

PREA Facility Audit Report: Final

Name of Facility: Jessup Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/17/2018

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 type="checkbox"/>
Auditor Full Name as Signed: Kimberly Napier	Date of Signature: 08/17/2018

AUDITOR INFORMATION	
Auditor name:	Napier, Kim
Address:	
Email:	NapierK@michigan.gov
Telephone number:	
Start Date of On-Site Audit:	03/05/2018
End Date of On-Site Audit:	03/09/2018

FACILITY INFORMATION	
Facility name:	Jessup Correctional Institution
Facility physical address:	7800 House of Corrections Road, Jessup, Maryland - 20794
Facility Phone	410-799-6100
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input checked="" type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
Name:	Michelle Pacheco	Title:	Assistant Warden
Email Address:	michelle.pacheco@maryland.gov	Telephone Number:	410-540-6370

Warden/Superintendent			
Name:	Mr. Casey Campbell	Title:	Warden
Email Address:	casey.campbell@maryland.gov	Telephone Number:	410-540-6350

Facility PREA Compliance Manager			
Name:		Email Address:	
Name:	Michelle Pacheco	Email Address:	michelle.pacheco@maryland.gov

Facility Health Service Administrator			
Name:	Travis White	Title:	Health Services Administrator
Email Address:	twhite@wexfordheath.com	Telephone Number:	410-540-6444

Facility Characteristics			
Designed facility capacity:	1892		
Current population of facility:	1547		
Age Range	Adults: 18-75	Youthful Residents:	
Facility security level/inmate custody levels:	Maximum/Medium		
Number of staff currently employed at the facility who may have contact with inmates:	586		

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

Agency Chief Executive Officer Information:			
Name:	Stephen T. Moyer	Title:	Secretary
Email Address:	Stephen.Moyer@maryland.gov	Telephone Number:	410.339.5005

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) audit for the Maryland Department of Public Safety and Correctional Services Jessup Correctional Institution (JCI) in Jessup, Maryland was conducted on March 5, 6, 7, 8, and 9, 2018. The facility was audited by Department of Justice (DOJ) Certified PREA Auditor Kimberly Napier with the assistance of DOJ Certified PREA Auditor Wendy Hart. The audit was conducted to assess the facility compliance with the DOJ PREA standards as part of a consortium agreement between the states of Wisconsin, Maryland, Pennsylvania and Michigan. JCI was first audited by a DOJ certified PREA auditor on June 1-2, 2015 and a copy of the report is listed on the agency's website. This audit was the second time that JCI has been audited. The audit process encompassed three phases, the pre-audit phase, onsite audit phase and post-onsite audit phase.

Pre-Onsite Audit Phase:

On January 25, 2018 six weeks prior to the onsite audit, the auditor provided PREA Compliance Manager (PCM) Michelle Pacheco an audit notification flyer to post throughout JCI. The auditor requested that the facility post the notification on bright colored paper in bold font in every housing unit, dining hall, visiting room, front lobby, library, healthcare, school, staff break room, and any other location that staff, inmates and the public have access. In addition, the auditor requested that PCM provide seven to ten photographs of the notice posted in a variety of locations within the facility for six weeks prior to the onsite audit phase. The audit notification provided staff, inmates and the public with the auditor's contact and audit information in both English and Spanish to send confidential correspondence to the auditor prior to the on-site audit phase. The auditor requested that the PCM describe the steps the facility will take to ensure that inmate correspondence to the auditor is the same as if inmates were communicating with legal counsel. On February 6, 2018 during the pre-audit phase, the auditor did receive one letter four weeks prior to the onsite audit from an inmate at Jessup Correctional Institution (JCI) and interviewed the inmate on March 9, 2018. On April 7, 2018, and April 12, 2018, the auditor received five letters from four inmates post audit. One of the four letters was sent anonymously. Although the auditor was not able to interview these inmates, the facility was contacted via email regarding allegations raised in two of the letters.

On January 26, 2018, the PCM provided the auditor with confirmation that the auditor notice was posted in 14 areas within the facility. These areas included the supervisors area, outside visitors bathroom, control booth II, visiting waiting area, inmate gym, housing unit E lobby, inmate dining room, dietary, inmate library, officers dining room, commissary, school and barbershop. All of the signs posted were in English and Spanish on blue, orange, green and pink colored paper.

On February 5, 2018, the PCM submitted the pre-audit questionnaire (PAQ) through the online audit system (OAS). The auditor received a confirmation email from PREA Resource Center that the pre-audit questionnaire for JCI was submitted and ready for review. The auditor accessed the OAS and reviewed

the PAQ. The PAQ consisted of the agency policies, physical plant schematic, organizational chart, contractual agreements, training curriculum, volunteer handbook, PREA posters and brochures.

On February 22, 2018, the auditor contacted Life Crisis Center PREA hotline (410) 585-3177 and was able to confirm the procedure on how an inmate would make a confidential call regarding an allegation of sexual abuse or sexual harassment. During the onsite audit, the auditor called the PREA hotline number in the housing unit and was able to call the hotline without the use of a personal identifying PIN number that confirms that an inmate can make a confidential call. The auditor also called the Intelligence and Investigation Division (IID) complaint number (420) 724-5742 and spoke to a sergeant detective that confirmed they process all hotline complaints and that they maintain a log for all PREA related calls. In review of the agency website, the complaint number and address is listed for third party reporting and states that IID is in charge of all criminal and administrative PREA related investigations and accepts complaints from any concerned individual. In addition, the agency website list the agency's policy for Investigating sex related offenses, PREA Standards, National PREA Resource Center website link, agency annual reports for 2013, 2014, 2015, 2016, facility audit reports and statewide PREA coordinator contact information.

On February 26, 2018, the auditor spoke with the PCM who was the facility primary point of contact regarding the 2018 audit schedule and process prior to onsite audit. The auditor requested via email a complete list of 31 items which includes, complete inmate rosters, inmates in isolation, inmates with disabilities, inmates that are Limited Proficient English (LEP), LGBTI inmates, inmates in segregation, inmates with disabilities, inmates who reported sexual abuse (SA), inmates who reported sexual victimization during risk screening, complete staff roster, specialized staff roster, all contractors and volunteers that have contact with inmates, all grievances, all incident reports, all hotline calls, all sexual abuse (SA) and sexual harassments (SH) investigations, total number of SA and SH allegations, total number of substantiated, unsubstantiated or unfounded cases, number of cases in progress, number of criminal and administrative cases. The auditor requested the documentation to be provided by March 2, 2018. On February 26, 2018, and March 1, 2018, the facility provided the requested documentation.

