

PREA Facility Audit Report: Final

Name of Facility: Jessup Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/27/2021

Date Final Report Submitted: 07/30/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Debra D. Dawson	Date of Signature: 07/30/2021

AUDITOR INFORMATION	
Auditor name:	Dawson, Debra
Email:	dddawsonprofessionalaudits@gmail.com
Start Date of On-Site Audit:	05/10/2021
End Date of On-Site Audit:	05/12/2021

FACILITY INFORMATION	
Facility name:	Jessup Correctional Institution
Facility physical address:	7805 House of Correction Rd, Jessup, Maryland - 20794
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Christopher Smith
Email Address:	Christophers.Smith@maryland.gov
Telephone Number:	443 250-7083

Warden/Jail Administrator/Sheriff/Director	
Name:	Cleveland Friday
Email Address:	cleveland.friday@maryland.gov
Telephone Number:	410 540-6353

Facility PREA Compliance Manager	
Name:	Chris Smith
Email Address:	christophers.smith@maryland.gov
Telephone Number:	O: 4105406371

Facility Health Service Administrator On-site	
Name:	Nicole Hargraves
Email Address:	nicole.hargraves@corizonhealth.com
Telephone Number:	410 540-6447

Facility Characteristics	
Designed facility capacity:	1892
Current population of facility:	1780
Average daily population for the past 12 months:	1760
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:	18-75
Facility security levels/inmate custody levels:	Maximum/Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	586
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	7
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	239

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 Jessup Correctional Institution (JCI) on-site was scheduled for May 10, 2021. The PREA Audit was coordinated through the Maryland Department of Public Safety and Correctional Services (DPSCS) and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor, Debra Dawson was assigned as the PREA Auditor. Ms. Margena Myrick was assigned as support staff to assist in conducting on-site interviews and tours of the facility. A line of communication was developed between the DPSCS PREA Coordinator Mr. David Wolinski, Assistant PREA Coordinator Funsho S. Oparinde and Ms. Dawson through phone calls and emails. It was determined the facility would utilize the Automatic On-line System (OAS) for the audit. Due to the size of the facility and inmate population the on-site visit was scheduled for three days.

Pre-Audit Process

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

A line of communication began between the auditor and the JCI PREA Compliance Manager/ Assistant Warden Christopher Smith through emails on February 16, 2021, regarding the posting of the audit notice six weeks prior to the on-site visit and logistics of the audit process. The audit notice was confirmed as posted on February 25, 2021. Confirmation of the audit posting and access to viewing by the staff and inmate population was delivered through photographs via email with identified locations. The postings were well over the six-week requirement. The PREA audit review period was determined for April 1, 2020 – March 31, 2021.

The auditor utilized resources within the PREA Auditor Portal for submission to the JCI PCM on February 28, 2021. The JCI PCM was advised the forms would be discussed during the scheduled goggle team meeting on March 1, 2021. The auditor also would discuss the utilization of the On-line Automatic System, the completion, and submission of the first 5 pages of the PAQ that contained the facility information and the documentation that would be required to be uploaded in the OAS for review for compliance of standards provisions. The facility PCM were informed by the auditor the manner in which the documentation per standards shall be presented and the importance of timeliness when submitting in the OAS.

The following forms were forward to the JCI PCM for completion and return to the auditor via email. These forwards included the PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms and PREA Audit Specialized Staff Identification Form. The auditor regularly uses these forms to identify the selection of investigative files, staff personnel files, identify specialized staff, and identify inmates within the various targeted categories for interviews during the onsite visit of the audit.

The auditor, and DPSCS PREA Coordinators communicated throughout the pre-audit process and an attempt was made to maintain an open line of communication but received limited response from JCI. On April 23, 2021, that auditor received notification from the JCI PCM that additional updates were made to the OAS documentation. He explained due a technology glitch with Adobe Reader for nearly 3 weeks, he was unable to download and/or forward PDF documents for the OAS. However, he and his team would continue to work on audit preparation for the scheduled on-site visit. On April 26, 2021, the auditor received notification from the facility identifying additional staff assigned to assist with the audit process.

A continuous line of communication was obtained with the appointed secondary JCI PCM/Lieutenant William Hawkins throughout the on-site visit. However, upon the auditor's accessibility to the OAS, it did not contain sufficient documentation to support compliance with standards.

The auditor reviewed the Department's website and observed the annual PREA reports and prior PREA Audit Report for JCI. The auditor contacted Just Detention International (JDI) regarding any PREA allegations submitted by the inmate population. JDI indicated the agency had not received any correspondence from an inmate at JCI during the 12-month review period.

The on-site visit began on Monday, May 10, 2021, at approximately 8:00 a.m. with an entrance meeting for an introduction and to discuss the on-site audit process and concerns in the delay of submitted documentation in the OAS. The following were in attendance: Debra Dawson DOJ PREA Auditor; Margena Myrick PREA Auditor Support Staff; DPSCS Assistant PREA Coordinator Funsho Oparinde; Assistant Warden/JCI PCM Christopher Smith; Assistant Warden Bettie Harris; Lieutenant/JCI Secondary PCM William Hawkins; Audit Coordinator Sergeant Monica Plato and Sergeant Kendra Bright. The inmate count was identified as 1457. The auditor advised staff based on the inmate count, a minimum of 40 inmates to include (20 targeted and 20 random), was required to be interviewed. Inmates would be selected from each of the housing units with the exception for inmates currently in isolation and/or on quarantine status due to COVID-19 for health safety concerns. A request for private offices to conduct the interviews was also made and identified. It was decided that those inmates without restricted movement would be allowed to report the office areas provided to the auditing team. Those inmates with

restricted movement, such as segregation would be interviewed within those areas.

A tour was conducted throughout the facility that include the administration building, inmate visitation, maintenance building, five Maryland Correctional Enterprises (MCE) Factories, case management area, psychology, medical, isolation, property dietary, multi-purpose building that includes a regional hospital, psychology, medical isolation, property dietary, volunteer coordinator area, education department with classrooms, library, staff officers, dining hall, gym, inmate barbershop, dental, chapel, intake, tour of all inmate housing units to include shower areas, cells, inmate recreation yard, chapel, and security supervisory offices. The auditing team was observant to the placement of mirrors and the 275 cameras strategically located throughout the facility. The placement of mirrors and/or cameras did not intrude on the inmate's privacy during showering, change of clothing and/or performing other bodily functions.

Housing Unit #6 is located on the official property of JCI but was temporary assigned as the Baltimore Pre Trial Facility Jessup (BPF-J) during the on-site visit. This housing unit is in a separate area and secured away from the JCI inmates and staff. The two facilities were under different DPSCS management and operational orders. There is no interaction between JCI staff and inmates with BPF-J staff and inmate population. The BPF-J was relocated from the JCI property the following week after the on-site visit.

Female staff was observed making an announcement of their presence upon entering the housing units and each tier within the housing unit. A sign is also posted for inmate's awareness when a female staff member is on duty as applicable.

The auditing reviewed housing unit logbooks that confirmed supervisory staff conduct unannounced rounds during the three shifts, however, not consistently. These rounds are notated in red ink.

The auditing team observed the PREA audit notification posted throughout the facility on bulletin boards and walls that was accessible to staff and inmate viewing. The auditing team also observed the PREA Hotline # 410-585-3177 is stenciled on the walls in both English and Spanish easily accessible to all. The information and third-party reporting methods are posted in the facility front lobby and inmate visitation room while accessible to the public. The auditor tested the PREA Hotline number in inmate housing without identifying any personal information. The phone call prompts allow the call to be completed in English and/or Spanish. There were no discrepancies noted.

The Intelligence and Investigation Unit (IIU/IID) is a division within the DPSCS and conducts all administrative and criminal investigations. Mailboxes are available in all inmate housing units that allow the inmate population to report allegations of sexual harassment and/or sexual abuse through the Administrative Remedy Procedure (ARP), an identified staff member through institutional mail, and through outgoing mail to a third-party such as a family member, friend, Life Crisis Center, and/or the IIU. A review of the investigative casefiles confirmed JCI and DPSCS IIU conducts a thorough investigation without regards to how the allegation of sexual abuse and/or sexual harassment was reported. PREA allegations reported through the ARP are immediately forwarded to the IIU for investigation.

DPSCS facilities to include staff the inmate population was severely affected by COVID-19 beginning March 2020 through March 2021. Incoming inmate traffic was restricted, and there were severe staff shortages in all departments in addition to non-security staff assigned to perform telework numerous days of each week. The Governor of Maryland declared a state emergency in response to COVID-19. He outlined numerous guidelines, limitations, and restrictions throughout the State. Additionally, an Internal and External Inmate Movement During COVID-19 Standard Operating Procedures was issued on July 17, 2020. Inmates were and continue to be placed in a fourteen (14) quarantine status during the on-site visit. These quarantine requirements were an important step in controlling the spread of COVID throughout the DPSCS facilities. Inmates assigned in housing units identified as quarantined for COVID-19 were not selected for interviews due to medical health concerns.

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

The auditing team conducted 29 random staff interviews and 23 specialized staff interviews. Random staff interviews included security staff from the various shifts of, a variety of non-security staff that included but not limited to maintenance staff, mailroom staff, dietary staff, volunteer activity coordinator; job coordinator; grievance officer, training staff, chaplain; education principal; Maryland Correctional Enterprise (MCE); etc. Specialized staff were selected based on their position and their duty assignment. The 23 specialized staff interviews included: (1) Agency Head (1) Warden; (1) Regional Director of Nurses (contract); (1) Psychology Supervisor; (1) IID Investigator; (1) Contract Regional Director of Nursing; (1) Human Resource Manager; (1) DPSCS PREA Coordinator; (2) JCI PREA Compliance Managers; (1) JUST Detention International Representative; (1) Traffic Officer/Conduct Risk Screening; (1) Incident Review Team Member; (1) Designated staff member charged with monitoring retaliation; (1) Staff assigned to supervise segregation housing: (1) Mercy Medical Center Emergency Room Charge Nurse (SAFE); (1) Agency Contract Administrator; (2) Intermediate or higher supervisors; (2) Staff who perform risk screening; (1) Social Worker/Victim Advocate; (1) YMCA Crisis Center Victim Advocate.

JCI reported a designated facility capacity as 1892. The average daily inmate population during the past 12 months of the audit was reported as 1760. The inmate count on the first day of the on-site visit was 1457. Therefore, 40 inmate interviews were required. The auditing team conducted 43 inmate interviews during the 3-day on-site visit. The audit notice was posted well in advance of the on-site visit; however, the auditor did not receive any correspondence from the inmate population throughout the audit process. There were no inmates housed at JCI during the on-site visit within the following targeted groups: youthful inmates; intersex; lesbian; cognitive and/or who were placed in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse. Current daily inmate rosters were utilized by the auditor for the selection of inmates for interviews. The auditing team conducted 23 random inmate interviews and 20 target group inmate interviews. The 20 inmates identified for the targeted group categories were selected based on their identified category. There

were as the following: (1) Bi-sexual; (1) Homosexual; (1) Limited English Proficient (LEP); (3) inmates who reported prior sexual victimization during risk screening; (3) physical disabled; (2) vision impaired (blind in one eye); (5) Transgenders; (1) Reported sexual abuse (3) hearing impaired (hard of hearing/hearing aids). JCI is a male facility only and does not house female inmates (lesbian). All inmates interviewed were aware of various ways to report allegations of sexual abuse and /or sexual harassment and most reference the PREA signage posted throughout the facility and in their housing units.

The auditor conducted an interview with a Victim Advocate at YMCA Crisis Center regarding the available services to the inmate population in reporting PREA allegations via the PREA Hotline. An interview with the Mercy Medical Center Emergency Room Charge Nurse identified the medical center has a Sexual Assault Response Team that coordinate all services for victims of sexual abuse upon their arrival to the hospital to include a SANE and a Victim Advocate.

Following the completion of the tour and interviews, the PREA Auditor and her support staff spent the remaining on-site visit reviewing and identifying documentation that was required to be submitted in the OAS in support of compliance for each standard provision. The PREA Auditor was advised throughout the remaining of the on-site visit the documentation was being uploaded in the OAS. However, this information was not accurate.

An exit briefing was conducted on Wednesday, May 13, 2020, with the following in attendance: Debra Dawson DOJ PREA Auditor; Margena Myrick PREA Auditor Support Staff; Warden Cleveland Friday, Assistant Warden/JCI PCM Christopher Smith; Assistant Warden Bettie Harris; Lieutenant William Hawkins/ JCI Secondary PCM; Audit Coordinator Sergeant Monica Plato; Sergeant Kendra Bright; The PREA Auditor provided an overview of the pre-audit and on-site visit while acknowledging the essential staff members who assisted throughout the on-site visit. A discussion of the PREA auditor's general observations and preliminary findings, and the post-audit phase that included the timeliness for submitting the additional documentation was delivered to staff in attendance.

During the pre-audit, on-site visit and post-audit phases, the auditor identified numerous standard provisions that required further documentation and was advised by staff these documents were being uploaded in the OAS during the on-site and would continue after the auditing team departure. The auditor attempted to maintain an open line of communication with the Lieutenant/Secondary JCI PCM during the post-audit phase through emails and phone calls without success. This information was shared with the Assistant DPSCS PREA Coordinator as he also had not received responses to emails forward to the facility. It was later discovered that the Lieutenant/ Secondary JCI PCM was on extended leave. The Assistant Warden who was originally identified as the JCI PCM transferred to another facility immediately following the on-site visit. The additional staff assigned to assist with the audit process was also granted extended leave during the post audit process. The auditor was not advised of the staff's absence from the facility during the post audit phase and was not notified of replacements to assist with the continuation of the audit process. Therefore, the auditor placed the facility in a corrective action period for 60 days. This corrective action period was scheduled to allow the facility to appoint staff as a point of contact for the auditor for the submission of identified documentation to meet compliance with all standards identified as "Does Not Meet."

The following standards were identified as "Does not Meet" due to JCI failure to submit documentation in support of the facility's practice and procedures for: 115.13; Supervision and monitoring; 115.22' Evidence protocol and forensic medical examination s; 115., Employee training; 115.41, Use of screening information; 115.42, Protective Custody; 115.61, Staff and agency reporting duties; 115.63, Reporting to other confinement facilities; 115.64, Staff first responder duties; 115.65 Coordinated Response; 115.67, Agency protection against retaliation ; 115.71, Criminal and administrative agency investigation; 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 sanction for inmates; 115.81, Medical and mental health screening, 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 review; 115.401 Frequency and scope of audits.

During the corrective action period, a staff member returned to the facility from extended leave and an open line of communication immediately resumed that included the DPSCS Assistant PREA Coordinator. Supporting documentation for compliance was identified and uploaded in the OAS for review by the auditor. Upon a review and analysis of the presented documentation, it was determined by the auditor that JCI was compliant with all standard provisions.

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 Jessup Correctional Institution is located at 7800 House of Correction Road, Jessup, MD 20794. The facility was formerly known as Maryland House of Correction-Annex. JCI is a maximum/medium security male facility that opened in 1991 with a rated capacity of 1892. The facility has 15 buildings and two sally ports. The average duration of an inmate's sentence at this facility is 7 years. The inmate age ranges from 18 – 75 years old. This facility has the distinct notoriety of being the facility which produces all license plates in the state of Maryland.

The facility identified 6 buildings as housing units A – Building through F-Building. The six housing units are named A-Building through F-Building. Each housing unit is "X" shaped and has a control center booth that overlooks each of the four tiers within the unit. Housing units B-Building through F-Building have four tiers while A-Building housing unit has three tiers. Therefore, as identified by the DOJ PREA Work Group, there are 23 housing units. All tiers have an upper and lower level with a shower on each level. There are shower curtains on the front of each shower with a transparent upper portion. Each cell (which houses one or two inmates) has one toilet and sink fixture. All wheelchair bound inmates are assigned to the lower level that has a wheelchair accessible ramp to the shower. Each level has a day room, telephones and a single sink and toilet fixture with half a door. Inmate housing is also located in the Regional Hospital and an Isolation area for a total of 25 housing units. Each pod has 24 cells on the top and bottom. Cameras are located in the front and rear of the both the bottom and top tiers and a camera is located in each pod dayroom. The various housing units consist of 920 multiple occupancy cells, 0 single cell housing units and 0 dormitory style housing units. There are 96 cells in the segregation unit (D-C). One security staff is assigned to each pod during the 7:00 a.m. – 3:00 p.m. and 3:00 p.m. – 11:00: p. m. shifts. One security is assigned to provide coverage for two pods during the 11:00 p.m. – 7:00 a.m. shift.

Housing Unit #B with 4 pods is located on the official property of JCI but was temporary assigned as the Baltimore Pre Trial Facility Jessup (BPF-J) during the on-site visit. This housing unit is in a separate area and secured away from the JCI inmates and staff. The two facilities were under different DPSCS management and operational orders. There was no interaction between JCI staff and inmates with BPF-J staff and inmate population. The BPF-J was relocated from the JCI property the following week after the on-site visit.

The Maryland Correctional Enterprise (MCE) shops (sewing, uniform, tag, wood/furniture, and laundry), maintenance shop and the administration building located outside the secure perimeter.

The Multipurpose building consists of the library (opened space surrounded with books and low bookshelves), gym (opened space), school (nine classrooms and chapel all with clear see-through glass windows in each), Volunteer Activity Center (a large and small meeting room, three separate chaplain offices, 2 storage closets, and the volunteer activity coordinator's office), Dietary (three open space inmate dining rooms, one officer's dining room and an industrial size kitchen area), Medical (a treatment area, medication distribution, dental, x-rays), a Regional Hospital (five hospital rooms with four beds each and one segregation room with one bed), Isolation (five single rooms with shower and toilet in each room) and the Property/Intake areas. All areas include inmate bathrooms properly labeled and distinct from staff bathrooms which are also labeled.

Housing unit C-A was on lockdown status during the on-site visit due to an inmate homicide occurring on May 8, 2021.

The facility has 275 cameras installed for video monitoring that has a 30-day retention period. These cameras are strategically located throughout the facility in a manner that does not intrude on the inmate's privacy during showering, use of toilet, change of clothing and/or while performing other bodily functions. Video monitor capability to limited to Captains, Major, Master Control, Investigative Staff, Warden's Office and the Security Chief Office.

JCI employed 451 staff during the on-site visit that consisted of 404 security staff and 47 non-security staff. Security staff are assigned to the various shifts: 11:00 p.m. – 7:00 a.m.; 7:00 a.m. – 3:00 p.m. and 3: 00 p.m. – 11:00 p.m. Many staff employed at JCI have several years of correctional experience to include a Laundry Supervisor with 43 years of service at JCI.

One hundred fifty - two contract workers provide services through 7 various agencies for JCI. The contracting agencies are: Barefoot Pest Control (2 staff), Noresco (4 staff), Global Tel*link (2); Keefe (2); CORIZON Medical (138); Centurion mental health (3 staff); Electrical Motor Repair (1).

