directive, if the allegation was sexual abuse, to the head of the unit responsible for the victim inmate shall ensure the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded. Directive IIU. 110.0011 and OPS. 200.0005 both states the investigator shall document victim notification in the investigative report recording. A review of 11 sexual abuse investigations, the ID investigator noted the inmate was informed of the investigative findings by the PCM in the final report. On one occasion, the IID investigator noted himself as advising the inmate of the investigative findings.

115.73 (f) The PREA Manual states the obligation to report under this standard shall terminate if the inmate is released from the Department's custody.

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

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. IID Investigator

Executive Directive OSPA.050.0001 indicates, that an employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee, 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. It goes on to say that an employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to a penalty up to and including termination, criminal prosecution and, if applicable, notification of a relevant licensing authority. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

The MCTC PAQ indicates that in the past 12 months there have been no substantiated allegations of staff sexual misconduct and no terminations or actions that would have caused reporting to relevant licensing bodies. During interviews with the warden, employees are disciplined based on the outcome of the sexual misconduct investigation by IID. The facility would use progressive discipline 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.

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

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
5. Volunteer Orientation Manual
6. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. IID Investigator

115.77(a), (b) OPS.050.0001 and the DPSCS PREA Manual indicates, that a contractor determined to have committed sexual misconduct is considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency and is subject to sanctions according to provisions of the contract or agreement; subject to criminal prosecution; and If applicable, notification of a relevant licensing authority.

The Volunteer Orientation Manual states, " The Department has a ZERO tolerance policy regarding sexual misconduct. Any form of sexual conduct, consensual or otherwise, is prohibited in a correctional facility. This includes offender on offender, as well as staff (including volunteers) on offender contact, or sexual violence. A volunteer accused of sexual misconduct shall be prohibited from contact with offenders until an investigation is conducted. If the accusation is substantiated the individual's volunteer status shall be terminated and the individual shall be subject to criminal prosecution if the behavior is deemed to be criminal in nature."

In the past 12 months there have been no allegations made or substantiated against contractors or volunteers. Per interview with the Warden, any allegation against a contractor or volunteer would result in prohibiting that individual from entering the facility during the investigation. If substantiated the individual would be terminated and subject to criminal prosecution and reported to relevant licensing bodies.

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

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
5. COMAR 12.03.01
6. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager

115.78(a) OPS.200.0005 states that an inmate may not commit, participate in, support, or otherwise condone sexual conduct. It also says an inmate determined to have committed sexual conduct is subject to a penalty established under Inmate Disciplinary Process and If applicable, criminal prosecution. Per the PAQ, there have been no substantiated inmate on inmate sexual abuse allegations in the past 12 months.

115.78(b) & (c) COMAR 12.03.01 states the hearing officer before imposing a sanction would consider mitigating factors such as the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories and the inmate's mental health status at the time the rule violation occurred.

115.78(d) OPS.200.0005 states an inmate determined to have committed sexual conduct if therapy, counseling, or other intervention designed to address and correct underlying reasons or motivation for sexual conduct is available, may be required to participate in available therapy, counseling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process.

115.78(e) OPS.200.0005 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."

115.78(f) OPS.200.0005 states, "A complaint of alleged inmate on inmate sexual conduct made in good faith based upon a reasonable belief that the alleged inmate on inmate sexual conduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of inmate on inmate sexual conduct."

115.78(g) OPS.200.0005 states, "An inmate may not commit, participate in, support, or

otherwise condone sexual conduct.”

During interview with the Warden, the facility considers non-consensual sexual activity between inmates to be sexual abuse.