Onsite Audit Phase:

Entrance Interview:

On March 5, 2018, during the onsite audit phase, the auditors were greeted by the administrative staff in the JCI administration conference room located in a secure area of the administration building. JCI staff in attendance were Warden Casey Campbell, Assistant Warden/PREA Compliance Manager (PCM) Michelle Pacheco, Statewide PREA Coordinator Dave Wolinski, Lieutenant Margaret Ozoemela, and Corporal Joseph Mensah-Onuwah. The purpose of the audit and plan for the five days were discussed. The onsite audit phase consisted of a site review of the physical plant and facility operations on March 5th, 6th and 9th; Interviews with facility staff and inmates including documentation review on March 6th, 7th, 8th and 9th; and a post onsite audit meeting with administrative staff on March 9, 2018. During the introduction meeting, the auditors received additional facility documentation and an overview of the facility operations. The documentation provided by the facility during the introduction meeting consisted of facility staff directory, incident review team members, list of facility volunteers, and additional inmate rosters. JCI is a multi-functional facility that houses inmates at JCI/regional hospital, HUB Unit (HU A/A), Baltimore Central Booking Intake Center (BCBIC) HU-D/D) and Baltimore Pretrial Facility Jessup (BPFJ) HU-B/B). JCI, regional hospital, HUB, BCBIC and BPFJ were audited as one facility as they are within the confines of the Jessup Correctional Institution (JCI). HUB inmates, BCBIC and BPFJ detainees are housed and counted separately from the JCI inmate population but reside in the confines for JCI. HUB

inmates are inmates within the Maryland Department of Public Safety and Correctional Services (DPSCS) are temporarily housed at JCI for court or medical appointments at which they are returned to their sending facility upon completion. HUB inmates are under escort at all times while housed at JCI. The BCBIC and BPFJ are Pretrial detainees under the DPSCS Pretrial Detention and Services Division. BCBIC detainees are temporarily housed at JCI due to physical plant upgrades at the BCBIC located in Baltimore, Maryland. BPFJ Pretrial detainees are permanently housed at JCI waiting trial.

Site Review:

On March 5th, 6th, and 9th 2018, an onsite audit site review of all areas that staff and inmates have access was conducted under the escort of PCM Pacheco, Lieutenant Ozoemela, PC Wolinski, and Corporal Mensah-Onuwah. Prior to entering into the secure side of the facility, auditors were instructed to place all items in a large bin and shoes in a separate bin for processing through an x-ray machine. Auditors were then instructed to present identification, pass through a metal detector, show the bottom of their feet and submit to a pat down search. The auditors were then issued visitor badges in exchange for their identification cards. This process gave insight to the auditor on the facility's practice of processing persons in and out of the facility.

JCI is a maximum/medium facility for male inmates with a rated capacity of 1892 that opened in 1991. The physical plant consists of 15 buildings which include a regional hospital, six housing units with two levels, a multi-purpose building, five Maryland Correctional Enterprises (MCE) Shops (sew, uniform, tag, laundry and furniture), maintenance shop and the administration building located outside the secure perimeter. All of these areas are adjacent to each other and being audited as part of JCI. Each housing unit has a control booth that overlooks each tier within the unit. Five housing units have four tiers while one housing unit has three tiers. Each tier has an upper and lower level with a shower on each level. All wheelchair bound inmates are on the lower level. Each level has a day room and telephones. The cells are either single or double bunked. There are no dormitory style housing units at JCI.

The onsite audit site review included the administration building, visiting room, all six housing units, case management, inmate showers, cells, inmate yard, maintenance building, five Maryland Correctional Enterprises (MCE) shops, multi-purpose building that includes a regional hospital, psychology, medical, isolation, property, dietary, volunteer coordinator area, school, classrooms, library, staff offices, dining halls, officer dining room, gym, barbershop, dental, and chapel.

During the onsite audit review, the auditor observed the PREA audit notification (English and Spanish) for inmates posted in blue, pink, orange and green in housing units as well as other locations in the facility to which staff, inmates and the public have access. The auditor also observed the agency PREA hotline phone number stenciled in large font on the walls in English and Spanish throughout the facility in every area to which staff, inmates and the public have access. Stenciling the PREA hotline number in every area made the PREA hotline number visible and readily available to all inmates, staff and the public. The practice of stenciling the hotline number was a best practice used by correction and detention facilities. The auditor was able to test the PREA hotline phone number by dialing the number from an inmate phone in the housing unit. The auditor was able to dial the number without providing any personal identifying information. The phone prompts allowed for the call to be made in English or Spanish.

The auditor observed Administrative Remedy Procedure (ARP) complaint box in the housing units and spoke with the ARP coordinator regarding the inmate process of filing an ARP complaint. An inmate may not seek to resolve a complaint through the ARP for issues that include Rape, sexual assault, sexual

harassment, sexual abuse, sexual misconduct, inmate on inmate sexual conduct, or other areas afforded protections by standards established under the authority of the Prison Rape Elimination Act (PREA) and related Department procedures. PREA complaints shall be addressed according to Department procedures for reporting, investigating, resolving, and documenting PREA related incidents. All sexual abuse or sexual harassment complaints submitted on a ARP form will be processed and investigated through the Intelligence and Investigative Division (IID).

The auditor observed female staff announce their presence before entering each individual tier inside the housing unit. When there was a female was on duty on the tier inside the housing unit, the auditor observed that the PINK female sign was displayed by the officers desk just inside the tier in the unit.

The auditor was able to review several housing unit logbooks, supervisory rounding logs, orientation video at intake, PREA assessment screening tools, and video monitoring systems located in the master control and Captains office. All inmate case management base files are stored in a secure area in the administration building. The base files maintain the PREA orientation and risk screening for each inmate.

The auditor was able to conduct informal interviews with four staff and seven inmates during the onsite audit review to assess the facility practice and compliance with DOJ PREA standards. All inmates interviewed knew at least one way on how to report an allegation of sexual abuse or sexual harassment internally or externally. During staff interviews, staff stated they were trained on the agency's PREA policy, knew the protocol for reporting and how to protect an inmate from sexual abuse and sexual harassment. These interviews gave the auditors insight into assessing the facility's culture, practice and compliance with DOJ standards.