Prior to COVID-19, 171 volunteers provided services to the inmate population. However, all volunteer programs were cancelled as of March 2020 and had not resumed as of the on-site visit. Inmates conducted virtual visitation with family, friends, and attorneys.

The Jessup Regional Hospital is HUB is located at JCI and provide medical services to include an infirmary clinic for DPSCS facilities in Central Maryland. The 138 medical staff provide medical service to: Jessup Correctional Institution, Maryland Correction Institution for Women, Dorsey Run Correctional Facility, Patuxent Correctional Institution, Central Maryland Correctional Facility, Baltimore City Correctional Center, Baltimore City Booking and Intake Center, Maryland Correctional Institution Jessup, Maryland Reception Diagnostic

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 - Meets Standard

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

115.13, Supervision and monitoring - Meets Standard

115.14, Youthful inmates- Meets Standard

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

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

115.17, Hiring and promotion decisions - Meets Standard

115.18, Upgrades to facilities and technologies - Meets Standard

115.21, Evidence protocol and forensic medical examinations - Meets Standard

115.22, Evidence protocol and forensic medical examinations - Meets Standard

115.31, Employee training - Meets Standard

115.32, Volunteer and contractor training - Meets Standard

115.33, Inmate education - Meets Standard

115.34, Specialized training: Investigations - Meets Standard

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

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

115.42, Use of screening information - Meets Standard

115.43, Protective Custody - Meet Standard

115.51, Resident reporting - Meets Standard

115.52, Exhaustion of administrative remedies - Meets Standard

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

115.54, Third-party reporting - Meets Standard

115.61, Staff and agency reporting duties - Meet Standard

115.62, Agency protection duties - Meets Standard

115.63, Reporting to other confinement facilities - Meets Standard

115.64, Staff first responder duties - Meets Standard

115.65, Coordinated Response- Meets Standard

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

115.67, Agency protection against retaliation - Meets Standard

115.68, Post-allegation protective custody - Meets Standard

116.71, Criminal and administrative agency investigations - Meets Standard

115.72, Evidentiary standard for administrative investigations - Meets Standard

115.73, Reporting to inmates - Meets Standard

115.76, Disciplinary sanctions for staff - Meets Standard

115.77, Corrective action for contractors and volunteers - Meets Standard

115.78, Disciplinary sanctions for inmates - Meets Standard

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

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

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

115.86, Sexual abuse incident reviews - Meets Standard

115.87, Data collection - Meets Standard

115.88, Date review for corrective action - Meets Standard

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

115.401 Frequency and scope of audits - Meets Standard

115.403 Audit contents and findings - Meets Standard

Standards
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, on-site visit)</p> <ol style="list-style-type: none"> 1. JCI Completed Pre-Audit Questionnaire (PAQ) 2. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. DPSCS 020.0026 PREA – Federal Standards Compliance 4. Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited 5. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 6. MD COMAR 12.03.01.04 Inmate Rule Violation Summary 7. DPSCS Organizational Chart 8. JCI Organizational Chart 9. Interviews <ol style="list-style-type: none"> a. DPSCS Assistant PREA Coordinator b. JCI PCM <p>115.11(a) DPSCS 020.0026 identify the Department does not tolerate sexual abuse or sexual harassment of an inmate. The Department requires an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge according to Department procedures for reporting employee misconduct or inmate rule violation.</p> <p>Criminal Law Title 3 Other Crimes Against the Person Subtitle 3. Sexual Crimes MD Criminal Law Code Ann. (§ 3-34(2013) E 3-3214 identifies a crime is committed upon sexual conduct between correctional of Department of Juvenile Services employee and inmate or confined child.</p> <p>MD COMAR 12.03.01.04 Inmate Rule Violation Summary identified- any manner, arrange, commit, perform, or engage in a sex act or sexual conduct to be a violation of inmate disciplinary code 117.</p> <p>DPSCS. 020.0026 Prison Rape Elimination Act-Federal Standards Compliance section .03 states, "The Department does not tolerate sexual abuse or sexual harassment of an inmate." The Directive clearly outline the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in the Department facilities.</p> <p>Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited section .03 B. states "the Department shall ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual misconduct comply with applicable federal standards (28 CFR Part 115.11 - August 20, 2012) established under the authority of the Prison Rape elimination Act (PREA) of 2003 (P.L. 108 -79). The Directive identify sanctions to be imposed on staff who participate in outlined prohibited acts regarding the zero-tolerance consistent with PREA standards include up to termination. Sanctions for those that have participated in prohibited behaviors in the facility is outlined in the Directive.</p> <p>Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited contains information on inmate discipline in addition to the inmate rule book identifies the inmate rule violation 117 - as any manner, arrange, commit, perform, or engage in a sex act or sexual conduct. Inmates who are determined by the IID Investigator to have committed the criminal act of sexual misconduct to another inmate and or staff will be prosecuted.</p> <p>115.11(b) In accordance with a review of the DPSCS organizational chart, the Department has designated an upper-level Special Assistant who reports directly to the Deputy Secretary of Operations as the DPSCS PREA Coordinator. An Assistant DPSCS PREA Coordinator is also employed to assist the DPSCS PREA Coordinator in overseeing the agency's efforts regarding PREA in all its facilities. The Assistant DPSCS PREA Coordinator reports directly to the DPSCS PREA Coordinator. The auditor interviewed the DPSCS PREA Coordinator who confirmed he absolutely has sufficient time and authority to develop, implement, and oversight of the Department's efforts to comply with the PREA standards in all its facilities. The addition of an Assistant PREA Coordinator has increased the ability to perform such duties. He added there are 21 PREA PCM with one being assigned at each of the Department's facilities. He and his assistant provide assistance to the facility PCM weekly by forwarding a PREA Tip for the Week, the best practice of various standards, changes due to and</p>

revised policy, review of all facilities PREA allegation reports, providing various training opportunities, communicating via telephone and forwarding remainders to the PCM of the notification of findings to the alleged victim at the conclusion of the investigation as several methods of interacting with the facilities PCM.

115.11(c) The facility's organizational chart identify staff in the position of PCM reports directly to the Warden. The auditor interviewed the outgoing PCM and recently appointed PCM, each confirmed having sufficient time to complete duties as the facility PCM. The outgoing PCM is an Assistant Warden and the recent appointed PCM is a security staff Lieutenant. However, both stated the Warden is open to meeting with them to discuss any areas of concern and immediately provide needed corrections. The Assistant Warden/PCM added in his position as the Assistant Warden he has been able to address issues himself. He added although, he turned over the position of PCM to the Lieutenant, he continues to maintain oversight for compliance.

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

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

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> 1. JCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management 3. DPSCS Staffing Analysis and Overtime Management Manual 4. JCI Staffing Plan Summary of Authorized Positions 5. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 6. Supervisory Log Round 7. JCI Staffing Plan Annual Review 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. Warden b. Intermediate or Higher-Level Staff c. DPSCS PREA Coordinator <p>115.13(a) Directive OPS.115.0001 states the requirements of a facility staffing plan. The requirements contain the eleven requirements stated in this provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels and requirements and the documentation of any deviations to these requirements. Per the PAQ, the facility designated capacity is at 1892 inmates. The inmate population on the first day of the on-site was 1457. The average daily number of inmates at JCI was 1760 inmates. The FY2019 Staffing Plan was reviewed at the facility level on September 25, 2018 and noted by signature of the Facility Representative and DPSCS PREA Coordinator. The JCI Staffing Plan addresses the eleven numerated requirements as indicated in this provision. However, the auditor requested a more recent copy of the Staffing Plan as a review is required annually. An additional copy was not provided for review nor submitted the OAS prior and/or during the on-site visit.</p> <p>Interviews with the Warden and DPSCS PREA Coordinator indicated the facility does develop and comply with a staffing plan as outlined in The Staffing Analysis and Overtime Management Manual.</p> <p>Per an interview with the Warden, the Staffing Plan is required to be reviewed once annually, but he reviews it at least 3 times. He added, JCI also reviews a departmental staffing plan, that is scheduled within the next 90 days. He compares the current Staffing Plan to the latest to determined where additional staffing is need. He currently has 5 vacant correctional officer positions. However, due to the approaching closure of Southern MD Per-Release, Eastern Pre-Release Center, and the Baltimore Pe-Trial Facility currently occupying Building B at JCI, these staff will filter into other DPSCS to include JCI. He added Home Detention assignments has increased that contributes to the decrease in the inmate population throughout the DPSCS. He added, since COVID-19, the facility is at a standstill with staff. However, the Department has one day hiring events with a conditional hiring level so the hiring process can be as soon as 30 days compared to previously as long as several months.</p> <p>115.13(b) Directive OPS.115.0001 states the requirements of a facility staffing plan. The Overtime Manual provides guidance regarding minimum operational staffing levels and requirements for documenting any deviations with these requirements. The facility staffing plan is developed with these requirements in mind and a daily Post Assignment Worksheet (PAW) is developed to deploy staff in accordance with the stated staffing plan. The PAW identifies positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. A review of selected daily PAW for each month was reviewed and no deviations were noted in post assignments that were equivalent to the facility being non-compliance of the Staffing Plan.</p> <p>The Warden stated, the Post Assignment Worksheet (PAW) are reviewed daily for each shift and security supervisory staff are required to document any collapsed and vacated post on the PAW. There have not been any instances of non-compliance with the Staffing Plan during the 12-month review period. Specifically, staff are being offered overtime and/or drafted to fill vacate positions. An 80-hour overtime cap within 2 weeks is in effect as staff are anxious to work overtime to fill vacate positions. The reassignment of collapsible post and/or overtime is always authorized to ensure proper security</p>

coverage is maintained that meets that Staffing Plan.

Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution. Furthermore, it was observed that staff deployment is increased during shifts where inmate activity is increased.

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. The FY2019 Staffing Plan was reviewed at the facility level on September 25, 2018 and noted by signature of the Facility Representative and DPSCS PREA Coordinator. The Staffing Plan Review form considered all the criteria required for a staffing plan review as required in this Standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility administrator and agency wide coordinator. The review documented that no adjustments to the plan was recommended. However, the auditor requested a more recent Staffing Plan to be presented during the 60-day corrective action period.

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.

During the pre-audit process, the auditor submitted a request to the JCI PCM identifying the weeks for both even and odd months of logbook entries for documentation of completed unannounced rounds made in all housing units. Additionally, the auditor reviewed logbooks during the on-site visit for confirmation of unannounced being conducted regularly and documented in red ink. Documented rounds were completed in all areas on the 3 shifts consisting of 7:00 a.m.- 3:00 p.m., 3:00 p.m. - 11:00 p.m. and 11:00 p.m. – 7:00 a.m. Interviews with intermediate and higher-level staff indicated unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted each shift by security supervisory staff and at least weekly by upper-management staff. Review of various logbooks in all housing units confirmed supervisory shift conduct rounds during each shift and document such rounds in red ink. Upper-level management staff document their rounds in the visitor's logbook. These rounds were noted throughout the facility. Security supervisory staff indicated they do not complete their rounds in one setting, and they are not conducted in a pattern that allow other to become aware of their anticipated arrival.

115.13 (a) (c)The facility submitted the FY2019 Staffing Plan it was reviewed at the facility level on September 25, 2018 and noted by signature of the Facility Representative and DPSCS PREA Coordinator. The JCI Staffing Plan addresses the eleven numerated requirements as indicated in this provision. However, the auditor requested a more recent copy of the Staffing Plan as a review is required annually. A more recent copy was not provided for review nor submitted in the OAS. Therefore, JCI does not meet the provision of standard in providing a Staffing Plan for review.

Corrective Action Taken:

115. 13 (a) (c) During the 60-day corrective action period, a recent copy of the Staffing Plan was provided for review. Specifically, the facility presented the Staffing Plan for FY20 that was signed and approved by the Facility Representative and DPSCS PREA Coordinator on September 20, 2020. The Staffing Plan addressed the eleven numerated requirements as identified in standard 115.13. There were no recommended adjustments made during the annual review.

Therefore, the corrective action is complete and JCI meets the mandate of the standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> 1. JCI Completed Pre-Audit Questionnaire (PAQ) 2. Observation during onsite visit <p>Interviews with the following:</p> <ol style="list-style-type: none"> a. Warden b. DPSCS PREA Coordinator c. Inmate population <p>Interviews with the Warden, and DPSCS PREA Coordinator indicated JCI does not house youthful offenders (under the age of 18) at JCI. Offenders under the age of 18 years old are designated to the DPSCS Youth Detention Center located at 926 Greenmount Avenue Baltimore, Maryland 21202. At midnight on the day of the offender's 18th birthday, they are transferred at this time to an adult facility. If transportation cannot be made for the midnight hour, the offender will be removed from the general population and housed alone in the medical department until transported. Observation during the on-site visit and interviews with staff and random inmate population revealed their unawareness of any inmates housed at JCI under the age of 18 years old.</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. JCI Completed Pre-Audit Questionnaire (PAQ) 2. Executive Directive OPS.200.0006 Assessment for Risk of Victimization 3. DPSCS Executive Directive OPS.110.0047 Personal Search Protocols-Inmates 4. The Maryland Police and Correctional Training Commissions Lesson Plan Title LGBTI 5. The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices 6. DPSCS Search exception cards 7. Observation while on-site 8. Opposite Gender Announcement Stop Sign 9. Interviews with: <ol style="list-style-type: none"> a. JCI PCM b. Random Selected staff c. Random and Targeted Group Inmates d. Regional Training Supervisor <p>115.15 (a) The Maryland Police and Correctional Training Commissions Lesson Plan Title LGBTI and The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices states male inmates may be searched by both male and female staff however a female staff person may not touch the genital area of the male inmate. If there is reason to believe that the inmate to be searched is transgender or intersex, a frisk search is to be conducted by a female staff member.</p> <p>Directive OPS.110.0047, states that an inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer. Section .05F(3)(b) states that when circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. Section .05H(2) states, "Only a certified medical professional may perform a body cavity search of an inmate and only the certified medical professional and the inmate being searched may be present during the procedure. Executive Directive OPS. 110.0047 indicates if search and detection equipment indicate that suspected contraband has been ingested or inserted within the inmate's body, the inmate will be strip searched in accordance with the provisions of the directive that includes placing the inmate in a single dry cell or room until such time as the inmate has excreted or disgorged the contraband in accordance with the dry cell procedures status or transported to an off-site medical facility for a body cavity search in accordance. Therefore, a body cavity check will not be conducted at the facility.</p> <p>Staff and inmate interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. Interviews with the inmate population did not reference any cross-gender searches and/or negative concerns while showering, performing bodily functions, dressing, etc. In accordance with the JCI PAQ, interviews the JCI PCM, random staff, and inmate population, there were zero cross-gender visual strip and/or zero cross-gender visual body cavity searches at JCI during the 12-month review period.</p> <p>115.15(b) Directive OPS.110.0047, Section .05E(3)(a) and(c) states, "(a) Except under provisions of §.05E(3)(c) of this directive, a frisk search of a female inmate shall be conducted by female correctional officer. (c) A managing official or a designee may, based on exigent circumstances, authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate." Discussion with staff and on-site observations verified that JCI is designated as a male only facility.</p> <p>115.15(c) Directive OPS.110.0047, Visual body cavities checks are not conducted at DPSCS facilities. The inmate would be</p>

placed on dry cell observation and/or transported to a licensed medical facility. Section .05F(6)(b) each inmate search is (a) Documented on forms approved by the Deputy Secretary of Operations, or designee; Each Correctional Officer is responsible for compliance with the procedures established in the directive. Correctional Officers shall be the same sex as the inmate being searched, unless the inmate presents a Personal Search Exception card which specifies a different protocol for the search being performed. Section E. Unless a Personal Search Exception Card has been granted by the Warden, an inmate will be searched in accordance with the policies applicable to searches of the gender associated with the institution or housing assignment in which the inmate is assigned. The inmate is responsible to carry the Personal Search Exception card at all times and to present this card to the correctional officer prior to the start of a personal search. A male inmate search may be conducted by either a male or female correctional officer provided that a female officer does not touch the genital area of the inmate being searched. Female inmate shall be conducted by a female correctional officer. JCI only houses male inmates. Therefore, cross gender pat down searches of female inmates does not apply. The facility reported 0 cross gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12-month review period. Thus, there are no written reports or incidents of cross-gender strip searches or cross-gender body cavity searches as there have not been any occurrences of such.

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

Transgender and intersex inmates shall be offered the opportunity to shower separately from other inmates. Interviews were conducted with 5 inmates identified as transgender, and each inmate stated they are given the opportunity to shower at separate times from other inmates within the housing unit. All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status.

Single stall showers are located in designated shower areas and shower curtains are installed that provides inmate privacy during use at each shower stall.

Housing unit camera coverage was noted as not having the ability to see into the inmate cells nor the showers in the various housing units. Inmates indicated there were no instances in where they were observed by staff of the opposite gender during visual searches, showering, change of clothes and/or while performing bodily functions. Random staff interviews indicated that opposite gender staff announcements are made prior to entering the housing units and on each tier. This statement was confirmed during inmate interviews.

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. Interviews with 5 transgender inmates confirmed they do not feel they were subject to inappropriate searches to include for the sole purpose of determining their genital status.

115.15(f) The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices is provided to staff during the pre-service and in-service training. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The training includes instructing staff on conducting transgender and intersex inmate pat-down searches in a professional and respectful manner by female staff. The Pre-Audit Questionnaire noted 100% of staff have received training on conducting cross-gender pat down searches. The term "Frisk Search" is defined as a search not requiring the removal of all clothing. It is conducted by running your hands across clothing to detect hidden objects." Policy notes that frisk searches may be conducted by females on males, but it is not permissible for female staff to search the groin area of male inmates. Likewise, policy also states, "Males shall not conduct searches of females" except during exigent circumstances a managing official or a designee may authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate. Strip searches are performed exclusively by two staff of the same gender this including a provision for transgender or intersex inmates who prefer to be searched by a specific gender of staff.

An interview was conducted with the Central MD Regional Training Supervisor for Jessup area. He confirmed staff receive PREA training during pre-service and in-service and the search protocol training is part of the training. An overview of the training includes conducting searches of transgender and intersex inmates.

Directive OPS.110.0047, Section.05F(3)(b) states, "When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search." Section .05F(3) speaks to searches of transgender and intersex inmates stating, "The inmate is responsible for carrying the Search Exception Card at all times and shall present the card to the correctional officer prior to the start of a personal search. Failure to present the card may result in the inmate being searched in accordance with the gender associated with the institution." Random staff interviews indicate they received training regarding cross gender, transgender,

and intersex search procedures. Current day rosters indicated 5 inmates identified as transgenders housed at the facility and all were interviewed. Each were issued a search exception card that identifies their choice of being searched by female staff and stated they have not been required to submit Confirmation of staff search training was not provided. Therefore, JCI does not meet provision 115.15 (f) of the standard.