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

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
4. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
5. MCTC 050.0030.1 Sexual Misconduct - Prohibited
6. PREA Intake Screening forms
7. Contractor Procedure P-314 Procedure for Sexual Assault
8. PREA Referral Follow-up log
9. Interviews with:
 - a. Staff Responsible for Risk Screening
 - b. Medical and Mental Health staff
 - c. Inmates who Disclose Sexual Victimization at Risk Screening
 - d. PCM

115.81 (a) (b) OPS.050.0001 and MCTC.050.0030.1 states 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 medical or mental health practitioner within 14 days of the initial PREA screening. During interviews with staff who perform screening for risk of victimization said that they refer all inmates who have experienced prior sexual victimization or identify as an abuser to mental health. The PAQ indicated that 100% of inmates that reported prior sexual victimization or identified as an abuser were offered a follow-up meeting with a mental health provider. The facility provided a PREA follow-up log with 25 victim follow-ups and 4 abuser follow-up referrals from risk screening showing inmates that need a follow-up meeting, date of screening, date of referral, and date meeting was completed. It showed that the inmates meet with a mental health practitioner within 14 days of the initial screening. The auditor also randomly reviewed inmate files to further verify referrals were made and were completed within 14 days. The auditor also interviewed inmates that reported prior sexual victimization and they confirmed they were referred or seen as required.

115.81(c) MCTC 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 interviews with the PCM and staff who perform risk screening, all indicated that the specific details related to sexual victimization or abusiveness is strictly limited. Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments.

115.81(e) Policy P-314 Procedure in the Event of Sexual Assault. Section II B of that policy says that medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. In addition, interviews with both medical and mental health staff verified that staff obtain informed consent from prisoners before reporting any knowledge or suspicion of sexual abuse.

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

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
4. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness
5. Contract Provider P314 Procedures in Event of Sexual Assault
6. Medical/Mental Health Follow-up log
7. Interviews with:
 - a. PCM
 - b. Medical staff/ Mental Health Staff
 - c. Security/ 1st Responders
 - d. Inmates who disclose risk screening

115.82(a) OPS.050.0001 states supervisors, managers, and shift commanders are responsible for ensuring the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes referral for medical and mental health care follow up and non-medical or mental health related counseling services. The DPSCS Medical Contract Procedure P-314 states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination. An interview with the Director of Nursing verified that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. She also said that once the report is received, the inmate would be seen immediately. She also verified that the nature and scope of the treatment and crisis intervention services are determined by the professional judgment of the medical and mental health treatment staff. An interview with a mental health case worker verified that mental health also meets with an inmate, within 24 hours of an alleged incident of sexual abuse to offer supportive counseling. The facility provided a Medical/Mental Health Follow-up log which documented that all inmate victims of sexual harassment or assault are seen by medical and mental health staff. The auditor interviewed the Assistant Director of Nursing, a medical staff, Chief Psychologist for Western Region, and State Lead Mental Health staff who confirmed that

all requirements are met to ensure services are provided to the inmate.

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 staff first responders confirm they were aware of the first responder duties. All stated they would separate the victim from the abuser, keep victim safe and contact medical.

115.82(c) P-314 Procedure in the Event of Sexual Assault says that, "prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases."

115.82(d) OPS 200.0005 indicates that medical treatment, "if evidentiary or medically appropriate, the medical services will be provided at no cost to the prisoner. Interviews with Health Care staff and Assistant Director of Nursing also verified that the services would be provided at no cost.

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCTC Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
4. DPSCS Executive Directive OPS.200.0005 Assessment for Risk of Sexual Victimization and Abusiveness
5. DPSCS Clinical Services and Inmate Health Medical Evaluation Operations Manual
6. Contract Provider P314 Procedures in Event of Sexual Assault
7. Medical/Mental Health Follow-up log
8. Interviews with:
 - a. PREA Compliance Manager
 - b. Medical staff and Mental Health Staff
 - c. Inmates who reported sexual assault/abuse

115.83(a) DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault states 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. Medical Contractor Procedure P-314 also provides procedures to follow in event of sexual abuse. In an interview with medical staff they stated that they would ensure the victim is stable and then follow treatment plans per the physician or local hospital. An interview with mental health staff said they would meet with the victim within 24 hours and offer supportive counseling. If victimization or abuse were reported during intake, they would be seen following a referral.