The auditors observed the facility custody and security staff closely monitor the camera system and check points at yard and sally port gates throughout the prison. The auditor also observed the use of the metal detector for processing of inmates into the multi-purpose building. All camera controls were monitored by custody and security staff. The auditor was able to observe how security staff controlled the movement within the unit tiers and how they conducted security rounds within the housing units, hallways, dining hall, visiting room, chapel, intake, gym, library, inmate yard, MCE shops, laundry, maintenance building, regional hospital, showers and toilet areas.

The auditor observed the intake area. Although there was no inmates being processed for orientation at that time, the auditor spoke to staff that process inmate orientation and risk screening to access the facility practice. The staff provided the auditor with a copy of the MCASA pamphlet that is provided to inmates during orientation and played the PREA orientation video. The auditor watched the PREA orientation video which confirmed that inmates are provided information regarding their right to be free of sexual abuse and sexual harassment in confinement.

The auditor observed in the MCE welding area that had a blind spot. The auditor recommended that the facility place either a camera, locked gate or cortex mirror in the tag/weld area that had a blind spot as inmate workers had direct access to this area.

Interviews:

Formal staff and inmate interviews were conducted on March 6th, 7th, 8th and 9th, 2018. The interviews were conducted utilizing the DOJ PREA Compliance Audit instrument interview guides for facility Warden, specialized staff, facility PREA Compliance Manager, facility human resource staff, random staff and inmates. All interviews were conducted in a private setting to protect the confidentiality of each interview.

On DOJ Certified auditor Yvonne Gorton conducted an interview with the agency head, agency PREA coordinator and agency human resource staff who is located in Baltimore Maryland. At the time of the on-site audit, there were 1447 inmates at JCI, 81 inmates in the HUB, 83 inmates in Pretrial Baltimore Central Booking Intake Center, and 360 inmates in Baltimore Pretrial Facility Jessup.

Inmate Interviews:

Using the JCI inmate population roster provided by the facility, the auditor randomly selected inmates by dividing the total population by 20 and selecting every 72nd inmate on the list until the list was exhausted. There were 1971 inmates at JCI at the time of the onsite audit. Each inmate selected randomly was interviewed for a total of 31 inmates. This method of selection ensured the auditor interviewed inmates from each housing unit. The auditor was able to interview one inmate that mailed a letter to the auditor pre-audit. On April 7, 2018, the auditor received four letters from three inmates (one anonymously) post audit. The agency was notified regarding information contained in two of the letters. The facility reported that there was no inmates that identified as transgender. During the onsite audit, the auditor was able to identify two inmates that were possibly GBTI.

The auditor sampled 53 inmates during the onsite audit phase. There were 40 random inmates and 13 targeted inmates. However, eleven inmates refused an interview, two inmates transferred to another facility, one inmate paroled, one inmate was in the hospital, and one inmate was in high risk segregation. Therefore the auditor was able to successfully interview 31 random inmates and 6 targeted. The auditor interviewed one wheelchair bound, one inmate with walking difficulty, two inmates that identified as gay, and two inmates that identify as bisexual. Using the DOJ audit instrument interview guides, the auditor was able to query inmates about their understanding of PREA, reporting protocols at the facility and services available to them outside of the facility.

Inmate Interview Chart:

Original Sample = 53

40 Random Inmates

13 Targeted Inmates

Actual Inmates Interviewed = 37

31 Random Inmates

6 Targeted Inmates

Inmates refused Interview = 11

6 Random Inmates

5 Targeted Inmates

Hospital/Unavailable = 1

Segregation/Unavailable = 1

Transferred/Unavailable = 2

Paroled/Unavailable = 1

Staff Interviews:

Using a staff facility roster provided by the PCM, the auditor randomly selected staff by selecting the fifth staff person on the shift list of each shift (7am-3pm, 3pm-11pm and 11pm-7am) scheduled to work on Tuesday, March 6, 2018, until the list was exhausted. There were 586 staff employed at JCI who may

have contact with inmates. The auditor interviewed 16 random staff from all shifts which included all six housing units, yard, multi-purpose building, traffic office, and regional hospital. In addition, the auditor selected and interviewed 22 specialized staff. The selection of the specialized staff was based on position, area they supervise and multiple roles they have at JCI. The specialized staff consisted of: six higher level facility staff; one medical and one mental health staff; three investigative staff; two-first responders; two incident review team members; two retaliation monitors; one intake staff; one staff that perform risk screening; and three staff that supervised segregated housing. The auditor interviewed Mercy Medical Hospital Nursing supervisor in the Emergency Room that confirmed that a trained sexual assault forensic examiner SAFE would be provided for an inmate at JCI upon request. In the PAQ, the facility reported that there are 310 volunteers and contractors that who may have contact with inmates at the facility. The auditor interviewed four volunteers and two contractors. Additional Key staff interviewed was one chaplain, one administrative remedy program (ARP) Coordinator, one training officer and one regional training supervisor and one volunteer activities coordinator. Background checks are completed no greater than five years. Using the DOJ audit instrument interview guides, the auditor was able to query staff regarding the agency's Secretary Directive Prison Rape Elimination Act — Federal Standards Compliance Sexual Abuse and Sexual Harassment PREA policy and the facility's procedures for responding, reporting and investigating sexual abuse and sexual harassment in confinement. The auditor was not able to interview specialized staff that supervise youthful inmates or education and program staff who work with youthful inmates as youthful inmates are not housed at JCI.

Document Selection and Review:

During the onsite review, the auditor reviewed fifteen inmate files for risk screening and inmate education that verified both are being completed. Also, the auditor was able to verify through ten employees' training records and background checks were in compliance. In addition, the auditor was able to sample 10 volunteer training records that verify training was completed, ten investigative files, four volunteer and two contractor training records. The auditors method of selection for file review was based on the random and specialized interviews of staff and inmates. Investigation records were reviewed based on the number of closed sexual abuse and sexual harassment files 12 months preceding the onsite audit.