Corrective Action Taken:

Staff presented signature sheets of staff confirmation of PREA training that included search protocol training conducted on DAY 2 of in-service during 2019. Due to COVID -19, JCI delayed in-service training for FY20. However, the facility did resume in-service training with smaller classes during the corrective action period for FY20 to be followed by training for FY21. Rosters of staff attending PREA training on DAY 3 in-service that included search protocol training was provided for review.

Based on the review of policies and documents submitted during the corrective action period, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard. Corrective Action is Complete.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 810 300">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="244 329 1244 1043" style="list-style-type: none"> 1. JCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy 3. DPSCS Executive Directive OSPS.050.0011 American with Disabilities Act of 1990, Titles I and II 4. Correction Entrance Level Training title "Special Management Issues Corrections." 5. PREA Brochure – Spanish 6. OOE Translation Services 7. Overview Contract Services 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. Agency Head/Designee b. Random staff c. Staff who provided translation services d. LEP Inmate <p data-bbox="244 1075 1485 1906">115.16(a)(b) Agency policy OSPS.050.0011 and OEO.020.0032 requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP). Agency policy also requires the head of the facility (or designee) that is responsible for the custody and security of an inmate shall ensure that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates. DPSCS has a contract with Ad Astra for all their interpreter needs. Ad Astra services are available in-person, or via phone call and email. They also provide services for the hearing impaired. Part of the intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This brochure covers the zero-tolerance policy and reporting information and is available in both English and Spanish. At orientation inmates are provided a copy of the Inmate Handbook that covers the agency's zero tolerance policy. Additionally, inmates also participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. All PREA posters, PREA Orientation packets, inmate handbooks, to include information for outside resources to report PREA allegations are available in English and Spanish as they are the most common languages spoken. Staff identified upon the arrival of an inmate that speaks a language other than English and Spanish, services would be provide through the Ad Astra, or an available staff translator. Sign language services are available through Statewide Visual Communication Services. Staff were aware of flyers that provide instructions for use of Ad Astra language line that include contacting their supervisor if translation services are needed. In addition to providing appropriate translation services for those inmates identified as LEP, the agency also provides a training to staff during the Correction Entrance Level Training title "Special Management Issues Corrections." The training performance objectives include (1) identity the processes for managing inmates with special needs; (2) Identify the issues surrounding the management of inmates with physical challenges; (3) Identify the issues surrounding management to transgender inmates; (5) Identify the issues created by sexual behavior in the correctional setting; (6) Identity the issues created by homosexual behavior in the correctional setting; (7) Identity the process for managing sexual predators. Students are tested on the course and are required to receive a passing score of 75% or better.</p> <p data-bbox="244 1937 1485 2159">An interview with the Agency Head Designee indicated the Department employees an ADA Coordinator who assigned at each DPSCS facility and an ADA Coordinator in the Central Office has oversight of efforts of all facilities while serving as the Subject Matter Expert for the Agency. Documents are translated into the language spoken by various inmates (mostly Spanish). The Department has established a contract with Ad Astra for all their interpreter needs. Services are also available for inmates who are deaf. Documents are printed in large print for vision impaired inmates. Inmates identified as deaf have access to electronic message boards and are assigned appropriate cellmates after proper screening. Deaf inmates are issued devices that alert them of various activities.</p>

Three inmates were identified as hard of hearing to include one with a hearing aid and one inmate identified as blind in one eye were interviewed. All stated they were able to understand the PREA education provided to them as their disabilities did not prevent it. There were 0 inmates assigned at JCI identified with a cognitive disability.

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." Per the PAQ, and staff who conduct risk screening indicated there were no instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

One inmate was identified as Limited English Proficient (LEP) and his first language was identified as Spanish. The auditor used a staff member to provide translation services during the interview process. A staff member assisted the auditor during the interview by providing translation services. The inmate stated he was provided PREA education in English but was later issued PREA education in his language upon the auditor's advisement to staff. He stated however, he can understand the PREA information posted throughout the facility in his Spanish language and was aware of various methods on how to report PREA allegations.

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
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 810 297">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="244 327 1050 927" style="list-style-type: none"> 1. JCI Pre-Audit Questionnaire (PAQ) 2. DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance 3. Criminal History Records Check – Non-Mandate Employees ADM.050.0041 4. COMAR 12.10.01.05 Correctional Training Commission 5. COMAR 17.04.03.10 Employment Background Checks 6. Code of Maryland COMAR 12.15.01.19 State Rap Back Program 7. Code of Maryland COMAR 17.04.14.10 8. Hiring and Promotional Records 9. Criminal History Background Records Check Documentation 10. Interview with: <ol style="list-style-type: none"> a. Human Resource Manager <p data-bbox="244 958 1489 1451">115.17(a) Directive DPSCS.020.0026, section .05F(1) regarding the Human Resources Services Division (HRSD) states, “shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B(3) of this directive. (2) The HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with to a service provider if the individual may have contact with an inmate. (3) Before hiring a new employee to perform duties involving contact with nan inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse. (c) Before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background record check of the contractor’s employees who may have contact with an inmate.</p> <p data-bbox="244 1485 1489 1877">Criminal History Records Check – Non-Mandate Employees ADM.050.0041 identifies the Department responsibility and procedure as (a) A hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history record check is performed in order to determine the existence of criminal convictions that my specifically impact performance as an employee. (B) A hiring authority shall ensure that a criminal history record check is performed for a mandated employee as required under COMAR 12.10.01.05 (C) A hiring authority shall ensure that a criminal history records check is performed for a non-mandated employee as follows: (1) At a minimum, the hiring authority shall ensure that a State and federal criminal history records check is conducted based on the individual’s full name and date of birth. (2) A hiring authority may conduct a State and federal criminal history records check based on fingerprint identification if the hiring authority has reason to believe that the name and date of birth criminal history records check may not reflect the individual’s complete criminal history. (D) The criminal conviction information discovered as the result o f a criminal history records check under this directive shall be used in conjunction with other information available as part of the hiring process to determine the individual’s suitability for employment with the Department.</p> <p data-bbox="244 1910 1489 2134">The JCI PCM presented a letter submitted to the Assistant Secretary/Chief of Staff DPSCS Correctional on August 18, 2014 by the Executive Director of office of Personnel Services and Benefits acknowledging the Office of Personnel Services and Benefits approval to not hire and/or promote employees with a “sexual abuse” criminal history if the person may have contact with inmates. The letter also spoke on the obligation to meet the provision of conducting criminal background checks on all agency employees at a minimally every 5 years on basis that any DPSCS employee could potentially come into contact with inmates. Lastly the approval for the request to make all DPSCS positions for which the conviction question can be asked on the application was approved while prohibiting the hiring of individuals with certain criminal convictions.</p>

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

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

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

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

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

COMAR 17.04.03.10 Employment Background Checks indicates the appointing authority shall determine the necessity of investigation the background of an eligible individual for purposes of verification of suitability for employment. When appropriate and job-related, areas of investigation may include but are limited to employment history, academic credentials, military records, criminal conviction records, and personal references. (2) In conducting the background investigation, the appointing authority shall (a) Provide written notification to the eligible individual that (a) a background investigation may be conducted, and (ii) Consequences for fraudulent or false information may include bur are not limited nonelection, decertification, termination of employment in situation where employment has begun, notification to the Secretary, and criminal prosecution: (b) Obtain a release of information from signed by the eligible individual' (c) Take any other appropriate action appropriate. Human resources staff reported that the centralized hiring unit performs all administrative and criminal background checks and efforts to contact all prior institutional employers of new employees.

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

The PAQ identified 9 new hires during the 12-month period of April 1, 2020 – March 31, 2021. However, this information was identified as incorrect. Per receipt of an electronic roster from the human resource department, there were 49 new hires and 14 staff promotions during the review period. The auditor was provided with confirmation of the 49 DPSCS employee background checks. These new hires were for correctional officers only. The applicants' PREA Self-Declaration Form was included for review. The auditor also requested 7 of the 14 promoted staff confirmations of updated PREA Self-Declaration forms was also provided for review. The review confirmed a background investigation check was completed for all staff prior to the applicant being offered the position. Records indicated that applicants were asked about behavior described in 115.17(a) (1-3). Documentation indicates that all applicants were asked again during a polygraph examination. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who do not meet the requirements of this provision.

115.17(d) Directive DPSCS.020.0026, section .05F(3)(c) states, before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background records check of the contractor's employees who may have contact with an inmate." Per the Human Resource Manager. The DPSCS includes in the contracts with of other agencies such as CORIZON, Centurion and Keefe that all background checks are required to be completed by the DPSCS Human Resource Services Division. There were 2 new hires with Keefe, 1 new hire for medical and 1 new hire for mental health during the review period.

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

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

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

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

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

deems appropriate.

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

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

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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

115.18(b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department's ability to protect inmates from sexual abuse." The Agency Head Designee indicated video monitoring supports staff in the supervision of inmates. Recently a survey project of substantiation and unsubstantiated cases were conducted to identify areas of reported allegations to install additional video to increase monitoring while providing an increase level of safety for staff and the inmate population. The Warden confirmed additional cameras have been installed throughout the facility since the last PREA audit. The facility has 275 cameras.

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

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPA.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
3. DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses
4. PREA Event Guideline
5. Executive Directive Number: OPS. 050.0001 Sexual Misconduct - Prohibited
6. Agency Websites for MCASA and YWCA of Annapolis and Anne Arundel County
7. National Protocol Overview, Protocol Adaptation
8. Maryland Violence Against Women Act (VAWA) 2005
9. COMAR 10.12.03 Patient Care
10. COMAR 10.27.21 Forensic Examination Qualifications
11. Facility Victim Advocate Training Certificate
12. Investigation Files
13. Interviews with:
 - a. IID Investigator
 - b. Warden
 - c. Mercy Medical Center Emergency Room Charge Nurse
 - d. YWCA Victim Advocate
 - e. Facility Victim Advocate
 - f. Random Staff

115.21 (a) Confirmation of the DPSCS responsibility to meet the requirements of this standard is outlined in the IIU.110.0011 that states the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sexual related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. An 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. Per an interview with a IIU Investigator, DPSCS PREA Coordinator, and Agency Head Designee, IID Investigators who are sworn law enforcement officers by the Attorney General in Baltimore and are authorized under Maryland law to conduct both administrative and criminal investigations. These investigators are assigned to the Internal Investigative Unit/Division. All reported PREA allegations are initially identified as criminal. However, upon the conclusion that no criminal acts committed, and/or the victim elect to not pursue criminal prosecution, the investigative case is closed as an administrative case. All investigations criminal or administrative are tracked and conducted by the IIU.

A reported allegation of PREA is categorized as a Priority #2 on the Serious Incident Category Descriptions and is the part of the beginning stage of the investigation by the on-duty security shift supervisor. The shift supervisor is responsible for contacting the IIU Duty Officer for a case number. Interviews with random staff indicated they were aware and understood DPSCS protocol for obtaining usable physical evidence if an inmate alleged sexual abuse. All indicated they would utilize the first responder's duties that include securing the area, separating the alleged victim from the alleged abuser, contacting their supervisor, and attempting to prevent those involved from destroying any and all physical evidence on their person and the identified area. DPSCS Internal Investigative Unit Procedures A01.A.09.006.001/IIU.220.002 titled Evidence and Personal Property Collection, Storage, and Disposition established procedures for collection, storage and disposition of evidence and

other property seized or otherwise under the control of the DPSCS IIU.

115.21(b) The protocol was adapted from and/or otherwise based on the most recent edition of the DOJ'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. JCI does not house youth offenders under the age of 18 years old. However, the protocol is developmentally appropriate for youth. The Maryland Violence Against Women Act (VAWA) 2005 reauthorization mandates that States certify that they meet the forensic requirements, it does not articulate to States the method of compliance. As a result, the Governor's Office of Crime Control and Prevention (GOCCP) in close partnership with the Maryland Coalition Against Sexual Assault (MCASA) convened a statewide workgroup and hosted a series of stakeholder meetings comprised of law enforcement professionals, prosecutors, victim advocates and forensic nurse examiners in order to develop statewide recommendations regarding the local jurisdictional implementation of VAWA compliance forensic exam policies and protocols in Maryland. Guidance for compliance has been developed to walk stakeholders through the process thereby ensuring their collective success. Comprehensive steps are outlined in the Maryland VAWA Forensic Compliance Guidelines. The Agency provided a copy of the Revised OSPA. 200.0004 Inmate on Inmate Sexual Conduct Prohibited dated November 13, 2015, the National Protocol "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," "overview and the Protocol Conformity.

115.21(c) A review of the PAQ and investigative PREA case files and an interview with the JCI PCM identified there were zero inmates who received forensic medical examination via SANE or/SAFE and/or qualified medical staff. Executive Directive Number: OPS.050.0001 states If medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by (i) A Sexual Assault Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); (iii) If after documented attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examination. 115.21(d) DPSCS has a paid contract with the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. However, the DPSCS PREA Coordinator and DPSCS Assistant PREA Coordinator are in the developmental stage in developing procedures and practices to be utilized in providing some of the services to and within the various State facilities. It was determined the two agencies began the services through a Memorandum of Understanding (MOU) with the Western part of Maryland prior to continuing throughout the DPSCS. The purpose of the MOU is to assure a unified effort between the entities involved to provide victim-inmates with confidential emotional support, crisis intervention, information and referrals related to sexual violence as required by PREA standards 28 C.F.R. 115.21 and 115.53.A copy of the draft MOU was presented for review. Per an interview with the JCI PCM and observation during the tour, the hotline number for MACASA 410-585-3177 is stenciled on the walls throughout the facility accessible to the inmate population, visitors and staff. During the orientation process, inmates receive a PREA Intake and Reception Sheet that provides a list of outside confidential support services to include: YWCA of Annapolis Anne Arundel County 1517 Ritchie Highway, Suite 201 Arnold, MD 21012 (410)- 222-6800; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring, MD 20907 (310) 328-7023/ (800) 328-7023; Sexual Assault Legal Institute P.O. Silver Spring, MD 20907 (301) 564-227/(877)-96-SALI; JUST Detention International 1900 L St. NW, Suite 601 Washington DC, 20036 (202)506-3333; RAIN Rape, Abuse & Incest National Network No Written Correspondence (800) 656-4673.

Although the DPSCS PREA Coordinators continue to develop procedures during the development of a MOU with the individual facilities, DPSCS and the MCASA has a contract to provide the services. The contract is an agreement to accept phone calls from victims of sexual abuse and victim advocate services are also available upon request. Advocacy services include, but are not limited to accompaniment during the exam, safety planning, and referrals for long-term services. The YWCA of Annapolis and Anne Arundel County provides a 24-hour hotline as well as hospital accompaniment for victims of sexual assault. The 24-hour hotline provides a safe and secure connection to a trained advocate who can assist with the emotion and resource needs of individuals who are victims of sexual assault. This may include arranging for counseling, referral for legal assistance, accompaniment to the hospital for an exam, or simply a committed individual who understands and will listen without judgment.

A phone interview was conducted with a victim advocate at the YWCA of Annapolis. She explained when an inmate contacts the center via phone, staff provide counseling services as requested by the victim. Mercy Medical Center has a Sexual Assault Response Team that provides all services to victims of sexual abuse upon the victim's arrival to the emergency room. The victim advocates have received proper training to serve in the capacity of a victim advocate to meet with clients. She continued in stating the agency and the DPSCS have established an agreement to provide these services through MCASA to provide victim advocate services. She added because of COVID-19, follow-up services would be offered to the victim through zoom or via phone rather than entering the correctional facilities.

JCI has a designated staff member, Social Worker to serve as a victim advocate who has completed the PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. She indicated she also serve as a sexual abuse victim advocate in the community as a member of the crisis team with Eastern Shore Crisis Response. Although she had not been utilized as a victim advocate at the facility, she was aware of her role as such. Upon notification of an inmate's report of sexual abuse, she would meet with the inmate upon his return to the facility and continue with follow-up services as needed.

Her responsibilities as a victim advocate would include being available for support, ensuring safety of the victim, screening the victim for mental stability, and listening to the victim and not conducting an investigation of the occurrence. She would also provide the inmate with methods on how to make additional requests as needed to communicate with her between sessions.

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

115.21 (g) Not applicable

115.21(h) An interview with a Victim Advocate at YWCA of Annapolis, and the Mercy Medical Center both indicated a Victim Advocate is available to provide services to the inmate population upon notification. JCI has a designated staff member appointed by the Warden to serve as a victim advocate. The staff's member completed the PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting and have advance training while serving as a sexual abuse victim advocate at the crisis center in the community.

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

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence reviewed to include documents and interviews.

1. IIU Investigators Training Documentation
 2. Executive Directive IIU110.0011 Investigating Sex Related Offenses
 3. Correctional Services Title 10. State Correctional Services Subtitle 7
 4. Executive Directive OPS.200.0005 - Inmate on Inmate Sexual Conduct – Prohibited
 5. Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited
 6. Procedure Number: A01.A.09.003.001/IIU.020.0002 Complaint Receipt, Documenting, and Processing
 7. DPSCS website
 8. Interview
- a. IIU Investigator

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

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

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

Procedure Number: A01.A.09.003.001/IIU.020.0002 states the directive applies to all IIU personnel and field investigator. The Director shall establish and maintain a system for receiving, documenting, and processing complaints of alleged violations for State and Department policy and procedures, criminal law, and administrative investigations communicated to the IIU. The Director shall ensure that alleged violations reported to or discovered by the IIU are appropriately investigated and resolved to the extent possible.

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

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

Information on how the public can report sexual abuse and /or sexual harassment allegations is located on the Agency's website at <https://dpscs.maryland.gov/agencies/iid.html>. The website notes: “The Intelligence and Investigative Division conducts criminal and administrative investigations into allegations of serious misconduct within the Department of Public Safety and Correctional Services. In addition to conducting investigations within statutory authority, the agency is the

department's liaison with allied federal, state, and local law enforcement agencies, providing investigative services and support. The contact information is noted as Intelligence and Investigative Division Main number: 410-724-5720; Complaint Phone Number: 410-724-5742 at P.O. Box 418 8520 Corridor Road Suite H Savage, Maryland 20763.

The PAQ reported 7 PREA allegations during the review period. These cases were not presented for review in the OAS. The auditor attempted on several occasions to make contact via email and phone with the assigned facility PCM and was advised the staff was on extended sick leave. Upon attempting to reach a second staff member who assisted during the pre-audit and on-site visit, the auditor was advised that staff was also on extended leave. The facility did not demonstrate compliance with all provisions of the standard as the auditor was unable to receive requested documentation. Therefore, the facility does not meet the provision of the standard and was placed in a corrective action period for 60 days.