115.83(b) Per Chapter 13, Section F of the Manual, within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room notes, and write appropriate orders for care in the patient's medical record. If the provider is off-site the ER protocol for review will be conducted and the disposition of care executed. All inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit regarding the allegations of sexual assault. Documentation was provided to the auditing team of referrals made for psychological services on all inmates who reported allegations of sexual abuse. Documentation confirms the alleged victim was seen by mental health staff on the day the referral was made and/or not more than 24 hours after notification of the referral.

115.83(c) In an interview with the Assistant Director of Nursing she said the level of care provided is at least equal to and in some cases better than community level of care. PREA cases are a priority and inmates will be seen immediately without having to wait for an appointment.

115.83(d) & (e) MCTC houses only male inmates.

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.

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.

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. In an interview, a Case Manager, who performs risk screening for victimization or abusiveness, said 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. Psychological staff confirmed that Mental Health does conduct a mental health evaluation of all known inmate-on-inmate abusers and does offer treatment if appropriate.

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

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review)

1. MCTC Completed PRE-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OSPS. S020.0027 PREA Investigations Tracking and Review
4. MTCT Incident Reviews
5. Interviews

Warden

Incident Review Team Member

MTC PCM

115.86 (a) (b) (c) OPS.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 conducted shall review the incident." It also indicates the facility incident review team shall consist of upper-level facility management officials designate by the facility managing officials designated by managing official after consultation with the facility PREA Compliance Manager. Input from or access to line supervisors, investigators, and medical or mental health practitioners concerning the incident being reviewed is a requirement. The auditing team reviewed 6 completed incident reviews for sexual abuse. All incident reviews were conducted within 30 days of the investigation. The incident review committee consisted of investigative staff, the PCM, Warden, psychology staff and line supervisory staff in addition to numerous other departmental MCTC staff.

115.86 (d) OPS.S020.0027 requires the review team consider: (a) if the incident or allegation indicates a need to change policy or procedure to better prevent, detect or respond to sexual abuse; (b) consider if the incident or allegation was motivated by: race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the correctional facility. A review of the Sexual Abuse Incident Review reports did not make any recommendations for changes/improvements or practices during the incident reviews. However, the review summaries do note the need for additional staff and additional monitoring technology. These noted summaries were also identified during an interview with the Warden. The facility is currently in the process of adding additional cameras throughout the facility and making a continuous effort to hire additional staff. Meanwhile staff are continuously working overtime to fill security positions to meet the Department's zero tolerance of sexual abuse and sexual harassment.

115.86 (e) OSP.S020.0027 addresses that the managing official shall: work with the facility's PREA Compliance Manager to : (a) implement the facility incident review team's recommendation for improvement from the review team; or if a recommendation is not

implemented, document the reason for not adopting the recommendation. A review of sexual abuse incident reviews revealed although general comments were noted by the reviewing team. However, a recommendation was made by the auditor that thorough complete statements are documented in the comment section when addressing the current elements of the review and recommended provisions.

Based on the review of policies, documentation, interviews, tracking log submitted by the PREA Coordinator, and analysis, MCTC is compliant with all provisions of this standard.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review)

1. MCTC Completed PRE-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Exective Directive OPSP.020.0027 PREA Investigations Tracking and Review
4. 2018 SSV Report
5. 2018 Annual PREA Report
6. Interviews:
 - a. PREA Coordinator
 - b. MCTC PCM

115.87(a) OSPS.020.0027 states the Departments 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 investigation and for developing the forms to collect such data. Documentation provided include an information sheet entitle Incident-Base Data Collection, that outline exactly what information that must be collected regarding victims information, perpetrator information , staff perpetrator information, medical and mental health information, and information from investigations that were conducted.

115.87(b) OSPS.002.0027, indicates the Department PREA Coordinator is responsible for aggregating the incident-based sexual abuse data annually. The PREA Coordinator indicated in an interview he receives the data from IID and prepares the report based on that data. He continued in stating he collects data from all available incident -based documents, including reports, investigation files, and sexual abuse incident reviews. He reviews the collected data with the Warden of each facility as well prior to writing his report. Per the PREA Coordinator the annual report is based on each Fiscal Year.

115.87(c) MCTC provided a copy of their most recent SSV-2 report dated for Fiscal year 2018, that demonstrated the data collected by the facility is at a minimum, to answer all questions on the survey conducted by the Department of Justice, Survey of Sexual Violence.