Post-Onsite Audit Phase:

Exit Interview:

On March 9, 2018, at 9:00pm a post audit meeting was conducted with facility administrative staff. The administrative staff in attendance was Warden Casey Campbell; PREA Compliance Manager/Assistant Warden Michelle Pacheco; BPFJ Administrator Cleveland Friday; and Lieutenant Margaret Ozoemela. During the post audit meeting, auditors provided facility staff with observations and discussed the three recommendations that were addressed during the week of the onsite audit. First, the auditor recommended that the facility place either a camera, locked gate or convex mirror in the tag/weld area that had a blind spot as inmate workers had direct access to this area. The administrative staff immediately responded by ordering a convex mirror and having it installed on March 7, 2018. The facility provided the auditor with the purchase order, receipt and photos showing the mirror was installed. Adding the mirror to this area was essential as this aids staff during rounds in the prevention and detection of sexual abuse and sexual harassment. Second, the auditor recommended on the milling side of the MCE furniture shop that the inmate bathroom have partitions placed between the urinals to eliminate cross gender viewing from the upper level office stairwell. The facility responded immediately and built, painted and installed two partitions on March 8, 2018. The facility provided the auditor with two photos that show the partitions from the upper stairway and first floor. Third, the auditor recommended that the facility place a PREA Informational guide in the library for inmates to be able to access. Although the facility

reported having this information available in the library, the facility administration immediately responded creating another binder that included PREA Information (PREA Agency Executive Directives, PREA Hotline number and (MCASA) and sending out an informational bulletin to the inmate population regarding the information being available in the library on March 9, 2018. Finally, the auditor recommended that the facility post I SPEAK Posters that assist staff and inmates in identifying their first language to providing services through the language line. The facility posted I speak posters in housing units and other areas that inmates have access. The facility staff made immediate changes as a result of the recommendations.

Advocacy Group Contacts:

The auditor contacted Maryland Coalition Against Sexual Assault (MCASA), Rape Assault Incest National Network (RAINN), Hopeworks Domestic Violence in Howard County, Mercy Medical Hospital, YWCA in Anne Arundel County and Just Detention International (JDI) to discuss their complaint process and whether any complaints of sexual abuse and sexual harassment have been reported from the Jessup Correctional Institution.

RAINN: A review of RAINN's website, confirms the 24/7 access to the National Sexual Assault Hotline number. A facility posting provides Rape Assault Incest National Network (RAINN) Hotline 1(800) 656-HOPE. The auditor called the Rape Assault Incest National Network (RAINN) Hotline 1 (800) 656-HOPE which directed the call to the YWCA in Anne Arundel County.

YWCA: YWCA located in Anne Arundel County, is a 24-hour hotline that provides a safe and secure connection to a trained advocate who can assist with the emotional and resource needs of individuals who are victims of sexual assault and domestic violence. The YWCA is contracted with Baltimore Washington Medical Center (BWMC) in the event that a victim of sexual assault or domestic violence would like advocacy, including being present during the Sexual Assault Forensics Exam (SAFE). A review of the YWCA website confirms the services they provide. However, in speaking with YWCA staff they are not contracted to provide these services to inmates at the Jessup Correctional Institution in Howard County. Therefore, YWCA directed the auditor to HOPEWORKS in Howard County.

HOPEWORKS: A review of the HOPEWORKS website confirms that they are a sexual, dating and domestic violence helpline that provides trained sexual assault and domestic violence advocates are that available 24/7 to respond to calls from Howard County General Hospital. They will be there to provide comfort and support through the Sexual Assault Forensic Exam (SAFE) and to provide information about sexual assault, dating and domestic violence services located in Howard County. In speaking with Hopeworks, they are not contracted to provide advocacy services for inmates at the Jessup Correctional Institution in Howard County.

Mercy Medical Hospital: The Agency provided that victims of sexual abuse would be taken to Mercy Medical Hospital for a SAFE exam and that they have one qualified medical health practitioner (QMHP) who can provide and serve as a victim advocate. Mercy Medical Hospital ER nursing supervisor was contacted and stated that they provide inmates at the Jessup Correctional Institution a trained outside victim advocate to support and accompany inmates during SAFE exams if requested. A review of the hospital's website confirms that emergency services include trained forensic nurse examiners 24/7 for sexual assault victims.

MCASA: The facility provides the PREA brochure for the Maryland Coalition Against Sexual Assault

(MCASA) which provides contact information for outside agencies, addresses and phone numbers for counseling and legal services during inmate orientation. MCASA program coordinator was contacted and confirmed they are only contracted to provide training and technical assistance to the 17 rape crisis centers serving all of the counties in Maryland. Training topics include but are not limited to victim advocate training, explaining PREA, sexual abuse in custody, and sexual assault and trauma. However, they do not provide direct service to facility inmates.

JDI: A review of JDI's website confirms they are a health and human rights organization that seeks to end sexual abuse behind bars. JDI trains rape crisis counselors, provide webinar training, and provide sexual assault response team (SART) tool kits. Just Detention International was contacted and stated that they have not received any sexual abuse or sexual harassment complaints from an inmate at the Jessup Correctional Institution. Although they are not a direct service provider, JDI stated that inmates can learn about the services they provide through Prison Legal News magazine and from other inmates.

The auditor researched mandatory reporting law within the state of Maryland and was able to confirm that the Maryland Department of Human Services website that reporting laws are in place to protect children and vulnerable adults. Both child and adult abuse and neglect allegations are reported to the local Department of Human Services. Mandated reporters are required to report suspected incidents if they have a reason to believe that abuse has taken place.

Post Audit:

On April 4, 2018, the auditor received 16 photos of the I SPEAK posters displayed in areas that inmates have access. On April 10, 2018, the auditor received ten photos of the Pink FEMALE on the tier signs posted in the Isolation area, Regional hospital, that provide a visual display when non medical female staff is on duty. The auditor requested additional documentation post audit and the facility was able to provide the documents as requested. The auditor was also able to conduct additional interviews with specialized staff post audit on April 9, 10, 11, 12, 2018. During the pre-audit, on-site audit and post audit phase the auditors were able to communicate openly through interviews, phone calls and emails with facility staff. JCI staff were organized for the audit and made all documentation available to the auditors for review. The auditors would like to thank Warden Campbell and his staff at the Jessup Correctional Institution for their preparation and hard work on the audit.