Corrective Action Applied:

During the corrective action period, the auditor was presented with the 7 investigative cases identified as reported for JCI within the 12-month review period. However, one case identified for JCI was not a JCI case but was reported on the JCI PREA Tracking Log. This case was provided for review by the DPSCS Assistant PREA Coordinator that confirmed the inmate was not in JCI custody. Therefore, 6 PREA allegations was reported for JCI during the review period of April 1, 2020 – March 31, 2021. Five of the 6 reported PREA allegations were concluded as an administrative investigation by the DPSCS IID Investigators. One reported allegation of sexual abuse remained pending investigation by the IID Unit throughout the corrective action period. However, further review of the pending case, revealed the alleged victim requested to withdraw his allegations. The investigation remained pending completion. JCI reported 0 criminal investigations for sexual abuse and/or sexual harassment during the review period.

Based on the review of policies, observation, investigative casefiles, interview and analysis, the facility has demonstrated compliance with the provisions of this standard. The Correction Action is completed.

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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

JCI.020.0026.01 ensures that all staff who are in direct contact with inmates receives PREA, sexual harassment, sexual abuse, assault intervention, and sexual misconduct training at least annually. Training is tailored to male inmates and female inmates. Custody shall be trained according to DPSCS policy regarding cross-gender, transgender, and intersex pat search techniques.

Security supervisors also provided refresher PREA training during shift briefing/roll call. Problematic PREA standards that identify each standard and the effective department area for the scheduled audit was presented to all department head supervisors.

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

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

Management Issues, training includes Identifying the process for managing inmates with specials needs; Identify the issues created by sexual behavior in corrections; PREA – Identify how the Prison Rape Elimination Act (PREA) impacts a correction facility.

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

An interview was conducted with the Central MD Regional Training Supervisor for Jessup area. He confirmed staff receive PREA training during pre-service and in-service. The training courses are held both on-line and during in-service. In-service training is more detailed to the institution rather than the pre-service training as it instructs staff on how to respond to PREA allegations. In-service training resumed on April 26, 2021, after to postponed due to COVID-19. He indicated FY training begin annually in July and certification cards are issued in June. The PREA training received is sufficient for 2 years and in accordance with DPSCS policy and the PREA standard.

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

115.31(d) The review of numerous DPSCS PREA Lesson Plans require the staff member to submit to testing upon the completion of training requiring a minimum score of 75%. Completion of staff PREA training was presented through electronic verification noting the PREA course code and staff who completed it.

The auditor confirmed JCI, and the Department has developed policies, and lesson plans to meet the provisions of the standard. However, the facility failed to submit documentation to support the training was completed. Therefore, JCI was placed in a corrective action period for 60 days in order to submit confirmation staff completion of PREA training.

Corrective Action Applied.

During the 60-day corrective action period, the facility submitted the training rosters documenting staff signatures in addition to a computer-generated roster confirming staff completion of PREA training in 2019 during DAY 2 In-service Training. Due to the COVID-19, PREA training was not scheduled in 2020. However, in-service training was resumed during the post-audit phase at a decrease class size beginning in May 2021 on DAY 3 In-service Training. Confirmation of staff attendance of PREA training thus far in 2021 was provided through computer-generated rosters.

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

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPSP.050.0001 Sexual Misconduct
3. JCI PREA Education for Contractors
4. DPSCS Volunteer Services Orientation Manual Insert
5. DPSCS Guide for Contractor, Vendors, and Volunteers
6. Certification of PREA Training for Contractors
7. DPSCS A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders for Volunteer and Contractor
8. DPSCS Website
9. Interviews with:
 - a. Training Sergeant
 - b. Medical and Mental Health Staff
 - c. Volunteer Activity Coordinator

115.32 (a), (b) Directive OPSP.050.0001 states an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools thus, these identified groups are subject to the same type of training as employees. Directive OPS.050.0001 states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee complete approved training related to preventing, detecting, and responding to acts of sexual misconduct." The Volunteer Program Administrative Manual states during orientation a volunteer shall complete approved orientation, which may be tailored to the classification of the volunteer, prior to beginning an assignment. Volunteer orientation shall be a minimum of 2 hours, approved by the Director, and, at a minimum, include Department and unit policy and procedures that address the offenders 'rights if the volunteer has contact with the offenders. Specifically, the volunteer will receive responsibilities related to preventing, detecting and responding to sexual abuse or sexual harassment of an offender that include the Department's zero tolerance for such behavior, how to report allegations of sexual abuse or sexual harassment of an offender. The contractors and volunteers are also issued a DPSCS A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders for Volunteer and Contractor. Each are required to acknowledged of receipt for the booklet with their signature.

Volunteers complete an application to become a volunteer on-line through the DPSCS website. The auditor verified an informative page on the DPSCS website specifically for volunteers, with contacts for further information as well as other convenient links. The Volunteer Orientation Manual on the DPSCS website provide training material to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per the Department policy and procedures. The DPSCS .020.0026, Prison Rape Elimination Act Federal Standards Compliance and OSPSP. 050.0001 Sexual Misconduct - Prohibited are included for review on the under-Volunteer Forms: Additional Material. Per an interview with the Volunteer Activity Coordinator (VAC) she provides training to all volunteers. The most recent training session was in 2019 due to COVID-19. The refresher training presented by the Volunteer Activity Coordinator is conducted throughout every year and is based on the initial training period provided to the volunteers and recertification of the volunteer. The volunteers are given training material in literature and lecture format during the in-person training sessions and training is also conducted on-line. All required paperwork is completed during the training sessions while ensuring the volunteers understanding of the DPSCS zero tolerance of sexual abuse and sexual harassment in addition to how to report it. She concluded in stating, the last entry date of volunteers into the facility was March 2020 prior to the on-site visit. All previous approved volunteers will be required to complete a new background check and complete training again prior to returning.

The Volunteer Guide includes PREA education oof the Department's Zero Tolerance Policy, Sexual Misconduct, Sexual Harassment, Volunteer Responsibilities, Retaliation and Sanctions for violations of such acts. Volunteer document their initials and signature as an agreement to comply with facility and agency rules and policies.

Each volunteer is issued a Volunteer Agreement and Acknowledgement of Orientation form and acknowledge receipt of the following: DPSCS Orientation Video; Volunteer's Orientation Guidebook; DPSCS PREA Brochure. Volunteers also acknowledge receipt of the PREA Acknowledgement form. As of the on-site visit to JCI, volunteers have not been allowed to enter the facility since March 2020 throughout the on-site visit due to COVID-19. Per the VAC, all volunteers will be required to complete a new background check and refresher training upon their request to return. Prior to COVID-19, the facility had 171 volunteers as the facility has 81 various programs to include religious services. The auditor received PREA training acknowledgement forms for 90 volunteers received between 2018 and 2019.

The mental health department consist of 3 DPSCS employees and 3 contract staff through Centurion. These staff completed the specialized training in 2019 and are scheduled to attend in-service training to start in May 2021. PREA refresher training will be include.

The Southern Regional Medical Department is housed at JCI and maintain a roster of 102 medical staff. Although the roster list 102 medical staff, they are assigned to various correctional facilities through the south region. The auditor requested a random selection of 24 medical staff for confirmation of PREA training. Interviews conducted with medical, mental health contract staff confirmed their receipt of PREA training. Permanent contract staff such as medical and medical health who has direct contact with the inmate population attend the Non-Academy Pre-service Orientation training for new employees in addition to bi-annual in-service training. The Regional Director of Nursing indicated staff attend PREA training before contract with the inmate after the hiring process and during in-service through Learning Management System – CORIZON (contracting agency) University on -line training. Those interviewed stated they were notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report it. Each stated they would report to a security supervisor and their immediate supervisor. Rosters confirming the receipt of PREA training for medical and mental health were presented for review.

The JCI PCM provided confirmation of 29 background checks and PREA training 29 contract workers for vendors and/or maintenance contractors who entered the facility for various services. All maintenance and service vendors are escorted by security staff at all times.

There are 2 Keefe contract workers approved for entry and have completed PREA training. The auditor randomly selected confirmation of two for completion of PREA training with no discrepancies noted. As of March 2020, due to COVID-19 Keefe contract staff did not enter the facility. DPSCS staff distributed the commissary items to the inmate population. Keefe staff returned in May 2020. Keefe employees does not have direct contact with the inmate population. These workers are escorted and remain with DPSCS security staff.

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

115.32(c) Documentation of contract staff and volunteer completion and understanding of the PREA education received is confirmed by their signature on the PREA education acknowledgement form.

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

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
3. DPSCS Executive Directive OPS.020.0032 LEP Policy
4. PREA Hotline signs (English and Spanish)
5. JCI Inmate handbook
6. PREA Brochure, Posters and Signs in English and Spanish
7. PREA Education Video
8. PREA Training Acknowledgement Forms
9. Inmate PREA Orientation Receipt
10. DCD.2002.0001
11. Observation on site
12. Interviews with:
 - a. JCI PCM
 - b. Intake Officer
 - c. Inmate population

115.33(a)(b) (c) The PAQ and interview with the JCI PCM identified 552 inmates arrived at the facility during the review period who was given PREA education at intake. Per an interview with the Intake Staff, is identified staff assigned to this position are responsible for issuing the inmates the "PREA and Sexual Assault Awareness Sexual Assault is a Crime Not a Punishment - What Every Inmate Needs to Know" pamphlet. The PREA video is played for viewing by the newly arriving inmates while they are being served their lunch meal upon arriving within the intake area. Per interviews with 43 inmates, all acknowledged one or more ways of receiving PREA education to include: PREA pamphlet on the day of arrival, the PREA video, and/or receiving PREA education during orientation within 30 days of arrival. Inmates also acknowledged their awareness of the PREA Hotline and PREA posters on the walls and bulletin boards posted throughout the facility. The auditor requested a roster of all incoming inmates during the 12-month for a random selection of 49 inmates' confirmation of PREA education within 30 days of their arrival. The review of the randomly selected 49 inmates confirmed the inmates' receipt of PREA education via his signature on the JCI Inmate Orientation Manual Receipt /PREA Brochure acknowledgement forms. These forms are also signed two staff members who serve as a witness to the inmate's receipt of training and his signature on the form.

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

JCI.ID.050.0030.1 indicates The Warden/designee is responsible to ensure all inmates have received comprehensive PREA education as well an institution specific PREA training within 30 days of transfer into the facility. All inmates must sign that they have participated in which training PREA Information Acknowledgement, and documentation will be maintained in the inmate's base file.

The PAQ and interview with the JCI PCM identified 552 inmates was admitted during the past 12 months whose length of stay in the facility was for 30 days or more. These inmates received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents in addition to agency policies and procedures for responding to such incidents within 30 days of intake. Prior to COVID-19 inmates received the comprehensive education within 7 days of intake. Since COVID-19, inmates are required to place on quarantine and/or isolation status at a minimum of 14 days upon intake.

Inmate orientations include the PREA video "PREA and You: Preventing, Reporting and Treating Sexual Abuse and Harassment" Inmates receiving an Intake and Reception that provides inmates a list of various outside the facility confidential resources for reporting sexual abuse and/or sexual harassment in addition to victim advocate services, a chance to ask questions, and advisement that an inmate handbook is available in the housing and library. An individual copy of the inmate handbook is available upon request. Inmates signed the PREA Training Acknowledgement Inmate Education form that they have participated in a PREA education session as required by 28 C.F.R. Part 115.31. Interviews with the several of the inmate population confirmed PREA education is shown continuously on the institution channel.

Inmates acknowledge awareness that the JCI Inmate Handbook is available for review in the library. The inmate orientation handbook discusses the facility zero tolerance for sexual assault/rape in the institution while describing various methods in which it is defined. The handbook list methods of reporting PREA allegations to include immediately reporting to institution staff and/or the provided PREA Hotline #410-585-3177. Available services of medical care, counseling and housing changes as needed is also discussed within the handbook. Institution and criminal prosecution are noted as discipline that is subject to an attacker. A translation service is provided as needed for those speaking other languages. The literature given provides information on the agency's zero tolerance policy for sexual abuse or sexual harassment and provides information on how to report prohibited acts.

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

The auditing team conducted an interview with 1 identified as LEP. The auditor utilized a bi-lingual staff to translate during the interview in Spanish. The inmate stated he receive he was provided various paperwork in the English language that he did not clearly understand. He continued in stating, he was aware of the PREA Hotline number and family to report PREA allegation. He stated he often have difficulty communicating with staff due to the language barrier. The auditor advised the JCI PCM to provide PREA education in the Spanish language for a better understanding of PREA. Interviews were also conducted with 3 inmates who was hard of hearing, 1 blind in one eye, 3 with physical disabilities. These inmates also acknowledged receipt and understanding of PREA education given in various methods.

JCI.ID.050.0030.1 indicates The Warden/designee is responsible to ensure PREA information is readily and continually visible through signs, posters, brochures, videos (showings must be documented), and the inmate handbook. PREA information was observed throughout the facility readily and continually visible throughout the facility in various forms such as: signs and posters. The auditing team observed numerous and variety of PREA posters on walls and bulletin boards throughout every department, and all inmate housing units, program areas and work assignments in both English and Spanish. The PREA Hotline # is also and stenciled on the walls in both Spanish and English.

115.33 (e) The auditor requested a random selection of 49 inmates' documentation of PREA education. They also acknowledged receiving an orientation packet that included material such as the DPSCS PREA and Sexual Assault Awareness brochure and a copy of the Intake and Reception Sheet. The PREA brochure, inmate handbook, and Intake and Reception are informative on various ways to report PREA allegations: talk to any staff member that you feel comfortable with. This can be a correctional officer, teacher, nurse, chaplain – ANYONE. Report the incident to the PREA Hotline at the toll-free number (410) 585-3177 while giving instruction on doing do. Inmates are also informed they may report the incident through the Administrative Remedy Process (ARP).

115.33 (f) PREA information was observed to be readily available to the inmate population throughout the facility. A massive amount of PREA education was posted throughout the facility on all walls, bulletin boards, gym, multipurpose rooms, barbershop, departmental staff offices, inmates housing units, medical, mental health, case management, intake, religious services, visiting room, education department, library, dietary, Maryland Correctional Enterprise (MCE) factories. The PREA education was presented in both English and Spanish.

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

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. IIU Investigators Orientation Training
2. OSPS.200.0004 Inmate Sexual Misconduct
3. IID Investigators Field Training Schedule
4. OSPS.050.0030 Sexual Conduct
5. MD Correctional Services Article 10-701
6. Police Entry Level Objectives
7. Investigative Staff Training Record
8. Interview
 - a. IID Investigator

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

OSPS.050.0030 and OSPS. 200.0004 states to the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that at a minimum, specifically address: (a) Interviewing sexual abused victims; (b) Using Miranda and Garrity warnings; (c) Sexual abuse evidence collection; (d) Criteria and evidence necessary to substantiate administrative action and, if appropriate referral for criminal prosecution.

Directive IIU.110.0011, section .03B states, "Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting." IID has jurisdiction over both administrative and criminal investigations. IID investigators are required to meet training standards in order to maintain law enforcement certification and are sworn officers. IID Investigators training Organization Principle and Law -01 training includes but not limited to: Identifying the basic element of a Rape Crime; Identifying the basic elements of Sex Offenses; Identifying the various styles of attack in Rapes; and defining the terms most often used in dealing with various sex offenses. IID handles all allegations of sexual abuse and sexual harassment. All investigations of sexual abuse and sexual harassment, criminal and administrative, are initially forwarded to the IID unit. IID will subsequently determine if the allegation will be investigated locally by facility staff or investigated by an IID investigator. The Maryland Police and Correctional Training Commission Lesson Plan – Specialized Training: Investigations which is required of all IID detectives before conducting sexual abuse and sexual harassment investigations was reviewed and covers the requirements of this standard. Upon completion of training, the IID detectives are issued a certificate of completion indicating that the detective has successfully completed training in conducting PREA investigations. An interview was conducted with an IID Investigator whom training exceeds that required via the standard or PREA Specialized Training.

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

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

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. CORIZON Health Site Orientation
2. Nursing Encounter Tools Support Document PREA Recommended Interventions
3. Patient Information Fact Sheet
- 4 CORIZON General Health Services Policy and Procedures
5. DPSCS Directive Number 020.0026 PREA – Federal Standards Compliance
6. PREA- CHSSO eLearning Module
7. Training Certificates for Medical and Mental Health Staff
8. Interviews:
 - a. Regional Director of Nursing
 - b. Psychology Supervisor

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

Additional training is provided through Centurion referencing a PREA overview consisting of 57 pages with the learning objectives: (1) Increase understanding of the goals of PREA; (2) Review general expectation of PREA National Standards; (3) Review expectations of PREA National Standards for medical and mental health staff and (4) Encourage familiarity with local policies related to PREA and responsibilities under the policies. Confidentiality with the learning objectives of: Confidentiality in Correctional Healthcare; HIPAA and PREA Requirements. Medical and some mental health staff are contract employees who must complete the agency's PREA training and specialized training received from the contractor (CORIZON or Centurion). The training curriculums for both Medical and Mental Health Training Presentations was reviewed. This training is lecture based accompanied by a slide presentation and followed by a test.

Interviews were conducted with the Regional Director of Nursing and the Psychology Supervisor. Certificates document staff received the specialized training in addition to PREA training required by all DPSCS staff. Specialized training is completed before staff are allowed to have contact with the inmate population. PREA Specialized training is conducted through literature, educational material and on-line.

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 medical and mental health staff attended and passed the Agency PREA training. The auditor also reviewed training certificates indicating medical and mental health staff completed specialized training.

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

completed PREA training throughout 2020.

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

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
2. Initial and 30-day Follow-up Risk Assessment Form
3. Interviews
 - a. Staff Who Conduct Risk Screening

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

The PAQ identified 522 inmates reported to the facility who stayed was 72 hours or more and 522 inmates were admitted to the facility who stay was 30 days or more during the review period of April 1, 2020 – March 31, 2021, and all inmates received risk assessments upon their arrival. JCI is a time building facility. The Intake/ Traffic Officers are responsible for conducting the initial 72-hour risk screening assessments of all newly arriving inmates and Case Managers are responsible for conducting the 30-day risk assessments. Interviews were conducted with intake officers and Case Management Staff who are assigned to conduct the inmate's risk assessments indicated the inmate received the initial risk assessment on the day of arrival to the facility. The Intake/Traffic Officers and Case Managers are responsible for ensuring the screening instrument is used to objectively assess an inmate's risk of victimization and/or an inmate being sexually abusive. They indicated the PREA Intake Screening is the one form utilized to conduct screening for the risk of sexual victimization and risk of sexually abusing other inmates. Inmates are scored on their responses and are identified as at risk of victimization and/or risk of abusiveness and/or neutral.