115.87(d) Directive OSPS.020.0027 identify the PREA Coordinator as being responsible for collecting, maintaining, and reviewing eh data form all available incident-based document, include reports, investigative files, and sexual abuse incident reviews. The PREA Coordinator provided a tracking sheet that he uses to track of the data. Information included in the tracking sheet includes the inmate's name and number of inmates involved , both the innate making the allegation and any known perpetrators or suspects, date of h allegation, investigative case number, the outcome of the investigation, date of closure of the case, name for the

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

115.87 (e) Director OSPS.020.0027, section .03 indicates the Department shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under the authority of the Department to assess and improve the effectiveness of sexual abuse prevention, detection and responsiveness. The Maryland Department of Public Safety and Correctional Services maintain a contract with Threshold Inc., for its pre-release inmate services. Incident sexual abuse data for Threshold Inc., is aggregated at least annually by the DPSCS. These annual reports contain aggregated incident sexual abuse data and is located on the Department's website at <http://dpscs.maryland.gov/prea/prea-audits.shtml>.

115.87(f) Directive OSPS.020.0027 notes the IID shall by June 30th of each calender year, report sexual violence datea formt the previous calender year to the Department of Justice. A copy of the most recent SSV-2 dated for 2018 was submitted to the auditor for review. The submitted SSV-2 confirmed completion of the requirement and a timely submission by the Department.

Based on the review of policies, documentation, interviews, tracking log submitted by the PREA Coordinator, and analysis, MCTC is complaint with all provisions of this standard.

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review)

1. MCTC Completed PRE-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. Department website
4. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
5. Interviews

Special Assistant to the Deputy Secretary of Operations

PREA Coordinator

MCTC PCM

115.88 (a-d) Directive OSPS.020.0027 addresses the elements of this provision. In accordance with the Directive, the PREA Coordinator, designator shall: (1) Aggregate the incident -base sexual abuse data annually; (2) Maintain review and collect data as needed from all available incident-based documents, included in reports, investigative files, and sexual abuse incident reviews. (3) Ensure that all aggregated sexual abuse data is included in an annual report that: (a) Includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training; (b) If applicable, identifies Department-side problem areas or problems within specific correctional facilities; (c) Is used to facilitate corrective action at the Department and correctional facility levels; (d) Compares the current calendar years' data and activities with that available from previous years; e) Assess the Department's progress in addressing sexual abuse; and (f) Is approved by the Secretary and made available to the public through the Department's public website that reacts information; (i) Threat 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 (ii) Related to personal identifies.

Interviews were conducted with the PCM, PREA Coordinator and Special Assistant to the Deputy Secretary of Operations. The PCM indicated the facility data serves as part of the entire reported that is available to the Department. The Department's data is the aggregated of all information collected from all its facilities and MCTC is just one of those facilities. MCTC data is useful for making decisions at the facility level. The PREA Coordinator stated the Investigative Intelligence Division prepares the PREA spreadsheet through an automated reporting system every year and forwarded to him. He then aggregates the data and compare it to the previous year's data while looking for patterns or for anything unusual or noteworthy. At the completion of the review while ensuring there is no information needs to redact, he submits the written annual report for the Secretary's review and signature. The automated system is password protected by IID with limited access. The Special Assistant to the Deputy

Secretary Operations confirmed data is reviewed and the information is distributed to the appropriate parties. A monthly meeting is held to address all issues. Upon the Secretary's approval and signature on the annual report, the annual report is posted on the Department's public website. A review of the Department's website revealed annual reports are available for viewing for 2013 – 2018. Each report appears to be appropriately submitted.

Based on the review of policy, interviews, review of the Department's website and analysis, MCTC is in compliance with all provisions of this standard.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review)

1. MCTC Completed PRE-Audit Questionnaire (PAQ)
2. DPSCS Exective Directive OSPS.020.0027 PREA Investigations Tracking and Review
3. Department's Website
4. Departments' 2018 Annual PREA Report

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

Based on the review of policy, interviews, review of the Departments' website and analysis, MCTC is in complaint with all provisions of this standard.