AUDIT FINDINGS

Facility Characteristics:

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

The Jessup Correctional Institution (JCI), formally called the Maryland House of Corrections-Annex (1879-2007) was opened in 1991 and is located in Howard County in the area of Jessup, Maryland. The Jessup Correctional Institution is a maximum/medium security adult male facility in a rural setting encompassing 33 acres of land within a double fenced enclosure. The age range of inmates is 18-75. At the time of the audit, there were no youthful inmates being held at JCI.

During the audit, there were 1528 inmates and 443 detainees on March 5th; 1530 inmates and 443 detainees on March 6, 1524; inmates and 436 detainees on March 7, 1517; inmates and 434 detainees on March 8; 1510 inmates and 432 detainees on March 9, 2018. JCI has a facility capacity count of 1892. The facility has a staff population 586. The correctional staff positions are major, captain, lieutenant, sergeant, and corrections officer. The correctional staff work in the control center, visiting room, dining hall, intake, housing units, gate post and transportation.

JCI has six housing units (HU), HU-A, HU-B, HU-C, HU-D, HU-E and HU-F. HU-B through F has four tier wings and HU-A has 3 tier wings. Each housing unit is unique in the type of services provided to the inmates.

HU-A has an HUB tier, general population, wheelchair bound inmates, and University of Baltimore and Anne Arundel Community College classes for inmates.

Formally JCI lock up, HU-B is a designated as the Baltimore Pretrial Facility Jessup (BPFJ) that housing approximately 360 Pretrial detainees that housed at JCI awaiting trial. HU-C is a general population unit. HU-D is a general population, segregation with a wing designates for Baltimore Central Booking and Intake Center (BIBIC) that houses approximately 83 pretrial detainees that have been temporary housed at JCI due to physical plant upgrades at the BCBIC located in Baltimore, Maryland. HU-E and HU-F is a general population unit.

JCI is a multi-functional facility that house inmates at JCI/regional hospital, HUB Unit (HU A/A), Pretrial detainees from Baltimore Central Booking Intake Center (BCBIC) HU-D/D) and Baltimore Pretrial Facility Jessup (BPFJ) HU- B/B).

HUB inmates are housed and counted separately from the JCI inmate population but reside at JCI. HUB inmates are inmates within the Maryland Department of Public Safety and Correctional Services (DPSCS) are temporarily housed at JCI for court or medical appointments at which they are returned to their sending facility upon completion. HUB inmates are under escort at all times while housed at JCI.

Under the DPSCS Pretrial Detention and Services Division, BCBIC and BPFJ Pretrial detainees are housed and counted separately from the JCI inmate population but reside at JCI. All Pretrial detainees wear yellow shirts and pants that differentiate them from JCI inmates that wear state issue clothing.

BCBIC detainees are temporarily housed at JCI due to physical plant upgrades at the BCBIC located in Baltimore, Maryland. BPFJ Pretrial detainees are permanently housed at JCI waiting trial.

At JCI the housing unit cells are either single cell or double occupancy with bathrooms in cell and one bathroom in each tier wing. The housing unit showers are located in each tier wing with a privacy curtain.

The units have day rooms, base area, unit manager office, officer desk, and a control booth in every unit. The facility has one dietary area for inmates and one officer dining for staff, a visiting room, chapel, gym, property, Intake, barbershop, weight room, big yard, commissary, healthcare unit, dental unit, library, maintenance building, case management offices, school, social work office, volunteer activity coordinator area and five Maryland Correctional Enterprises (MCE) shops.

JCI has a veterans group, art club, five Maryland Correctional Enterprises (MCE) shops that include Laundry, furniture, tag, sew, and uniform, maintenance, and dietary.

The facility has four video monitoring system the encompass 488 cameras that is controlled by the correctional staff in the administration building. The cameras monitor and record inside and outside of the prison. The 488 cameras that monitor the inside perimeter, outer perimeter, dietary, visiting room, recreation yard, officer dining room, multipurpose building, gym, barbershop, regional hospital, hallways, library, library storage room, school, MCE plants (sew, laundry, tag, uniform and furniture), property, volunteer activity area, chapel, medical, Isolation area, yard and housing units.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0
Not audited at the facility level: Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	4

Number of standards exceeded: 0

Number of standards not met: 0

Number of standards not applicable: 0

Number of standards met: 43

115.11 Zero tolerance of sexual abuse and sexual harassment PREA Coordinator.

115.12 Contracting with other entities for the confinement of inmates.

115.13 Supervision and monitoring.

115.14 Youthful Inmates- JCI does not have inmates under the age of 18.

115.15 Limits to cross- gender viewing and searches.

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

115.17 Hiring and promotion decisions.

115.18 Upgrades to facilities and technologies.

115.21 Evidence protocol and forensic medical examinations

115.22 Policies to ensure referrals of allegations for investigation.

115.31 Employee training.

115.32 Volunteer and contractor training.

115.33 Inmate education.

115.34 Specialized training: Investigations.

115.35 Specialized training: Medical and mental health care.

115.41 Screening for risk of victimization and abusiveness

115.42 Use of screening information.

115.43 Protective custody.

- 115.51 Inmate reporting.
- 115.52 Exhaustion of administrative remedies.
- 115.53 Inmate access to outside confidential support services.
- 115.54 Third- party reporting.
- 115.61 Staff and agency reporting duties.
- 115.62 Agency protection duties.
- 115.63 Reporting to other confinement facilities.
- 115.64 Staff first responder duties
- 115.65 Coordinated response.
- 115.66 Preservation of ability to protect inmates from contact with abusers
- 115.67 Agency protection against retaliation.
- 115.68 Post -allegation protective custody.
- 115.71 Criminal and administrative agency investigations.
- 115.72 Evidentiary standard for administrative investigations.
- 115.73 Reporting to inmates.
- 115.76 Disciplinary sanctions for staff.
- 115.77 Corrective action for contractors and volunteers.
- 115.78 Disciplinary sanctions for inmates.
- 115.81 Medical and mental health screenings history of sexual abuse.
- 115.82 Access to emergency medical and mental health services.
- 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.
- 115.86 Sexual abuse incident reviews.
- 115.87 Data collection.
- 115.88 Data review for corrective action.
- 115.89 Data storage, publication, and destruction.