115.41(c) (d) Directive OPS.200.0006, section .05A requires the implementation of a screening instrument and cites the criteria utilized to perform the risk assessment. The PREA Intake Screening form is the agency-approved standardized screening instrument. At the pre-audit phase, the auditor requested a roster of all inmates who arrived at JCI during the review period of April 1, 2020, through March 31, 2021 and randomly selected 49 inmates files for review. All risk assessments were conducted using an objective screening instrument. The PREA Intake Screening form is a one-page form that assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12 separate questions to determine a detainee being at risk of victimization factors and 6 additional questions to determine an inmate's risk of abusiveness factors. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the detainee history during the initial screening. The Department does not include a question of "whether the inmate is detained solely for immigration services," as the DPSCS does not house inmates solely for civil immigration purposes.

The Intake/Traffic Officers and Case Managers utilize the same (one) PREA Intake Screening form that allows staff to sign at the completion of each. Specifically, it is continuously sheet for both assessments. Interviews with staff who conduct risk screening (Case Manager and Case Manager Supervisor) identified numerous questions on the PREA Intake Screening as areas assist in determining the risk of the inmate such as his age, build, height, weight, current and past criminal history, prior acts of violence, sexual assault history. Staff continued in stating the Case Managers have access to computers with programs that allow them to retrieve some of the information prior to the inmate's arrival. Any adjustments needed are made by the Case Managers. Normally the only change would be the inmate's weight.

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

and current charges and a history of domestic violence as a perpetrator including pending and current charges for sexual misconduct. Staff who conduct risk screening identified these factors are part of the PREA Intake Screening for both the initial risk screening assessment and 30-day follow-up risk screening assessment. A review of the PREA Intake Screening form revealed it does consider all the criteria required by this provision.

115.41(f) Directive OPS.200.0006, section .05B (2) require case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility. The PAQ identified 552 inmates entered the facility within the past 12 months of the audit whose length of stay was 30 days or more. These inmates were identified as being reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. The auditor randomly selected 49 inmates for review of their initial PREA Intake Screening and 30-day follow-up PREA Intake Screening. The review identified only five of the 49 reassessments were conducted outside the 30-day follow-up requirement period. The auditor acknowledged that the delays were during the heavy month periods of COVID-19 and staff absence from work.

An interview with Case Managers who conduct the 30-day reassessments indicated they are scheduled after 2 weeks of the inmate's arrival not to exceed the required 30-day follow-up requirement. During the interview process with inmates, when asked if they were asked the assessment questions upon their arrival and whether they were asked more than once such as: whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify with being gay, lesbian, or bisexual, and whether they thought they might be in danger of sexual abuse at the facility? Responses range from yes, maybe I don't recall, I think so, no I don't remember being asked, no I wasn't asked, and I was asked by medical. However, during further interview, most inmates acknowledged they were asked the questions related to the PREA Intake Screening form and most inmates interviewed who arrived at the facility less than 12 months did recall being asked questions from the PREA Risk Screening during the reassessment during the intake process and/or Case Manager. Additionally, although 5 failed to conduct 5 of the 49 reviewed 30-day reassessments timely, they clearly demonstrated their knowledge, practice, and the procedure of conducting risk assessments in accordance with DPSCS and provisions of this standard through the documentation of the initial risk assessment completion on the day of the inmate's arrival and within 30 days for the reassessments.

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. Interviews with a Case Management Staff identified an additional risk assessment is completed upon the receipt of new information, a referral from staff, and upon an inmate being identified as a victim and/or aggressor in a PREA investigation, disciplinary sanctions that could change their scoring, etc. Their responses coincided with the requirements for screening for risk of victimization/abusiveness outlined in OPS.200.0006 as an inmate's risk level can be reassessed any time during incarceration and when new relevant information becomes available.

115.41(h) Directive OPS.200.0006, section .05B (5) states inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening reported there are occasions when inmates do refuse to answer the questions on the PREA screening assessments, but they are never discipline for refusing to answer. If an inmate refused to response to any of the questions, screening staff document the inmate's refusal to answer.

115.41(i) Directive OPS.200.0006, section .05B(6) requires, "Appropriate controls to be in place for facility dissemination of information collected during screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates." Per an interview with the Case Management Staff upon completion, the PREA Intake Screening forms are placed in the inmate's base file. Interviews with the Case Management staff and observation during the tour confirmed the inmate information is secured in a designated base file room where entry is limited to authorized staff only.

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

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
3. PREA Intake Screening Instrument
4. Interviews with:
 - a. JCI PCM
 - b. Staff Who Conduct Risk Screening
 - c. Inmates identified as Transgender.

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

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

PREA AP (Aggressor Potential): Inmates designated by the PREA screening as having characteristics of an inmate with a higher-than-normal likelihood of sexually aggressive towards other inmates inside an institution.

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

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

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

PREA AP-May not be housed with PREA VP, MX

PREA VP- May not be housed with PREA AP, MX

PREA ND- May be housed with anyone

PPREA MX-May not be housed with PREA VP

Per an interview with a Traffic Officer, since COVID-19 upon the arrival of new inmates and completion of the intake process, the inmates are assigned to quarantine in one housing unit and are assigned single cells. Prior to COVID-19 upon the inmate's arrival and completion of the intake process they were assigned to the orientation housing unit until they have been classified by the case management team. Their cell assignment is completed by the Traffic Officer who review the information previously loaded in the Offender Case Management System (OCMS) and by the Intake Staff during the initial risk screening. Inmates identified as abusers, or high risk of being an abuser are not assigned on the same wing as inmates identified as previous victims and/or at a high risk of victimization. If changes of the inmate's scoring are made, the Case Managers notify the Traffic Officers via phone, personally, or via email of required changes in bed assignments as the Traffic Officers are the only staff authorized to make housing and bed assignments. Traffic Officers are assigned each shift 24/7 and complete bed and unit assignments. The Traffic Officers has access to the PREA scoring have been trained on identifying the importance of inmate separation as required to provide safe housing for the inmates.

Interviews with Case Managers, Traffic Officer, Warden and the JCI PCM, all newly arriving inmates are screened upon their arrival and are assigned to the quarantine unit for 14 days due to COVID-19. Afterwards they are assigned to their housing units by custody level and scoring.

The auditor requested a roster of all inmates identified as prior victims and prior aggressor for confirmation for separation in inmate cellmate. A review of the roster confirmed statements made by staff who conduct risk screening in that these inmates are not housed together in the same cell.

115.42(b) Directive OPS.200.0006, section .05C(1)(b) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: When making individualized determinations as how to ensure the safety of each inmate." As indicated above, the information from each inmate's individual risk screening is reviewed and utilized to keep inmates safe. The Traffic Officers are responsible for maintaining an accurate and up-to-the-minute total institution population count. The Traffic Officer shall record all movement in and out of the institution on the Daily Count Running Sheet. The Traffic Officers have access to the inmates' scoring result when housing and bed assignments are required.

115.42(c) Directive OPS.200.0006 states, "When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case-by-case basis, determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. OPS.200.0005 states when making deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by basis determining if the placement or assignment: (i) ensures the inmate's health and safety; and presents management or security problems. Transgender or intersex inmate's own view with respect to personal safety shall be seriously considered.

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

The auditor requested a roster of all inmates identified as transgender at the facility during the review period for review of reassessments conducted twice yearly. The roster identified 5 transgenders. Three were selected for interview, however staff failed to submit the requested documentation. Therefore, the facility is not complaint with the provision 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." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. Case Management Staff indicated that transgender and intersex inmate's views regarding his or her own safety are seriously considered. Transgender and intersex inmate can request a personal search exception card issued by the warden which allows the inmate to be searched by staff of a preferred gender. The auditor interviewed 5 inmates who were identified as transgender each confirmed they were issued a search exception card identifying their request to be searched by female staff.

115.42(f) Directive OPS.200.0006, section .05C (4) states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Three of the 5 transgender inmates were interview and stated they are awarded the opportunity to shower at separate times from the general population of male inmates. They are awarded the opportunity to shower during times that the showers are closed to the remaining inmates within their housing unit. There has not been an inmate identified as intersex at the facility during the audit review period and/or on-site visit.

115.42(g) Directive OPS.200.0006, section .05C (5) states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates." Interviews with 5 inmates identified as transgender, 1 inmate identified as bi-sexual and 1 identified as homosexual, confirmed they and other inmates identified a such were not housed in a dedicated unit and/or wing. These inmates in addition to staff expressed no knowledge of an inmate identified as intersex housed at the facility during the review period and /or on-site visit. Direct observation and inmate housing unit rosters corroborated the inmates interview results. The PREA Coordinator stated that the State of Maryland places gay, bisexual, transgender, or intersex inmates throughout their facilities throughout their agency. At the facilities they are placed in general population housing units. He also stated that the State of Maryland does not have a consent decree.

The auditor requested a roster of all inmates identified as transgender at the facility during the review period for review of reassessments conducted twice yearly. The roster identified 5 transgenders, and all were selected for interviews and identified meeting with staff and being asked about any concerns they have with their safety. JCI failed to submit documentation to support bi-annual reassessments were completed for the 5 identified transgender inmates as per the provision of this standard was determined as not meeting the mandate of provision (d).

Corrective Action Taken:

115. 42 (d) During the 60-day corrective action period, the facility submitted the requested documentation for review. Two of the transgender inmates arrived in March 2021 and therefore did not meet the criteria that required a bi-annual reassessment due to their date of arrival. However, additional meetings and services were noted with these inmates. The Offender Management System case notes confirmed an excess of bi-annual assessments for the 3 remaining transgender inmates. Therefore, based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance

with all the provisions of this Standard.

Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DOC.100.002 Case Management Manual
3. Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
4. Interviews
 - a. Warden
 - b. Staff assigned to supervise segregation
 - c. Education Department Principal

115.43(a) OPS.200.0006 states Placement of an inmate in special confinement housing shall be in accord with provisions for special confinement housing established in the Case Management Manual. The DOC– Case Management Manual section .18E (1)(a)-(f) states, “Protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. Per the PAQ and an interview with Warden, zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Per the Warden, the alleged aggressor would be placed in involuntary segregation pending an investigation, not the alleged victim.

115.43(b) The DOC-Case Management Manual section .18F(1)-(17) states in part that an inmate assigned to administrative segregation or protective custody shall be subject to the conditions of confinement and those conditions of confinement outline opportunities that have been limited, and the duration of these limitations. Opportunities for those in protective custody include institutional movement, hygiene, property, out-of-cell activities, access to health care, case management, education, library, legal, visits, religion, food, mail, commissary, and segregation status. The rationale for any limitations would be documented on the Administrative Segregation Investigative Report and the Notice of Assignment to Administrative Segregation. Per an interview with the Warden the facility does not utilize involuntary segregation for inmates identified at a high risk of victimization.

An interview with staff who supervise segregation confirmed inmates in segregation indicated all inmates placed in segregation would have access to education, book carts, mail, legal work, haircuts, telephones, and showers daily, 1 hour of recreation daily, legal visits, medical and mental health care. Due to the degree of required security in segregation, no inmates assigned in segregation are awarded are released from their cells for work opportunities. There were zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing during the review period of April 1, 2020, through March 31, 2021, and/or during the on-site visit.

An interview with the inmate education principal indicated an inmate who was placed in segregation would continue to have access to educational programs. Educational staff would forward the inmate learning material that will enable them to remain in class. The education department have 6 inmate library clerks who assist in gathering request library material submitted by an inmate on a request form. The inmates receive both legal and leisure material in addition to education material for classes and programs they are enrolled in.

115.43(c) The PAQ noted zero no inmates were held in involuntary segregated housing for longer than 30 days during the review period of April 1, 2020 – March 31, 2021. Per the Warden, an inmate would only be placed in segregation for his own safety such as if the inmate cannot identify threat/aggressor. An investigation would immediately be conducted in an effort to ensure the safety of the inmate victim to include review of video footage, conducting interviews with staff and inmates, and other available means as applicable. The inmate would be allowed to provide his own views of safety to the investigative staff. Depending on the identified threat, the inmate could be reassigned to another housing unit, or the aggressor could be placed in segregation pending an investigation. An interview with staff who supervise segregation confirmed the Warden's statement that the facility does place inmate at risk of sexual victimization. There 0 reported during the 12-month review period placed in segregation for being at risk of victimization.

115.43(d) The DOC– Case Management Manual section .18E requires the use of the Administrative Segregation Investigative Report and Notice of Assignment to Administrative Segregation to document the basis for concern and reasons

why no alternative means of separation can be arranged. The Notice of Assignment to Administrative Segregation is provided to the inmate and provides the inmate a rationale for placement. However, per interviews with the Warden, and staff assigned to supervise inmates in segregation and the PAQ, there were no inmates placed in segregation for being at a high risk of victimization. The standard requires the review of PREA investigative casefiles. The PAQ identified 7 PREA investigations, however they were not presented for review in the OAS. Therefore, JCI does not meet the provision of this standard.

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

Provision (d) of this standard requires the review of PREA investigative casefiles. The PAQ identified 7 PREA investigations, however they were not presented for review in the OAS. Therefore, JCI does not meet the provision of this standard.

Corrective Action Taken:

During the corrective action period, the auditor was presented with the 7 investigative cases identified as reported for JCI within the 12-month review period. However, one case identified for JCI was not a JCI case but was reported on the JCI PREA Tracking Log. This case was provided for review by the DPSCS Assistant PREA Coordinator that confirmed the inmate was not in DPSCS and/or JCI custody. Therefore, 6 PREA allegations was reported for JCI during the review period of April 1, 2020 – March 31, 2021. A review of the cases files confirmed there were 0 inmates identified as being at a risk of sexual victimization placed in in involuntary segregated housing upon reporting being at risk of sexual victimization.

Based on the review of policies, observation, investigative casefiles, interview and analysis, the facility has demonstrated compliance with the provisions of this standard. Therefore the Corrective Action is complete.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

Upon arrival to JCI during the intake process, inmates receive the DPSCS PREA and Sexual Assault Awareness, What Every Inmate Needs to Know brochure from the Traffic Officer. Internal methods of reporting are noted as talking to any staff member that you feel comfortable with. This can be a correctional officer, teacher, nurse, chaplain – ANYONE. It is also noted the inmate may report the incident through the Administrative Remedy Process (ARP). Reporting incidents to the PREA Hotline at (410) -585-3177 and instructions for usage and the option of reporting through the Administrative Remedy Process (ARP) which would be investigated promptly. The auditing team observed the PREA Hotline 410-585-3177 and other PREA information stenciled on walls throughout the facility. This information is accessible to staff, visitors, and the inmate population. All departments, and inmate housing provided continued PREA awareness, and methods of reporting via the PREA Hotline number in both English and Spanish. Interviews with the staff and inmate population confirmed their awareness of methods to report PREA allegations while stating the hotline number is posted everywhere throughout the facility. Inmates have access to the facility inmate handbook that is located in the library available upon an inmate's request.

Interviews with the 25 random staff indicated each would immediately report any knowledge and suspicion of sexual abuse and/or sexual harassment. The most common method staff identified the inmate population could report PREA allegations was through the PREA hotline, verbally, in writing, anonymously, via third parties, and/or any staff member to include a staff member that the inmate feel comfortable reporting the incident too.

Inmate interviews indicated they were aware of various ways to report PREA allegations to include stenciled information on the walls, bulletin boards in addition to they could report staff verbally, in writing, or via third parties to include family members, and/or anonymously by notes to staff.

115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 discusses methods that allow detainees to make a report of

sexual abuse or sexual harassment outside the department to the Office of the Attorney General or any other private or public office. MCASA serves as the umbrella throughout the state of MD in which a contract has been established to receive reports of sexual abuse and sexual harassment from inmates as an external reporting entity. Inmates receive as a part of their orientation packet an Intake & Reception Sheet that assist in supporting the provision of this standard. The Intake and Reception Sheet list various alternatives for an inmate to report to outside agencies to include for emotional support services related to sexual abuse. These available services include YWCA of Annapolis & Anne Arundel County 1517 Ritchie Highway, Suite 201 Arnold, MD 21012 (410) 222-6800; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring, MD 20907 (301) 328-7023/ 800-939.7273; Sexual Assault Legal Institute P.O. Box 8782 Silver Spring, MD 20907 (301) 564-2277/877-496-SALI; JUST Detention International 1900 L St, NW, Suite 601 Washington DC, 20036 202-506-3333; RAINN Rape, Abuse & Incest National Network No Written Correspondence 800.656.4673. The auditor contacted the YWCA via phone and spoke with a Victim Advocate representative. The YWCA Victim Advocate stated staff accept Hotline calls 24/7 and upon receiving a report of sexual abuse and/or sexual harassment, staff offer emotional support, further counseling and legal services if requested. Due to the confidentiality, staff are not allowed to release the information given outside the center without prior approval from the inmate/alleged victim. She stated the services for the inmate population are different than that of individuals within the community as those victims of abuse may be taken to a shelter.

JCI does not house detainees solely for civil immigration.

115.51(c) Directive OPS.050.0001 and Directive OPS.200.0005 requires an employee receiving a complaint of sexual abuse or sexual harassment to immediately report the complaint to a supervisor, manager, shift commander, or head of the unit and subsequently document the report in a written format. Additionally, reports of sexual abuse or sexual harassment may be submitted verbally, in writing (including electronic documents), anonymously, and by third parties. Interviews with 25 random staff indicated they would immediately notify their supervisor and document any verbal reports of sexual abuse or sexual harassment as soon as possible and always prior to departing from their assigned shift. JCI.ID. 200.0004.1 states "An employee receiving a complaint of or who otherwise has knowledge of alleged inmate on inmate sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or the Warden followed by submission of the appropriate written format used to document an inmate rule violation.

115.51(d) Directive OPS.200.0005 states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice regarding privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment.

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. JCI Completed Pre-Audit Questionnaire (PAQ)
2. COMAR 12.02.28 DPSCS Administrative Remedy Procedures to Resolve Inmate Complaints
3. Interviews with:
 - a. JCI Grievance Chairperson

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

DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this standard. All allegations of sexual abuse and/or sexual harassment are immediately reported to the Warden, and Assistant Warden, and forward to the IID Investigators for a thorough investigation in the same manner as all other reported PREA allegations.

The PAQ identified in the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being was one. This number is incorrect due to DPSCS does not use the Administrative Remedy Process for PREA reported allegations. They are immediately forward for investigation. A review of the investigative casefiles confirmed 1 reported allegation of sexual harassment was reported via an ARP and immediately forward to the IIU for investigation. Another utilized a ARP form to submit his written allegation of sexual harassment while noting on the ARP he was not reporting it as a ARP. His allegation was immediately forward to the IIU for an investigation.