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.401 a b. DPSCS. 2020.0026 PREA Federal Standards Compliance documents the PREA Coordinator is responsible for ensuring Department PREA related activities comply with federal PREA standards in areas to include Audits and Auditing and corrective actions. This was the 2nd PREA audit for MCTC and the first year of the third cycle. A PREA Audit was not conducted at MCTC during the first cycle.

115.401.h,i,m,n The auditor and support staff was provided access to all areas of the facility with an opportunity to observe staff functions, and practices in the various departments, in addition to inmate movement and activities in programs and housing. The auditor and support staff were provided with separate offices to conduct private interviews with both staff and inmates. The auditor received 1 correspondence from an inmate and he was selected for an interview with the auditor. An interview with mail-room staff acknowledged that inmates' mail is sealed by the inmate prior to placement in the outgoing mail. This procedure allows the inmate population confidentiality in communicating with the auditor just as with legal counsel.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.403 In accordance with DPSCS Directives and a review of the Department's website, PREA Audit Reports for the 24 correctional facilities overseen by the Department was posted on the website for the past three years preceding this audit. The most recent posted PREA Audit posted on the website was dated May 4, 2020, and posted within 90 days of submission. The website also contained the 2019 Annual PREA Report for the Agency.

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.17 (a) Hiring and promotion decisions

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

115.17 (b) Hiring and promotion decisions

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

yes

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

yes

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

115.17 (h) Hiring and promotion decisions

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

yes

115.18 (a) Upgrades to facilities and technologies

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

na

115.18 (b) Upgrades to facilities and technologies

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

yes

115.21 (a) Evidence protocol and forensic medical examinations

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

yes

115.21 (b) Evidence protocol and forensic medical examinations

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

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

115.21 (c) Evidence protocol and forensic medical examinations

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

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

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

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

115.21 (d) Evidence protocol and forensic medical examinations

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

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

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

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

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

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

115.31 (a) Employee training

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

yes

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

yes

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

yes

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

yes

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

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

na

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

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

yes

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

115.41 (d) Screening for risk of victimization and abusiveness

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

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

115.42 (a) Use of screening information

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

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

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

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

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

115.42 (b) Use of screening information

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

115.42 (c) Use of screening information

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

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

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

115.43 (a) Protective Custody

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

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

115.43 (b) Protective Custody

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

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

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

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

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

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

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

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

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

115.52 (b) Exhaustion of administrative remedies

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

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

115.52 (c) Exhaustion of administrative remedies

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

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

115.52 (d) Exhaustion of administrative remedies

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

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

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

115.52 (e) Exhaustion of administrative remedies

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

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

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

115.52 (f) Exhaustion of administrative remedies

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

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

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

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

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

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

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

115.52 (g) Exhaustion of administrative remedies

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

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

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

115.62 (a) Agency protection duties

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

115.63 (a) Reporting to other confinement facilities

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

115.63 (b) Reporting to other confinement facilities

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

115.63 (c) Reporting to other confinement facilities

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

115.63 (d) Reporting to other confinement facilities

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

115.64 (a) Staff first responder duties

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

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

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

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

115.64 (b) Staff first responder duties

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

115.65 (a) Coordinated response

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

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

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

115.67 (a) Agency protection against retaliation

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

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

115.67 (b) Agency protection against retaliation

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

115.67 (c) Agency protection against retaliation

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

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

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

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

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

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

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

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

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

115.67 (d) Agency protection against retaliation

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

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

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

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

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

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

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

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

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

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

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

115.86 (a) Sexual abuse incident reviews

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

115.86 (b) Sexual abuse incident reviews

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

115.86 (c) Sexual abuse incident reviews

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

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

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

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

115.401 (b) Frequency and scope of audits

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

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

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

115.401 (h) Frequency and scope of audits

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

115.401 (i) Frequency and scope of audits

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

115.401 (m) Frequency and scope of audits

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

115.401 (n) Frequency and scope of audits

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

115.403 (f) Audit contents and findings

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