Correction Action Recommended:

Standard 115.64

Corrective Action Recommended:

1. Revise the above-listed Executive Directives, JCI Institutional Directive and Wexford training material to reflect language more consistent with the requirements of this standard.
2. When the JCI and Wexford healthcare training material is updated, the auditor will require documentation of the new facility policy and updated Wexford healthcare training material.
3. JCI staff that are first responders must be retrained on this concept to ensure that alleged abusers are advised not wash, brush teeth, or other actions that would destroy physical evidence.
4. The auditor will require documentation of training for all first responder staff including distribution of an instructional memo reminding staff of the correct information and have that information addressed at roll call on all three shifts.
5. The auditor is requesting that the facility provide documentation within 90 days that supports compliance with the standard.

Verification of Corrective Action since the Audit-

The facility sent the auditor documentation on 7/9/18, 8/8/18 and 8/13/18 in response to the corrective action recommendations. Please see below.

1. JCI.050.0030.I Sexual Misconduct-Prohibited Revised Policy (8 pages).
2. JCI.050.0030.I Sexual Misconduct Prohibited Publication Receipt -Staff Training (16 pages).

The following actions were taken: JCI updated their policy, JCI ID 050.0030.1 to reflect that first responder staff request that the victim does not do anything to contaminate or damage physical evidence and ensure that the alleged abuser does not do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The facility provided the auditors with a publication receipt that confirmed the security staff from 7am to 3pm shift, 3pm to 11pm shift and 11pm to 7am were provided the updated JCI Policy Directive that reflects the change in practice regarding first responders for alleged victims and abusers.

The auditor no longer requires the Wexford healthcare training materials to be updated to require non-security first responders to take action with alleged abusers as this is not required by the standard. It is noted that the agency policy does require non-security staff to perform the same actions as security staff which includes taking action with alleged abusers.

Based on review of the evidence provided, this auditor finds the facility is compliant with this standard.

Standard 115.67 (a)(c)

Corrective Action Recommended:

1. The agency/facility should update policy to include forwarding of retaliation monitoring forms when a monitored inmate transfers for completion of the 90-day monitoring period and to discontinue monitoring when sexual abuse is unfounded.
2. The facility must ensure that the requirements for monitoring provision 115.67 (c) is established in the monitoring form.
3. The facility must retrain staff that conduct retaliation monitoring on the practice of 90 day monitoring and provide documentation of training.
4. The facility must provide retaliation monitoring forms to the auditor that is completed within the next 60 days to determine that the 90-day monitoring process has been instituted and conducted as a part of facility practice.

Verification of Corrective Action since the Audit-

The facility sent the auditor documentation on 7/9/18, 8/8/18, 8/9/18, 8/13/18, in response to the the corrective action recommendations. Please see below.

1. Retaliation Monitoring Training (5 pages) for five retaliation monitoring staff.
2. Provided 10 Retaliation monitoring forms, including one that had been provided previously
3. PREA Case Tracking (1 page)
4. Provided 5 Investigations
5. JCI.050.0030.I Directive Sexual Misconduct-Prohibited (page 4 of 7) Revised 8/2/18.

The following actions were taken: JCI revised their policy on 8/2/18 to reflect that If an inmate is transferred to another institution within the 90 day period, the retaliation monitoring form must be sent to receiving facility for continuation. Retaliation Monitoring Training was conducted for five retaliation monitoring staff.

Review of the 9 additional monitoring forms received during the corrective action determined:

1. Two monitoring forms were sent to receiving facilities for continued monitoring.
2. Five cases (including one for sexual harassment) were closed as unfounded and monitoring was discontinued
3. Two cases are open and those inmates are being monitored.
4. One monitoring was ended early due to an administrative error.

Corrective Action #1

The intent of this corrective action was to ensure staff knowledge is consistent with all involved in the retaliation monitoring process. While the agency PREA Coordinator has not agreed to update current agency policy related to this standard, he has indicated he is authoring a comprehensive agency document prescribing agency PREA processes that better reflects PREA standard language than current policies. This will go a long way to ensuring understanding of the requirements of the standards. In the interim, the facility began forwarding monitoring forms with transfers and has updated JCI.050.0030.I, Sexual Misconduct-Prohibited, to require forwarding of monitoring forms to receiving facilities for completion upon transfer of a monitored inmate. The updated directive, along with email documentation of forms forwarded to both facilities to which monitored prisoners have transferred since the onsite portion of the audit, demonstrates that facility staff understanding of the requirements and satisfies the auditor requirement for this corrective action element.

Mention of adding to policy the discontinuation of monitoring upon an unfounded investigative finding was not intended to suggest that the agency is required to discontinue monitoring if the allegation is unfounded. The majority of initially provided monitoring samples were ended early, before any finding, so this recommendation to update policy was made in an effort to ensure staff were aware that monitoring must continue for at least 90 days for substantiated and unsubstantiated findings but that it is permissible to end the monitoring if unfounded. Samples of monitoring forms provided post-audit demonstrate that only one monitoring was ended inappropriately, and that was due to an administrative error. Therefore, it appears those involved in retaliation monitoring at the facility understand the requirements, and the corrective action to address in policy that monitoring may be ended when unfounded is now simply a recommendation, if the agency/facility desires to differentiate monitoring timeframes at all.

Corrective Action #2

The intent of this corrective action was to ensure staff knowledge is consistent with all involved in the retaliation monitoring process, especially in light of this being a new process within the agency. The recommendation to update the monitoring form to include the requirement to forward the form to the receiving facility in the event the monitored inmate transfers was intended to assist staff and auditors with the process and to serve as a reminder/documentation of the process. Further discussion with the agency PREA Coordinator resulted in acknowledgement that this should be a recommendation rather than a compliance issue as the standards do not dictate how the monitoring is accomplished or documented. This element is no longer required corrective action to add the forwarding requirement to the form, it is still recommended that this requirement be added to the agency monitoring form to assist with implementation of the process throughout the agency. That being said, the agency PREA Coordinator has indicated that the existing form will be updated to include the requirement to forward upon transfer.

Corrective Action #3

At the time of the onsite audit, two staff were tasked with retaliation monitoring. Following the interim

report, the facility provided training to five staff regarding the requirements of the retaliation monitoring process. The items covered in training and specific instructions were documented on an outline and acknowledged by signature of those trained. This training satisfies the auditor's corrective action requirement.