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

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. Maryland Coalition Against Sexual Assault (MCASA) Information Packet
3. PREA Intake & Reception Sheet
4. Draft MOU Between DPSCS and MCASA
5. Interviews with:
 - a. Inmate Who Reported Sexual Abuse/Prior Victim
 - b. Random Inmates

115.53(a) (b) As part of the orientation packets, inmates also receive an Intake and Reception Sheet that informs inmates of services including victim advocates for emotional support services related to sexual abuse by giving the mailing addresses and telephone numbers, including toll-free hotline number where available, of local, State, or national victim advocacy or rape crisis organizations. The facility is responsible for enabling reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Telephone calls to the agencies may be monitored. Written communication will remain confidential. The following agencies are available to the inmate population: These available services include YWCA of Annapolis & Anne Arundel County 1517 Ritchie Highway, Suite 201 Arnold, MD 21012 (410) 222-6800; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring, MD 20907 (301) 328-7023/ 800-939.7273; Sexual Assault Legal Institute P.O. Box 8782 Silver Spring, MD 20907 (301) 564-2277/877-496-SALI; JUST Detention International 1900 L St, NW, Suite 601 Washington DC, 20036 202-506-3333; RAINN Rape, Abuse & Incest National Network No Written Correspondence 800.656.4673.

Interviews with random inmates indicated they were unaware of outside services available to them as most stated they have had not encountered a reason to become knowledgeable of them. They did state they have seen various PREA information identifying such, but they had not taken an interest to education themselves with it. The only inmate identified as reporting an allegation of sexual abuse designated at JCI during the on-site visit reported the incident occurred his previous institution. He reported the incident two weeks after arrival at JCI. His allegation was reported for investigation.

115.53 (c) DPSCS has a paid contract with the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. The DPSCS Purchase Request dated July 15, 2020 was submitted for the description of services that included 250 hours of consulting and coordination services to support the PREA with respect to standards 115.21; 115.31, and 115.53. The specific objective for MCASA will be (1) Continue effort to set up agreement with Rape Crisis Clinic to provide services required by PREA standard 115.53. (2) Provide training to sexual assault victim advocates who provide services relating to 115.21 and 115.53.

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

The DPSCS PREA Coordinator and DPSCS Assistant PREA Coordinator are in the developmental stage with the Director and other staff at MCASA on procedures and practices to be utilized in providing some of the services to and within the various State facilities. The purpose of the MOU is to assure a unified effort between the entities involved to provide victim-inmates with confidential emotional support, crisis intervention, information and referrals related to sexual violence as required by PREA stand 28 C.F.R. 115.21 and 115.53. A copy of the draft MOU was presented to the auditor for review.

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

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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. JCI Completed Pre-Audit Questionnaire (PAQ)
2. Completed PREA Investigative Casefiles
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents
7. Md. Family Law Code Ann. § 5-704 (2013)
8. COMAR 10.01.18.05 Mandatory Reporting
9. Mental Health Limits of Confidentiality
10. Interviews with:
 - a. Warden
 - b. DPSCS PREA Coordinator
 - c. JCI PCM
 - d. Medical and Mental Health Staff
 - e. Random staff
 - f. IID Investigator

115.61(a) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident." Directive OPS.050.0001 and Directive OPS.200.0005 requires employees who receive a complaint of or otherwise have knowledge of alleged sexual misconduct/sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document the incident. It also requires the supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct/sexual conduct occurred notify the managing official responsible for the facility receiving. If the incident occurred at another facility, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident, shall notify the managing official of the facility where the incident occurred. If the incident occurred at a facility that is not under the authority of the department the facility head or agency head responsible for the facility where the incident occurred and the IID regardless of the jurisdiction where the incident occurred. Directive OPS. 020.0003 identify PREA related incidents as a priority #2 within the serious incident category descriptions. The policy lists staff responsibility and procedures in reporting such incident. All reporting incidents are to be documented on an incident report (matter of record) by the initial reporting staff member. Interviews with 18 random staff indicated they were aware of their responsibility to report any knowledge of PREA allegations to include harassment, sexual abuse, and retaliation. All stated they would report to the correctional supervisor on the shift. Non-security staff also indicated they would report to their immediate supervisor in addition to the security supervising staff on duty. All reported they would document verbal reports of PREA allegations in a matter of record as soon as possible and always prior to the end of the shift. The requirement for the shift commander who receive PREA allegations during their shift to report to the IID is also noted in OPS.020.0003.

The medical and mental health limits of confidentiality which is provided to the inmates for review and signature as acknowledgement states, Treatment providers must report any information that presents as a threat to you, others in the facility, safety of the institution, and/prior public safety. The following information cannot be kept confidential: (1) Risk of harm to yourself or others; (2) Risk of harm to an identified person; (3) Abuse of children, elders or disabled persons; (5) Concerns of the safety and security of the institution including potential riots or escapes plans; (6) Issues related to sexual abuse with

the correctional setting.

Maryland requires that any person who suspects child abuse or neglect report it to the appropriate authorities. It does NOT require PROOF that abuse, or neglect has occurred before reporting. Incidents are to be reported as soon as they are suspected. Professionals such as social workers, health practitioners and educators who knowingly fail to report suspected abuse of a child may be subject to professional sanctions by their licensing boards. For those who do report, the law provides protection for persons who make good faith reports are immune from civil liability and criminal penalty.

Md. Family Law Code Ann. § 5-704. Reporting of abuse or neglect – By health practitioner, police officer, educator, or human service worker (a) In general – Notwithstanding any other provision of law, including any law on privileged communications, each health practitioner, police officer, educator, or human service worker, acting in a professional capacity in this State: (1) who has reason to believe that a child has been subjected to abuse or neglect, shall notify the local department or the appropriate law enforcement agency; and (2) If acting as a staff member of a hospital, public health agency, child care institution, juvenile detention center, school, or similar institution, shall immediately notify and give all information required by this section to the head of the institution to the designee of the head. Oral and written reports; cooperation among departments, and agencies. An individual who notifies the appropriate authorities under subsection (a) of this section shall make: (i) an oral report, by telephone or direct communication, as soon as possible to the local department or appropriate law enforcement agency.

115.61(b) Directive OPS.050.0001 and Directive OPS.200.0005 identify information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of alleged inmate on inmate sexual misconduct and immediate and continued care of the victim. Interviews with random staff confirmed they would have a private conversation with supervisory staff and only those who in an authority position who had a need to know such as JCI PCM, investigative staff, medical and mental health. Staff indicated they would not document the circumstances of the reported PREA allegation in their unit logbooks.

115.61(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with various medical and mental health staff confirmed they are aware of their duties required by this provision that includes their duty to report. Medical and mental health staff indicated departmental staff are required to disclose their limitation of confidentiality and duty to report and as it is a requirement of their state license. Each inmate is provided a consent form annually while staff stress PREA and the requirement of release of information. The Psychology Supervisor indicated they would notify medical, shift commander, Assistant Warden, the Health Services Administrator, and the Director of Nursing.

An interview with the Regional Director of Nursing stated medical staff are required to report to a medical provider immediately, the Regional Executive Team, Security Shift Commander, and medical provider on duty and/or on call.

115.61(d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." Child Abuse and Neglect, Maryland Family Law § 5-704 (2013) pertains to health practitioners, educators or human service workers, and police officers regarding reporting physical and sexual abuse of children and vulnerable adults. Per interviews with the Warden, DPSCS PREA Coordinator, JCI, staff and observation during the on-site visit, JCI does not house youthful inmates under the age of 18 years old or an adult under a State or local vulnerable person statute. However, interviews with medical and mental health staff indicated they are required by law to report to family services, social services, and the county health department in accordance with the Licensing Board Professional Counseling and Therapy.

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

115.61(e) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. OPS. 200.0005 indicate a complaint of alleged inmate on inmates sexual conduct may be submitted by the victim, an individual with knowledge of an incident of alleged inmate on inmate sexual conduct, or a "third party or other individual who has knowledge of the alleged inmate on inmate sexual conducted. It also notes a complainant of inmate-on-inmate sexual conduct received anonymously shall be accepted and processed the same as a compliant received from an identified and may remain anonymous.

Standard 115.61 (e) requires the auditor to review a sample of submitted PREA reported allegations in response to does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the

facility's designated investigators. However, the PAQ identified 7 reported PREA allegations but these case files were not made available for review by the auditor. Therefore, JCI does not meet all provisions of this standard and does not meet the standard requirement for compliance.

Corrective Action Applied:

The auditor reviewed the 7 reported PREA casefiles and identified 6 was officially identified for JCI. The 6 reported PREA allegations were reported in the following manner: 1 staff-on -inmate sexual abuse allegation was reported verbally to a staff member; 1 staff-on -inmate sexual abuse allegations was reported via the PREA Hotline; 1 staff-on-inmate sexual abuse allegation was reported via the submission of a letter to the IID Unit; 1 staff on inmate allegation of sexual harassment was reported by the inmate through the Administrative Remedy Process; 1 staff on inmate allegation of sexual harassment was reported by the inmate directly to staff ; 1 staff on inmate sexual was reported directly to staff.

Confirmation of the various methods in which inmates reported allegations of sexual abuse and sexual harassment that resulted in an investigation by the DPSCS IID Unit supports the compliance provisions of the standard. Therefore, based on the review of policies, PREA investigative casefiles, interviews, it is determined by the auditor that all inmate report of sexual abuse and/or sexual harassment is reported to the IID Unit for a thorough investigation by authorized staff. JCI meets the mandate of all standard provision.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. JCI Complete Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
3. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited

115.62 Executive Directive OPS.200.0005 .05 D. Responding to an Incident of Inmate on Inmate Sexual Conduct – A supervisor, manager, or shift commander shall: (a) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate-on-inmate sexual conduct inmate on inmate sexual conduct: (b) If aware of an act of alleged inmate-on -inmate sexual conduct, ensure that a complaint is immediately filed according to established procedures for reporting an inmate rule violation through the Inmate Disciplinary Process; and (c) Ensure the safety of a victim inmate on inmate sexual conduct, through a coordinated response to a complaint of inmate on inmate sexual conduct ensuring (i) Continued person protection is provided; (ii) Medical and mental health care follow up is conducted; and (iii) Non-medical or mental related counseling and support services are offered. This information is also covered in the PREA lesson plan. In accordance with OPS.200.0005, in Section 5C1a, staff are required to utilize information collected during the risk screening to properly separate inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive. Staff were provided a variety of scenarios during the interview process of incidents where an inmate may identify being at risk of sexual abuse. During each interview, staff identified they would take immediate actions in removing the inmate from the area of threat and/or not allow the inmate to report/return to an area in which the inmate expressed a risk of being sexually abused. Each staff continued in stating they would also immediately notify their supervisor or higher-ranking supervisor if the incident involved their immediate supervisor. All staff are issued a PREA response card that provide guidance upon becoming aware of an occurrence of sexual abuse and/or sexual harassment. The PAQ identified there were no instances where an inmate was identified subject to a substantial risk of imminent sexual abuse where immediate actions to protect the inmate was initiated. An interview with the Warden confirmed staff would take immediate actions to protect the inmate and various options were available to ensure the inmate's safety. An investigation would be initiated to confirm there is a risk, inmate could be reassigned to another housing unit, change of job assignment, removal the alleged individual posing a threat to include segregation and/or transfer if needed. An interview with the Special Assistant to the Deputy Secretary of Operations confirmed an immediate action of separating the victim and all measures of protecting the victim will be utilized to include protective custody.

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

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. DPSCS Executive Directive OPS.2000.0005 Inmate on Inmate Sexual Conduct Prohibited
4. Interviews with:
 - a. Agency head
 - b. Warden

115.63 (a-d) Executive Directive OPS.050.0001 and Executive Directive OPS. 200.0005 states that If a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall notify: (i) If the incident occurred at another Department facility, the managing official of the facility where the incident occurred; (ii) If the incident occurred at a facility that is not under the authority of the Department, the facility head or agency head responsible for the facility where the incident occurred; and (iii) The IID, regardless of jurisdiction for the facility where the incident occurred and record the notifications made in accordance with this directive. An IID representative notified under this directive and the facility where the alleged sexual misconduct occurred (if it is a Department facility), shall follow up with the managing official responsible for the Department facility where the alleged sexual misconduct occurred to ensure that the complaint is addressed according to requirements established under this directive.

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

An interview with Warden identified one inmate reported to JCI during the review period who reported an allegation of sexual abuse occurring at his previous incident and notification was made to the affected institution within 72 hours.

115.63 However, the PAQ indicated in the past 12 months, In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was as 3. The PAQ also Indicated in the past 12 months, the number of allegations of sexual abuse the facility received from other facilities as 3. The auditor was not provided the previously identified previous 7 PREA casefiles for review notification received and/or forwarded to another institution for awareness and/or the correct numbers of cases as such. The information was not included in the OAS. Therefore, JCI is determined as does not meet the provisions (a) (b) and (c) of this standard.

The PAQ identified 7 reported PREA allegations but these case files were not made available for review by the auditor in the OAS. The auditor was not provided PREA case files for review of notification received and/or forwarded to another institution for awareness and/or the correct numbers of cases as such. The information was not included in the OAS. Therefore, JCI is determined as does not meet the provisions (a) (b) and (c) of this standard.

Corrective Action Applied:

115.63 JCI staff submitted the identified PREA investigative casefiles in the OAS during the corrective action period for review by the auditor. However, one of these reported investigations was reported from a Detainee held at the Baltimore Pre-Trial Facility Jessup (BPFJ). The report was made through the Life Crisis Center on April 5, 2020. Due to the reported allegation being logged as a JCI case, the auditor requested documentation of the case file. The review confirmed the Detainee was not assigned at JCI and JCI was not involved in the investigation process.

In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was as 1 not as reported as 3 in the PAQ . An inmate reported to JCI and reported an allegation of abuse from his previous facility. Confirmation of the Warden's notification to the inmate's previous institution was confirmed through an email. However, the notification was not completed within 72 hours of staff's awareness. It was seven days later that the notification was made. The DOJ PREA Auditor and the Agency Assistant PREA Coordinator provided training to the New Assistant Warden and JCI PCM regarding the requirement to submit notification within 72 hours. The auditor does not feel corrective action is necessary for this standard as they have had one case in 12 months, and they are now aware of the

provisions of the standard. Corrective Action is complete, and the facility is in compliance with 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. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
3. DPSCS Executive Directive Investigating Sex Related Offenses
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited

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

Directive IIU.110.0011 states When the IIU duty officer is notified of an incident involving an alleged sex related offense, the IIU duty officer shall: (1) If the incident is actively occurring ensure: (a) Immediate action is taken to stop the misconduct; (c) The victim is protected from further harm; (c) Appropriate medical attention is provided; and (d) The managing official or unit head is notified of the incident; (2) If the proximity of the occurrence to the reporting supports, ensure that : (a) The perpetrator is detained; (b) Witnesses are identified; (c) The scene is protected to preserve evidence; (d) The victim is advised against actions that would destroy evidence that may be present on the victims' body or clothing; and (e) The managing official or unit head is notified of the incident.

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

115.64 (a) (b) The PAQ identified there were 0 inmates who reported an allegation of sexual abuse during the review period. However, the PAQ further identified 7 reported PREA allegations during the review period. The facility staff failed to submit the requested documentation of the identified 7 PREA cases for review to confirm compliance with the provisions of the standard. The assigned facility PCM was granted extended sick leave and the assisting staff was granted extended annual leave. Neither were available to assist the auditor with requested documentation. Requested documentation was not uploaded in the OAS as requested during the on-site visit. Therefore, the facility does not meet the provision of the standard.

Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. JCI.020.0026.01 PREA Federal Compliance Standards
3. Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited
4. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited
5. Interview with:
 - a. Warden

An interview with the JCI Warden identified the facility does have a PREA protocol plan. He stated staff are issued protocol cards to use as a guideline during a reported PREA allegation and/or knowledge of such. He added a training session is delegated that discusses the facility protocol during in-service.

In addition to the facility's written institutional plan, DPSCS has policies that coordinate actions taken after the report of sexual abuse. Executive Directive OPS.050.0001 and Executive Directive OPS.200.0005 require staff to ensure the safety of a victim of inmate-on-inmate sexual conduct, through a coordinated response to a complaint of sexual misconduct ensuring: (i) Continued personal protection is provided; (ii) Medical and mental health care follow up is conducted; and (iii) Non-medical or mental health related counseling and support services are offered.

The PAQ identified the facility protocol would be provided during the on-site. The facility staff was informed to upload all documentation in the OAS for review. The auditing team was not presented with facility policy with an identified facility protocol nor/or was one submitted within the OAS for review. Therefore, JCI does not meet the provision of the standard due to failure to submit the requested documentation.

Corrective Action Applied:

During the 60-day corrective action period, the facility presented the JCI. ID. 020.0026.1 that includes the facility's coordinated response for reported allegations of sexual abuse. The policy provides outline procedures that begin for those staff who serve as a first responder to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, notification received by supervision, a referral to the IID Unit for investigation, notifications to the PREA Compliance Manager, mental health treatment staff and medical staff that includes medical and mental health assessments, completion of a forensic medical examination if applicable, single cell assignment upon return from outside hospital until cleared by psychology staff, PREA reassessment screening by case management staff, psychology staff evaluation of the abuser and the completion of an incident review within 30 days of the completed investigation. Therefore, the facility meets the mandate of the standard provision, and the Correction Action is completed.

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. JCI Completed Pre-Audit Questionnaire (PAQ)
2. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland
3. AFSCMET MOU
4. Interviews with:
 - a. Agency Head Designee

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

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

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. Interviews with:
 - a. Agency Head
 - b. Warden
 - c. JCI PCM/ Staff charged with monitoring retaliation.

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

115.67(b) The Directive states that if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: Application of available medical or mental health services or counseling; Changes to inmate housing assignments, change in inmate work assignments, disciplinary actions, staff work assignments, staff write-ups, inmate and/or staff change in behavior. This was also described by the JCI PCM during the interview. He continued in stating he initiate meetings with the inmates who report allegations of sexual abuse at 30, 60 and 90 days. He meets with the inmate privately and discuss any concerns they may have. He would continue retaliation monitoring beyond 90 days if deemed appropriate, however, there has not been any circumstances deemed necessary.

Per an interview with the Agency Head Designee, there are multiple ways to protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations, the actions taken would be depended on the situation but could be housing changed, transfer of the abuser provide protective custody, and provide emotional support. The Warden indicated an inmate or staff determined to be performing retaliation toward an individual would be discipline, transferred and/or the staff member would be terminated. The victim in receipt of retaliation would be moved to another area and/or could be transferred to another facility if necessary.

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

JCI identified policies to meet compliance of the standard but failed to submit documentation of retaliation monitoring that supports the practice of the policy. The facility identified 7 reported PREA allegations in the OAS by number only. Documentation of completed retaliation monitoring was not included for review. Therefore, JCI does not meet the provisions of standard 115.67.