Corrective Action #4

Comparison of the 9 monitoring forms provided post-audit with the IID investigation tracking sheet further supports that the facility has an established practice of monitoring inmates following a report of sexual abuse as retaliation monitoring forms were provided for each investigation listed on the tracker. All but one continued appropriately through the required monitoring period, and the one that was inadvertently ended early was resumed upon discovery of the error.

Based on review of the information received to date, the auditor finds the facility substantially compliant with this standard.

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documentation Review:</p> <ol style="list-style-type: none"> 1. Agency Secretary Directive DPSCS.020.0026 Prisoner Rape Elimination Act Federal Standards Compliance 2. Agency Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct Prohibited 3. Agency Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. Maryland Criminal Law Code Annotated 3-314 (2013) 5. Jessup Correctional Institution Directive (JCI) -JCI.050.0030.1 Sexual Misconduct-Prohibited 6. DPSCS Organizational Chart 7. Jessup Correctional Facility Organizational Chart 8. Dental Policy 9. Pharmacy Policy 10. MHM Policy 11. Wexford Policy 12. PREA first Responder Card 13. DPSCS PREA Booklet 14. Library PREA Information <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager <p>115.11 (a)-1, 3: Agency Secretary Directive DPSCS.020.0026, Prisoner Rape Elimination Act (PREA) - Federal Standards Compliance, states "the Department does not tolerate sexual abuse or sexual harassment of an inmate". Contractual policies between DPSCS and contract agencies outline the zero tolerance policy of offender on offender sexual abuse, staff sexual misconduct and staff sexual harassment. The policy also includes the definitions of community confinement facility, inmate, sexual abuse, voyeurism, and sexual harassment. In addition, JCI Facility Directive JCI.050.0030.1 Sexual Misconduct-Prohibited outlines the facility's zero tolerance to sexual misconduct that includes sexual abuse and sexual harassment as defined by PREA and does not tolerate staff on inmate or inmate on inmate sexual misconduct.</p> <p>115.11 (a)-2, 5: JCI Facility Directive JCF.050.0030.1 Sexual Misconduct-Prohibited outlines the agencies approach and strategies to detect and respond to sexual abuse and sexual harassment by ensuring that every employee, contractor and volunteer at JCI has been trained yearly on the agency's policy and knows how to respond to allegations of sexual abuse or sexual harassment. In addition, it ensures that training records are maintained for audit purposes. The policy ensures that inmates receive PREA education on the agency's policy within thirty days and risk screening within 72 hours of a transfer into JCI. In addition, the facility will ensure that PREA information is readily and continually visible to both staff and inmates the form of signs, posters, videos and an inmate handbook. During the onsite audit, the auditor was able to watch the orientation video, observe PREA posters, Rape Abuse Incest National</p>

Network (RAINN) signs and the PREA hotline number, 410-585-3177, stenciled on the wall in every area within the facility. The policy identifies the processing of reporting allegations for first responders, conducting investigations, monitoring for retaliation, medical and mental health treatment, PREA risk screening, and conducting sexual abuse incident reviews at the conclusion of each investigation.

115.11 (a)-4:

OSPS.050.0001 outlines the disciplinary sanctions for employees when it has been determined that they have committed sexual misconduct. Sanctions include termination from employment, criminal prosecution and notification to a licensing authority.

OPS.200.0005 outlines disciplinary sanctions for employees including termination of employment from the department if they have violated duties or responsibilities that attributed to an incident of inmate on inmate sexual conduct. In addition, policy outlines penalties under the inmate disciplinary process or criminal prosecution for inmates where it is determined that they have committed sexual abuse or sexual harassment of other inmates.

115.11 (c) 1-4:

Agency Secretary Directive DPSCS.020.0026 Prisoner Rape Elimination Act Federal Standards Compliance outlines that the managing official for each Department detention, correctional and community confinement facility, shall identify a PREA compliance manager (PCM) for that facility. The managing official may be the PCM. The managing official shall ensure that an employee recommended to the Coordinator as the facility PCM has the authority to independently act on behalf of the managing official on facility PREA compliance activities. The Jessup Correctional Institution (JCI) employs an upper level administrator (Assistant Warden Michelle Pacheco) as the PREA Compliance Manager (PCM). The facility provided a organizational chart that identifies the PREA compliance manager position and that position reports directly to the Warden. During an interview, PCM Pacheco states that she does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PCM stated she ensures that staff get training and are educated on PREA. The PCM also indicated she occasionally go to shift change and reiterate the importance of PREA to the staff, hand out PREA first responder cards and pass out PREA booklets which provides an overview the policy. The PCM provided the auditor with a copy of the PREA responder card and the DPSCS booklet. During the onsite review, the auditor observed how staff took direction from the PCM. The PCM was knowledgeable on PREA, organized and In discussion with the PCM, she knew the importance of PREA and made immediate changes to the recommendations provided by the auditor. This was also evident during the pre-audit phase as the PCM provided additional requested documents without delay.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy and Documentation Review:

1. State of Maryland Department of Public Safety and Correctional Services Contractual Agreement with Threshold, INC.
2. Agency website <http://www.dpscs.state.md.us/locations/jci.shtml>
3. Threshold PREA Audit Report September 24, 2015

Interviews:

1. Agency Contract Administrator/PREA Coordinator

Finding:

115.12 (a) 1, 2, 3, 4; (b) 1,2

The Maryland Department of Public Safety and Correctional Services (DPSCS) contracts with Threshold, INC for Pre-Release Services Contract No DPSCS Q0017007. The contractual agreement outlines that Contractor shall provide a 30-bed facility to house and rehabilitate those individuals who have been convicted of crimes, but who, in the judgment of the courts and appropriate correctional personnel, can be best rehabilitated in community facilities without substantial danger to the community. The Contractor shall perform all work and provide all services specific to the Contract awarded in accordance with Exhibits A-E listed in this section and incorporated as part of this contract.

A review of the Maryland Department of Public Safety and Correctional Services (DPSCS) contractual agreement with Threshold states it was made on July 26, 2017 between Threshold INC and the State of Maryland, acting through the Maryland Department of Public safety and Correctional Services. The contract states that the contractor shall comply with all federal, State and local laws, regulations, and ordinances applicable to its activities and obligations under this Contract, and shall fully comply with the standards set forth in the Prison Rape Elimination Act of 2003, and with all applicable regulations issued by the U.S. Department of Justice Also, the contract outlines that the Contractor shall permit the Contract Monitor or authorized representatives to conduct audits, physical inspections, and evaluations of the Center at any time during the contract period. The Department's Contract Monitor or authorized representatives may enter the Center at any time without prior notice to the Contractor.