Corrective Action Applied:

115.67. During the 60-day corrective action period, the 7 PREA casefiles were uploaded in the OAS for review by the auditor. There were 3 reported allegations of sexual abuse during the review period. One case was determined as unsubstantiated. The inmate was transferred within two weeks of reporting the allegation due to his assaultive behavior towards JCI staff. Notification of the inmate case was forward to this receiving facility. Retaliation monitoring was terminated for the second reported allegation of sexual abuse upon the completion of the investigative finding of unfounded. The inmate involved in the 3rd reported allegation of sexual abuse that remained pending was conducted for 90 days. Staff assigned to conduct retaliation monitoring noted the monitoring periods beginning within 2 weeks for the reported allegations followed by 30 days, 60 days and 90 days. There were 0 instances in where retaliation monitoring was required to exceed for 90 days.

Based on a review of the documents, review of PREA investigative case files and retaliation monitoring documents, interview and analysis, the facility has demonstrated compliance with this Standard.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DOC 100.0002 Case Management Manual
3. Interviews with:
 - a. Warden
 - b. Staff Assigned to Supervise Segregation
 - c. Educational Principal

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

In an accordance with the PAQ, interviews Warden, staff assigned to supervise the segregated housing unit, no inmates have been placed and are not placed in involuntary segregation who allege to have suffered sexual abuse. Placement of an inmate in involuntary segregation would be the very last resort and there is evidence of a threat. Circumstances of such would be if the inmate victim could not identify the alleged aggressor and feared for his own safety and/or staff perceived him to be in danger. Investigating staff would review video, interview the alleged victim, the alleged aggressor, inmate and/or staff witnesses as applicable. The inmates' own views of safety would be considered

An interview with the inmate education principal indicated an inmate who was placed in segregation would continue to have access to educational programs. Educational staff would forward the inmate learning material that will enable them to remain in class. The education department have 6 inmate library clerks who assist in gathering request library material submitted by an inmate on a request form. The inmates receive both legal and leisure material in addition to education material for classes and programs they are enrolled in.

Per an interview with staff who supervise inmates in segregated housing, inmates not assigned in the general population do not have access to work opportunities but do have access to education, book carts, request lips for legal work, haircuts. Inmates placed administrative segregation approved items and opportunities are very close to those inmates in the general population. The inmates have access to their, X-Box, MP3 players, radio, their personal television, recreation and showers every day. Both the Warden and Staff assigned to supervise inmates in segregation identified if placement of an inmate in administrative segregation pending an investigation was needed, a review would be conducted by the Administration Segregation Committee where they would discuss housing of the inmate during a 120-hour review of the inmate's placement. The inmate would be consulted on where they felt they would be safe on the compound. Inmates would be relocated to a different cell and/or housing unit.

Per the PAQ and interview with staff assigned to supervise segregation, there were no inmates who requested involuntary segregation, and none was noted as such during the on-site visit for interview.

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

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
5. Interviews with:
 - a. Warden
 - b. PREA Coordinator
 - c. JCI PCM
 - d. IID Investigator
 - e. Inmates who reported sexual abuse

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

An interview with the IID Investigator, indicated upon the affected facility notifying the IID Duty Officer, the case is assigned a case number upon receipt to the reported allegation. Upon notifications of reported allegations of sexual assault that involves a forensic examination and/or crime scene, the on-call Detective will report to the hospital and facility immediately. Allegations that are reported to have occurred several months ago and/or at a previous institution where there is no physical evidence to collect and/or alleged participants have transferred and/or been released for example would come second to a more recent sexual assault case. The investigator indicated all reported allegations of sexual abuse and/or sexual harassment are investigated in the same manner regardless of how they are reported. Anonymous and third-party reports of sexual abuse and sexual harassment would be processed in the very same manner as any those reported verbally or in writing. He added, the investigations are typically initiated immediately, however, the amount of information received, when the incident was alleged to have occurred, and when it was reported compared to a more recent incident reported timely to collect circumstantial evidence and the circumstances surround the alleged incident is given consideration. All interviews are conducted privately.

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

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

115.71(d) When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." Directive IIU.110.0011 states, "If appropriate, work with the prosecutor to develop the case for criminal prosecution." The IID investigator indicated they are sworn peace officers therefore, they communicate with prosecutors for presenting criminal charges, request of a search warrants to include body searches, but are not required to consult with the prosecutors prior to conducting compelled interviews.

115.71(e) Directive OPS.050.0001 and Directive OPS.200.0005 prohibits victims of alleged sexual misconduct or sexual conduct from being compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct. Directive IIU.110.001, section .05E states, "(1) Credibility of a victim, witness, or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. (2) A victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of an incident involving a sex related offense." Review of investigation files did not indicate the use of a polygraph or other truth-telling device or examination. Additionally, credibility assessments appear to be appropriate given the information contained within the investigation report. Investigators were able to articulate the main ideals of the standard stating that credibility of an alleged victim, suspect, or witness is considered on an individual basis. Additionally, neither investigator indicated any circumstance when an inmate would be required to submit to a polygraph examination.

115.71(f) Directive OPS.050.0001 and Directive OPS.200.0005 requires agency investigators to thoroughly document all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution. Directive IIU.110.0011, section .05D(6) states, "Conduct post-incident investigative actions to complete a comprehensive investigation of the incident that intends to: (a) Identify the perpetrator; (b) Determine if employee action or lack of action contributed to the occurrence; and (c) Collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings.

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

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

so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution." Directive IIU.110.0011, section .05H (6) states, "If appropriate, work with the prosecutor to develop the case for criminal prosecution."

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

115.71(j) Directive OPS.050.0001 and Directive OPS.200.0005 sets the requirement for the continuation of an investigation. Per policy, the departure of an employee or inmate alleged to have committed sexual misconduct is not a basis for terminating an investigation of alleged sexual misconduct or alleged inmate on inmate sexual conduct. Also, the departure of the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct or alleged inmate on inmate sexual conduct. Investigator interviews indicate that, once initiated, investigations will proceed until completion. The investigation would continue for both staff and the inmate population whether the staff member resigned or was terminated, and if an inmate has been released and/or transferred.

115.71(k) (l) DPSCS conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Interviews with the DPSCS PREA Coordinators, Warden and IID Investigator confirmed the Intelligence and Investigation Division Investigators are sworn law enforcement peace officers and conducts all DPSCS investigations.

The auditor did not receive the requested documentation of the 7 noted PREA case files for review to confirm compliance with the provisions of the standard. The assigned facility staff was granted extended leave following the on-site. No other staff was appointed to assist the auditor in the completion of the audit. Therefore, the facility does not meet the provision of the standard and was placed in a corrective action period of 60-days to submit supporting documentation of practices and procedures to support compliance of the standard provisions.

Corrective Action Taken:

115.71 (d – j) All reported PREA casefiles during the review period were submitted in the OAS during the 60-day corrective action period for review by the auditor. The review confirmed the completed investigations met the mandate of all standard provisions. However, there were 0 substantiated allegations of sexual abuse and/or sexual harassment and 0 referred for criminal prosecution. There were 0 reported allegations of sexual abuse that meet the criteria for the collection of DNA sampling. Documentation demonstrated the investigations were initiated shortly after an incident was reported and a thorough and objective investigation was conducted. This was verified via the supporting documentation (i.e. investigation narrative, medical documentation, and witness statements, various records completed, available video footage) contained within the investigation files.

All individuals identified as involved and/or with knowledge of reported PREA allegations to include staff, witnesses, victims, and alleged abusers were documented as interviewed by the IID Investigator in the investigative casefile. No alleged victims were required to submit to a polygraph or other truth-telling device. One inmate victim of alleged sexual abuse transferred during the investigation, however, the investigation continued with an investigative finding of unfounded. The Department retained copies of the written reports as identified by the IID Investigators and Department policy.

Based on the review of policies, interviews, analysis and PREA casefile review, the facility has demonstrated compliance with all provisions of this Standard. A review of the 5 completed PREA investigative files contained a variety of detailed supporting documentations that met the provisions of the standard. Therefore, Corrective Action is Complete.

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

2. Interview

a. IID Investigator

115.72 (a) OPS. IIU. 110.0011 indicates upon conclusion an investigation involving an inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence. An interview with an IID Investigator confirmed the preponderance of evidence is the standard necessary to substantiate an allegation for sexual abuse/harassment through collected evidence and interviews.

The auditor did not receive the requested documentation of the identified 7 PREA cases for review to confirm compliance with the provisions of the standard. The original JCI PCM/Assistant Warden transferred during the post-audit period, the newly assigned PCM and remaining assisting staff was also granted an extended leave of absence. Therefore, neither were available to assist the auditor with requested documentation and no other staff were identified. Therefore, the facility does not meet the provision of the standard. The facility was placed in a 60 day corrective action period.

Corrective Action Taken:

JCI submitted the required documentation for review in the OAS during the 60-day corrective action period. One reported casefile was improperly logged as JCI. One investigation remained pending. Therefore, based upon the review of the investigative case files, the facility is in compliance with the provisions of this standard. There were 0 cases concluded with an investigative finding of Substantiated. The file review confirmed the IID Investigators did not impose a standard higher than a preponderance of the evidence. The Corrective Action is Complete.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
2. Review of PREA Casefiles
3. Interviews
 - a. IID Investigator
 - b. JCI PCM

115.73. (a) IIU.110.0011 states upon concluding an investigation involving an inmate as victim of sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation if the investigation resulted in the incident being Substantiated, Unsubstantiated, or Unfounded.

OPS.050.0001 section H - Victim Notification states (1) When notified by an investigator under §.05G((4)© of this directive, if the allegation was sexual abuse , the head of the unit responsible of the victim inmate shall ensure that the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded. (2) Except when an allegation of sexual abuse is determined to be unfounded, 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 inmate 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 the inmate's housing unit; (b) The employee is no longer assigned a the inmate's facility; (c) If aware, the employee is criminally charge for an offense related to the sexual abuse that occurred within the facility; and (d) If aware, the employee is convicted on a charge related to the sexual abuse that occurred within the facility. (3) A record of a notification made under §§.05H(1) and (2) of this directive shall be maintained in the victim inmate's base file and include following information: (a) Case number; (b) Content of the notification; (c) Date of the notification; (d) Location where the notification was made; Printed name and signature of the employee making the notification; and (f) The inmate's signature acknowledging notification or, if the inmate refuses to sign the notification. "Refused to Sign" and the employee's signature.

The IID Investigator indicated there are occasions in where the inmates are notified of the investigative findings during the interview process based on the evidence previously collected prior to the interview. In other cases, the IID Investigator notifies the PCM upon determining an investigative conclusion of whether Substantiated, Unsubstantiated or Unfounded and the PCM makes notification to the inmate.

115.73 (b) The PAQ identified there were 0 investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months.

115.73 (c) Directive IIU.1100011 requires if an investigated incident involved an employee committing a sex related offense on an inmate and the incident was Substantiated or Unsubstantiated, the investigator will arrange for the inmate to be advised when the employee is no longer assigned to the inmate's housing unit, when the employee is no long employed at the facility, when, if known, the employee was indicted or charged with a sex related offense occurring at the facility, or if know, the employee was convicted of a charged related to a sexual related offense occurring at the facility.

115.73 (d) Directive IIU.1100011 requires if an investigated incident involved an inmate committing a sex related offense on another inmate, the investigator will arrange for the victim detainee/inmate to be advised, if known that the perpetrator was indicted or a charge related to as related offense occurring at the facility: and if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility.

115.73 (e) IIU.110.0011 states the investigator shall document victim notification in the investigative report to include the name of the individual who notified the victim: the date, time, and location that the victim was notified and how the victim was notified.

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

The auditor did not receive the requested 7 PREA cases and/or notification of investigation findings for review to confirm compliance with the provisions of the standard. The original JCI PCM/Assistant Warden transferred immediately following

the on-site visit. The newly assigned facility PCM and two additional staff were granted an extended leave of absence. There were no staff appointed to assist with the audit and/or to ensure the required documents were uploaded in the OAS for review

Corrective Action Applied:

115.73 (a – f) The 7 PREA casefiles were made available for review by the auditor upon upload in the OAS during the 60-day corrective action period. The PAQ identified there were 7 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. However, this number is incorrect. One PREA allegations was incorreced logged in the PREA Tracking Log for JCI. There were 6 reported PREA allegations during the 12-month review period. However, one remained pending. A review of the 5 completed PREA investigations confirmed the inmate notification of investigative finding is included in the summary of each investigative report. Specifically, at the conclusion of the investigation, the IID Investigator documents his/her notification to the facility PCM and the PCM's notification to the alleged victim. There were 0 substantiated allegations of sexual abuse and/or sexual harassment. No staff were terminated, removed from their position, and/or referred for criminal prosecution. No inmates were referred for criminal prosecution and/or discipline. During the 12-month review period, the Department developed an Inmate Notification Form that identifies the investigative findings of unfounded, unsubstantiated and/or unfounded. Upon advising the inmate of the investigative findings, the form is signed and dated by the staff member advising the inmate and the inmate himself. Therefore, confirmation of the inmate receiving notification of the investigative findings is documented in the investigative summary and through his signature on the Inmate Notification Form.

Based upon the review of the PREA casefiles, the auditor found that inmate notifications of the outcome of the cases were completed, and all provisions of the standard were met. Therefore, the corrective action is complete.

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. COMAR 12.11.01
3. Standards of Conduct & Internal Administrative Disciplinary Process

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

COMAR 12.11.01 identify the scope of IIU Investigative authority in that an alleged violation of criminal law committed by an inmate, a visitor, a nonagency employee or another individual that may affect the safety or security of the Department. An alleged violation of criminal law committed by an employee while off duty if the violation impact, or has potential to impact, negatively on the Department.

The auditor did not receive the requested documentation of the identified 7 PREA cases for review to confirm compliance with the provisions of the standard. The assigned facility PCM was granted extended sick leave and the assisting staff was granted extended annual leave and neither were available to assist the auditor with requested documentation. Therefore, the facility does not meet the provision of the standard.

Corrective Action Applied:

The cases files were submitted for the auditor to review during the corrective action period. Five of the six JCI PREA cases involved staff on inmate allegations. Three were determined to be Unfounded and two were determined to be Unsubstantiated. There was no substantiated sexual abuse and/or sexual harassments investigations involving a staff member during the review period. Therefore, no staff received discipline for PREA reported allegations.

Based on the auditor review it is determined that the facility meets the provisions of this Standard, and the Corrective Action is complete.

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. Interviews with:
 - a. Warden

115.77(a) Executive Directive OPS.050.0001 notes a contractor determined to have committed sexual misconduct is: (a) Considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the department or agency; b) Subject to sanctions according to provisions of the contract or agreement; (c) Is subject to criminal prosecution; (d) If applicable, notification of a relevant licensing authority.

117.77 (b) Executive Directive OPS.050.0001 identifies "Employee" (a) Means 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. (b) Includes: (i) A contractor; (ii) An intern; (iii) A volunteer (iv) An employee of the Maryland Department of education, Maryland Department of Labor, Licensing and Regulation and Baltimore City Public Schools.

Per an interview with the Warden, volunteers and contractors accused of sexual misconduct with an inmate shall be prohibited from any further contact with the inmate population, denied entry into the facility and all other DPSCS facilities immediately until an investigation is completed. If the accusation is substantiated the individual's volunteer and/or contractual status shall be terminated, and the individual shall be subject to criminal prosecution if the behavior is deemed to be criminal in nature. There PAQ identified there were zero PREA allegations reported regarding contract and/or volunteers during the review period of April 1, 2020, through March 31, 2020. Due to COVID-19, no volunteers had been allowed entry into the facility since March 2020 throughout the post-audit process.

However, the auditor did not receive the requested documentation of the identified 7 PREA cases for review to confirm compliance with the provisions of the standard. The assigned facility PCM was granted extended sick leave and the assisting staff was granted extended annual leave and neither were available to assist the auditor with requested documentation. Therefore, the facility does not meet the provision of the standard.

Corrective Action Taken:

The cases files were submitted for the auditor to review during the corrective action period. There were 0 reported allegations of sexual abuse and/or sexual harassment reported against contract workers and/or volunteers. Therefore, no volunteers and/or contract staff were denied entry into the facility, referred for criminal prosecution and/or to relevant licensing boards.

Based on the auditor review it is determined that the facility meets the provisions of this Standard, and the Corrective Action is Complete.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. OPS.050.0001 Sexual Misconduct - Prohibited
2. OPS. 200.0005 Inmate on Inmate Sexual Conduct - Prohibited
3. DPSCS.020.0026 Executive Directive PREA Rape Elimination Act - Federal Standards Compliance
4. COMAR 12.03.01.08 Inmate Discipline Process
5. Interviews with
 - a. Warden
 - b. Mental Health Supervisor

115.78(a) DPSCS.020.0026 states The Department does not tolerate sexual abuse or sexual harassment of an inmate. The policy identifies sexual abuse of an inmate by another inmate to include the following acts, if the victim inmate does or does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse: (i) Acts listed under §§ .04B(3)(a)(i) and (ii) of this directive; (ii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and (iii) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin breast, inner thigh, or the buttocks of another inmate, excluding contact incidental to a physical altercation. OPS.200.0005 states: The Department does not (1) Tolerate inmate on inmate sexual conduct; (2) Consider alleged or actual consent as a defense to an allegation of inmate-on-inmate sexual conduct. COMAR 12.03.01 identify the inmate violation summary code has 117 – An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act.

115.78(b) & (c) An interview with the Warden indicated an Independent Discipline Hearing Officer who is DPSCS employee within a different division and is not assigned to the facility. COMAR 12.02.27 states that the hearing officer before imposing a sanction would consider mitigating factor such as the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories and the inmate's mental health status at the time the rule violation occurred. COMAR 12.03.01.8 states If the defendant is assigned to a mental health unit in the facility or in the community, staff designated to schedule a hearing shall hold the defendant's appearance before the hearing officer in abeyance until the defendant is released for the mental health treatment facility, except when mental health staff provide documentation there the defendant is competent to participate in a disciplinary proceeding. Whether or not the defendant is currently under the care of mental health staff, if there is cause to believe that the defendant may not be mentally competent and is unable to participate in the inmate disciplinary process, the hearing officer shall postpone the disciplinary proceeding and the facility representative or other facility staff shall refer the defendant to the Department' mental health staff to: (1) Assess the defendant's mental health status; (2) determine whether the defendant is competent to participate in the disciplinary process. If mental health staff determines that the defendant is not competent to participate in the inmate disciplinary process, the: (1) Disciplinary proceeding shall be held in absentia; and (2) Hearing officer shall enter a disposition of "Not Competent" and conclude the disciplinary proceeding. The Warden indicated in accordance with DPSCS policy, an inmate's mental disability and mental illness would be considered when applying disciplinary sanctions.

115.78(d) OPS.200.0005 state: If therapy, counseling, or other intervention designed to address and correct underlying reasons or motivation for sexual conduct is available, may be required to participate in available therapy, counselling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process. An interview conducted with the Psychology Supervisor indicated the facility does not offer any type of therapy and counseling services for an aggressor, but they do offer services for victims. A mental health staff cannot provide services for both the victim and aggressor of the same occurrence. Services are available for cognitive behavior and crisis serves. However, the facility does not have a sex offender treatment program. Participation is voluntary and the inmates have the right to refuse the services offered. Sessions offered through individual counseling.

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

115.78(f) OPS.200.0005 states, "A complaint of alleged inmate on inmate sexual conduct made in good faith based upon a

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

115.78(g) OPS.200.0005 states, "An inmate may not commit, participate in, support, or otherwise condone sexual conduct." Per interview with the Warden, the facility does not consider consensual sexual activity between inmates to be sexual abuse.

Per the PAQ and review of PREA investigative case files, there were zero Substantiated allegations of inmate-on-inmate sexual abuse and/or sexual harassment during the review period of April 1, 2020, through March 31, 2021. Per the PAQ and review of PREA investigative case files, there were zero Substantiated allegations of inmate-on-inmate sexual abuse and/or sexual harassment during the review period of April 1, 2020, through March 31, 2021.

However, the auditor did not receive the requested documentation of the identified 7 PREA cases for review to confirm compliance with the provisions of the standard. The assigned facility PCM and assisting staff were granted extended leave and neither were available to assist the auditor with requested documentation. Therefore, the facility does not meet the provision of the standard.

Corrective Action Taken:

The cases files were submitted in the OAS for review during the corrective action period. A review of the reported 7 PREA allegations confirmed only 6 was reported for JCI. One of the six reported PREA cases included an inmate-on-inmate sexual abuse allegation. The investigative findings was determined as unfounded by the IID Unit. Therefore, there was 0 substantiated sexual abuse and/or sexual harassments investigations of inmate-on-inmate allegations during the review period and 0 inmates received discipline and or criminal prosecution.

Based on the auditor review it is determined that the facility meets the provisions of this Standard, and the Corrective Action is Complete.

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. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness
4. Mental Health Referral Forms
5. PREA Screening Form
6. Interviews with:
 - a. Mental Health staff
 - b. Staff who conduct risk screening
 - c. Inmates who disclosed prior victimization during risk screening

115.81 (a) (b) OPS.050.0001 and OPS.200.006 states, "whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening. It also indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a copy of the intake screening will be referred to the mental health department.

The PREA Intake Screening forms listed questions that aid screening staff on whether the inmate shall be referred for a mental health follow-up. Specifically questions are: Were you ever sexually assaulted or abused as a child or adult; Have you ever been sexually assaulted while incarcerated; Do you have a criminal history of sex offenses with adults; Have you ever sexually assaulted another inmate while incarcerated. Those inmates who respond yes to either of these questions are required to be offered a mental health referral. However, all inmates have the option to accept and/or decline. Once the PREA Follow-Up form is completed by staff, the form is forward to mental health staff. The instruction to screeners notes: The Prison Rape Information Act (115.81) requires that inmate identified as victims of perpetrators of sexual abuse be offered a follow up meeting with medical or mental health practitioner within 14 days of intake screening. If an inmate must be offered a follow-up meeting, assist the inmate with filling out this request form and forward it to our facility's psychology department via the institution mail." A section is provided for completion by mental health staff. Upon mental health staff receipt of the PREA follow-up, the form is stamped with the date of received, received by and date the inmate is seen. Mental health staff also document notes within their electronic system accessible only to mental health staff. The original copy is maintained in the inmate's medical record file.

Interviews with staff who perform screening for risk of victimization confirmed if a screening indicates that an inmate has experienced prior sexual victimization whether in an institutional setting or in the community, the inmate is offered a follow-up meeting with mental health. Those inmates that are identified as previously perpetrated sexual abuse are also offered a follow-up meeting with a mental health practitioner. The PAQ indicated that 100 % of inmates who arrived at JCI during the review period who had previously perpetrated sexual abuse are offered a follow-up with mental health. However, per staff who conduct risk screenings states the inmates have the option of declining by marking "No, I would not like to be seen for mental follow-up to discuss the results of my PREA screening."

Per an interview with the Psychology Supervisor, she indicated, upon an inmate referral to mental health, the inmate is scheduled to be screened while addressing their issues within 14 days. Due to COVID-19, the screenings are conducted via telehealth or in a group room with 6ft distance. The number of inmates requesting to see mental health in reference to this provision has decreased, as in last year's there were more. Upon receiving the referral, mental health staff notes the date the referral is received and the date the inmate is seen. A schedule was developed during the heavy months of COVID-19 while staff conducted telehealth that ensured coverage was always provided to ensure inmates were seen within 14 days of the made referral.

The auditor requested a roster of all incoming inmates during the 12-month review period identified as a prior victim of sexual abuse and /or a prior aggressor. The PAQ noted this information would be provided during the on-site visit if request. However, the information was not provided and was not uploaded in the OAS as identified and unavailable for review by the auditor. Therefore, the JCI did not meet this provision of the standard and was placed in a corrective action period of 60-

days. JCI staff is required to submit all supporting documentation for this provision in the OAS during the corrective action period.

115.81(c) JCI is not a jail.

115.81(d) OPS.050.0001 states that information concerning an alleged complaint of sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating, and resolving the alleged misconduct and immediate and continued care of the victim. Per interview with the staff who conduct risk screening indicated the specific details related to sexual victimization or abusiveness is strictly limited. Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments. This helps protect the confidentiality of information and helps ensure that any information related to sexual victimization or abusiveness is kept confidential and access is strictly limited to those with a need to know.

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

115.81 (b) The auditor requested a roster of all incoming inmates during the 12-month review period that was identified as a prior victim of sexual abuse and /or a prior aggressor. The PAQ noted this information would be provided during the on-site visit if request. However, the information was not provided and was not uploaded in the OAS for review by the auditor. Therefore, the JCI did not meet this provision of the standard and was placed in a corrective action period of 60-days. JCI staff is required to submit all supporting documentation for this provision in the OAS during the corrective action period.

Corrective Action Applied:

As required during the 60 -day corrective action period, JCI submitted the incoming roster of all inmates identified as a prior victim of sexual abuse and/or a prior aggressor of sexual abuse during the review period of April 1, 2020 – March 31, 2021. Seven inmates were identified as either a prior victim of sexual abuse and/or prior aggressor. However, an inmate identified as a prior victim of sexual abuse was changed during risk screening to PREA ND. Another inmate was identified as PREA MX. Two inmates identified as prior victims of sexual abuse elected to have a PREA Follow-up with mental health and were seen within 14 days of the referral. One inmate identified as a prior victim was seen by psychiatry staff on the 9th day after his referral. Confirmation of services and dates services were provided were confirmed through a memorandum submitted by their mental health provider. The three remaining inmates declined the PREA Follow-up with mental health.

Based on a review of policies, interviews with staff and inmates, review of mental health logs, inmates' acceptance and declined offer for follow-up mental health referrals, JCI is determined to be compliant with all provisions of this standard, and the Corrective Action is complete.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness
4. DPSCS Office of Clinical Services/Inmate Health Medical 'Evaluations Manual Chapter 13 Sexual Assault on an Inmate
5. Interviews:
 - a. Medical staff/ Mental Health Staff

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

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

DPSCS Office of Clinical Services/Inmate Health Medical Evaluations Manual Chapter 13 Sexual Assault on an Inmate states, a detainee/inmate reporting to have been sexually assaulted while in DPSCS custody shall be managed using guidelines consistent with the PREA. An initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. DPSCS medical vendors will not participate in or conduct a forensic examination. All specimen collection for forensic examinations will be done after the patient is transferred to an approved off-site medical facility for assessment by an independent provider or nurse who conducts forensic examination. Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination.

The Regional Director of Nursing, and Psychology Supervisor indicated victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical staff is scheduled 24/7 therefore, is always on duty to provide medical care. The inmate would receive emergency medical treatment as soon as medical staff are notified. The Regional Director of Nursing indicated screening would be conducted by the infectious control staff, and dental in addition a medical follow-up within 7 days depending on the inmate's medical condition discovered during testing. Further treatment would be provided as needed to include mental health services. Facility medical testing is limited to limited to HIV and Hepatitis C. Additional testing is conducted at the local hospital for sexually transmitted infections and if the test results are positive, medical care services would be provided by facility medical staff. Staff would retrieve a consent form from the inmate and provide necessary treatment to include collecting clothing and in accordance with policy. Facility medical staff would call the hospital prior to the inmate and escorting staff departure and advise hospital staff that an inmate is in route for a forensic medical examination. There were no inmates who were provided forensic medical examinations during the review period.

Per the Psychology Supervisor, a victim would be seen within 14 days of reporting the allegation and staff notification. However, the mental health staff are not scheduled for on-call duty. Their scheduled hours of work are Monday – Friday 7:30 a.m. through 4:00 p.m. The inmate would be seen on the following scheduled workday. Both mental health and medical staff stated their belief is the medical care and mental health care provided to the inmate population is equal to that in the community.

115.82(b) OPS.050.0001 states, "The first correctional officer responding to an incident of sexual misconduct shall: (a) Ensure the safety of a victim of sexual misconduct by: (i) Immediately stopping an incident in progress, if necessary, arranging for separation of the victim from the abuser; and (ii) If applicable, immediately, if qualified, providing medical attention or arranging for appropriate medical attention. Interviews with random staff confirm they were aware of the first responder duties. All stated they would separate the victim from the abuser, keep victim safe, contact the shift commander

and the inmates would be escorted to medical.

115.82(c) CORIZON Health has a policy which addresses the requirement of this provision which states, "prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases." Inmate victims of sexual abuse while incarcerated shall be offered timely information about timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There were zero forensic medical examination committed and/or testing related to for sexually transmitted or other communicable diseases as there was no evidence collected by the SAFE to support sexual activity as alleged by the inmates.

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

The auditor was not provided the requested documentation, nor was it uploaded in the OAS as stated in the OAS that could support the practice of the policies that included medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Additionally, the facility staff failed to upload the previously identified PREA investigations. Staff assigned to work with the auditor during the review was unavailable following the on-site visit. No other facility staff was assigned to assist the auditor. Therefore, JCI does not meet the provisions of the standard 115.82.

Corrective Action Applied:

During the 60-day corrective action period, JCI submitted the PREA investigative casefiles for review. There were no instances in where a forensic medical examination was conducted. One inmate reported an allegation of sexual abuse identified as unsubstantiated. The inmate reported he was sexually abused by a staff member during escort by inserting his fingers in his anus. The inmate alleged the incident occurred on August 8, 2020, and reported it on August 23, 2020. The reporting inmate refused all medical and mental health services which are noted in the investigative casefile. The inmate also signed a Release of Responsibility form documenting his refusal to submit to a physical examination. The medical and mental health records documented the inmate's refusal to receive health services treatments.

The second sexual abuse case was determined by the IID Investigator as unfounded. The inmate reported an allegation of sexual abuse after being subjected to visual searches only by security staff. A forensic medical examination was not warranted.

The reported allegation of sexual abuse that remained pending throughout the audit process to include corrective action period was based on the inmates' reported allegation of staff grabbing his genitals during a frisk search. Although the inmate was seen by medical staff, a forensic medical examination and/or further medical services were not requested.

Based on the auditor's review of the case files, policies, and interviews it is determined that the facility meets the provisions of this standard, and the Corrective Action is complete.

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. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault DPSCS Executive Directive
4. DPSCS Office of Clinical Services/Inmate Health, Administrative Manual Chapter 9 Continuity of Care
5. CORIZON Health Policy on Federal Sexual Abuse Regulations
6. Interviews with:
 - a. Medical and Mental Health Staff

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

Per Chapter 13, Section F of the Manual, within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room notes, and write appropriate orders for care in the patient's medical record. If the provider is off site, the emergency room protocol for review will be conducted and the disposition of care executed. Medical staff is assigned at the facility 24/7. Therefore, the inmates are seen by facility medical staff upon their return to the facility following the initial offsite medical visit regarding the allegations of sexual assault.

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

Per an interview with a Social Worker, the medical department has an assigned medical discharging planner to arrange for extended medical care and mental health while working with the inmate daily in the medical wing of the psychology area.

Per an interview with the Regional Director of Nursing, she indicated, available resources for inmates upon their release are scheduled by the Discharge Planner. The Regional Discharge Planner is located at the facility schedule follow-up health care from within the inmate's community and/or his nearest accessible location.

Per DPSCS Office of Clinical Services/Inmate Health Administrative Manual Chapter 9 Continuity of Care Section A General - Inmates leaving the DPSCS facilities (Pre-Trial, Sentenced, and Home Detention Units) will be provided with information and access to systems that will enable them to continue care for diagnosed disease process that was received while the inmate was incarcerated.

115.83(c) In an interview with the Regional Director of Nursing and the mental health staff indicated the level of care provided to the inmates are consistent with the community level of care.

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

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

115.83(g) Per Chapter 13, Section O, of the Manual, all treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Directive OPS.050.0001 If the alleged sexual misconduct involves sexual abuse, the assigned investigator shall: if medically

appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by a: (i) A sexual Assault Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); or (iii) If after document attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examinations. Per medical staff, the inmates are never held responsible for the financial cost of medical treatment resulting from a reported allegation of sexual abuse to include expenses from local community hospitals.

115.83(h) Per Chapter 13, Section K, of the Manual, an alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse. An interview with mental health supervisor stated staff would offer an abuser counseling intervention on an individual basis. However, the Department does not offer group sessions for sex offenders that she is aware of.

The facility identified 0 forensic medical examinations during the review period. However, the auditor was not provided the 7 PREA investigative cases noted in the PAQ. Therefore, this information cannot be confirmed. Medical and mental health follow-ups were not available for review in the OAS. Facility staff assigned to the PREA detail was not available due to extend leave and no other staff was identified to assist. Therefore, JCI does not meet the provisions of this standard.

Corrective Action Applied:

The PREA investigative casefiles were uploaded in the OAS during the 60-day corrective action period. Although there were three reported allegations of sexual abuse reported, 0 allegations of sexual abuse involved penetration of genitals by an abuser with an alleged victim. The one determined unsubstantiated allegation of sexual abuse involved alleged staff finger in the anal of an inmate during escort. The alleged victim reported the alleged incidents approximately three after the alleged occurrence. The alleged inmate victim refused all available health services treatment to include a physical examination. There were 0 substantiated allegations of sexual abuse and 0 inmates and/or staff identified as an abuser. There were no forensic examinations conducted due to no reported allegations of genitals penetration during the auditing period.

Based on the auditor's review, it is determined that the facility meets the provisions of this standard, and the Corrective Action is complete.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

The PAQ identified 4 criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. However, the reported PREA casefiles were not made available to the auditor to include in the OAS for review. The facility was placed in a corrective action period of 60-days to submit the required documentation in the OAS.

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

PCM that identifies problem areas, necessary corrective action, and recommendation for improvement. An interview was conducted with the JCI PCM who a member of the Incident Review Team also. He indicated the committee take all factors into consideration. The committee review at the identified areas to see if there are any blind spots, if additional mirrors or cameras are needed, or more staff is need. Also consider if policy and procedures were followed by staff.

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

Corrective Action Applied:

115.86 (a – e) The PAQ identified 4 criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. This number is incorrect. There were 0 criminal investigations for sexual abuse and two completed administrative investigations for sexual abuse. One administrative case was determined as unfounded, and the second administrative investigation case was determined as unsubstantiated. The investigation determined as unsubstantiated was completed on February 23, 2021, by the IID Unit. The Sexual Assault Incident Review was within 30-days of the completed investigation on March 10, 2021.

A review of the Incident Review Team committee signature sheet identified members consisted of upper-level management officials that included the Assistant Warden/ JCI PCM, Investigative staff, Shift Commander, Major, Case Management Supervisor. Input was provided by medical and mental health staff through documentation submitted in the investigative report. A review of each of the 1 completed incident reviews confirmed the team reviewed the case in accordance with the provision of the standard. There were 0 recommendations made by the team.

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

Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

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

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

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

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

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. JCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
3. DPSCS Website
4. 2019 Annual PREA Report
6. Interviews
 - a. DPSCS PREA Coordinator
 - b. Agency Head

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

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

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

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

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

The auditor and support staff were provided access to all areas of the facility with the opportunity to observe practices and procedures in the various departments, in addition to inmate movement, activity in work assignments, medical, dietary, programs, recreation and inmate housing. The auditing team was provided office space to conduct staff and inmate interviews. Additionally, the auditor conducted informal interviews with staff and inmates during the tour of the facility.

However the auditor was unable to receive copies of all requested relevant documents (including electronically stored information during the audit process as the auditor did not gain access to the OAS within a timely manner as the information was not sufficiently submitted as the OAS continuously noted the documentation would be provided on site.

However, the auditor did not receive any correspondence from the staff and/or the inmate population. An interview with staff assigned to the mailroom confirmed the inmate's outgoing mail is sealed for by the inmates prior to placement in outgoing mail. This procedure allowed the inmate population confidentiality in communicating with the auditor just as communicating with a legal counselor.

The facility failed to provide the auditor with all requested relevant documents prior the facility's placement in corrective action period not to exceed 60 days. Four staff identified to collect and present documentation for the audit became unavailable during the post-audit phase. Specifically, the official JCI PCM/Associate Warden transferred to a new facility. Additionally, the newly assigned PCM and two other staff identified to assist in preparation for the PREA audit became unavailable due to scheduled and unscheduled extensive leave of absences. Documentation as identified and requested by the auditor was not uploaded in the OAS prior to their departure. Therefore, JCI was placed in a corrective action period not to exceed 60 days.

Corrective Action Taken:

Upon the return of one staff member during the corrective action phase, an open line of communication resumed, and the proper documentation was collected and submitted as required in the OAS.

The auditor was able to determine that JCI met all the provisions of the Standards; therefore, the Corrective Action is Complete.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.403 Per DPSCS directives and standard requirements, all PREA final reports be published on the Department website and available to the public. A review of the DPSCS website at <https://dpscs.maryland.gov/prea/prea-audits.shtml> presented the completed PREA audits for 24 operational facilities. However, the Popular Hill Pre-Release Unit has been identified as closed since their last PREA audit conducted in 2017. The PREA audits posted included the one contract facility Threshold for 2015 and 2018. All posted PREA audits were posted on by the Department within 90 days of completion. The most recent posted PREA audit report was dated February 7, 2021.

Appendix: Provision Findings

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

115.13 (a)**Supervision and monitoring**

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

115.13 (b)**Supervision and monitoring**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
		Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	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
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
115.35 (b)	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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
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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
115.41 (h)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	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?	no
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)**Protective Custody**

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

115.43 (c)**Protective Custody**

Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)**Protective Custody**

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes

115.43 (e)**Protective Custody**

In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
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115.51 (a)**Inmate reporting**

Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
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).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	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.)	yes
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.)	yes
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.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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