As part of a consortium with Maryland, Yvonne Gorton DOJ Certified auditor for Michigan conducted the contract administrator interview with Maryland Statewide PREA Coordinator (PC) David Wolinski on January 23, 2018. The interview revealed that Maryland DPSCS has assigned an agency staff member as the PREA Compliance Manager at each contracted facility to ensure continued compliance with the contract and with PREA. The final report for the contracted facility PREA audit has been posted on the agency's website.

A review of the agency's website for PREA audits confirm that Threshold was audited on September 10, 2015 and is in compliance with all PREA standards. The Final report was created on September 24, 2015.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.13	Supervision and monitoring
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Policy and Documentation Review:</p> <ol style="list-style-type: none"> 1. Agency Executive Directive OPS.115.0001 Staffing Analysis and Overtime Management 2. JCI approved Special Assignment Post (SAP) 3. JCI-B Building PBFJ Staffing Plan 4. JCI.ID.110.0021.1 Program Inspection and Audits 5. Weekly Housing Inspection Log <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. PREA Compliance Manager <p>Finding:</p> <p>115.13 (a)-1, 2, 3</p> <p>The Maryland Department of Public Safety and Correctional Services OPS.115.0001 Staffing Analysis and Overtime Management outlines the responsibility of managing security staffing and overtime at a correctional and detention facility.</p> <p>During an interview with the Warden, it was discussed that JCI has a documented staffing plan that is maintained in the Warden office, chief of security headquarters and the facility audit office. The staffing plan outlines the positions, shift and number of days for the assignments. The average daily number of inmates on which the staffing plan was predicated was 1240. The staffing plan addresses all elements of provision (a). The staffing plan includes the shift, number days and assignments.</p> <p>During the audit, the total number of inmates that include JCI, Hospital, HUB, BPFJ and BCBIC was 1971 inmates on March 5th, 1969 on March 6th, 1960 on March 7th, 1951 on March 8th. and 1942 on March 9th. JCI has a facility capacity count of 1892. There are 488 facility cameras installed throughout the entire institution, perimeter, chapel, gym, dietary and dining halls. All of these cameras are monitored by Master Control. Cameras for officer observation are installed in the MCE shops, multipurpose building, administration, housing, regional hospital and yards. Camera placement is critical when monitoring blind spots and isolated areas. Placement of the cameras help augment staff supervision. JCI current camera upgrade project to digital camera will provide additional supervision.</p> <p>JCI (hospital and HUB) has a current staffing total of 586 employees that consist of uniform and non-uniform staff. JCI also has 310 volunteers and contractual staff that may have contact with inmates. JCI Administrative and security personnel consist of one Warden, one Assistant Warden, one Security Chief, two Majors, nine Captains, 21 Lieutenants, 44 Sergeants, 303 Correctional Officers that work on either the 7am-3pm, 3pm to 11pm or 11pm to 7am.</p> <p>JCI-B Building Baltimore Pre-Trial Facility Jessup (BPFJ) has a current staffing total of 85 employees that consist of uniform staff. BPFJ also has one facility Administrator that oversee the operations within B building. In addition, three Captains, six Lieutenants, six Sergeants and</p>	

70 Corrections Officers that work on either 7am-3pm, 3pm to 11pm or 11pm to 7am.

JCI-D/D Building/wing Baltimore Central Booking and Intake Center (BCBIC) has a current staffing total of 12 employees that consist of uniform staff. Staff include one Lieutenant, three Sergeants, and eight Corrections Officers that work on either 7am-3pm, 3pm to 11pm or 11pm to 7am.

The JCI, BCBIC and BPFJ has 684 staff that cover each post for all three shifts. In addition, the facility covers staff shortage with overtime. Anytime there is a deviation from the staffing plan, the facility documents it on a Post Assignment Worksheet (PAW) report.

115.13 (b)- 1, 2

Staffing Analysis & Overtime Management Manual outlines the agency's policy and procedure ensuring safe, secure and efficient staffing of DPSCS facilities. The Manual also outlines the Post Assignment Worksheet (PAW) for documenting daily staffing levels. Staff confirm that there has been deviation from the staffing plan. However, staff indicate that the Assistant Warden and Chief of Security have access to the daily post assignment worksheet (PAW) for each shift which they review daily. If there is a concern, there are certain procedures for collapsing a post. A shift commander can collapse a Post One at their own discretion but it requires follow up with the Warden and Chief of Security. For a Post Two collapse, the shift commander would take to the Chief of Security for approval. Post Three can only be collapsed by the Warden and Post Four at the direction of the Commissioner. Posts can be collapsed during emergencies, health issues, annual shakedown and facility lockdown. All deviations from the staffing plan are documented on the post assignment worksheet (PAW). Currently, staffing levels are adequate for this population. Staff indicated that they make unannounced rounds in the housing unit and try to round at different times of the day. Staff indicated that they log their rounding in the tier log books. During the onsite audit review, six housing unit assignment logs were reviewed and verified that intermediate-level and higher level staff are making required rounds consistent with the provision.

115.13 (c)-1

OPS.115.0001 outlines that an annual review will be conducted on the SAP. The managing official and or designee shall ensure that the staffing plan reflects the most efficient use of officers to accomplish the mission of the facility by annually performing a review of the Facility Staffing Plan. A review of the staffing plan indicates that the SAP, shift, and number days are reviewed and approved by the agency Executive Director and Deputy Secretary of Operations.

Per Interview with the Warden and PREA Coordinator, video monitoring is part of the staffing plan and the plan is documented and kept with the Warden office, Assistant Warden, Chief of Security office and headquarters in Baltimore, Maryland. The Warden, PC, PCM and Chief of Security meet yearly to discuss staffing plan, duties, special assignments and video monitoring. During an interview, staff indicated that the staffing plan is taken to headquarters to be reviewed with the director of program services to determine if they are allowed to continue with the SAP.

115.13 (d) 1-4

JCI.ID.110.0021.1, Program Inspection and Audits, outlines how the facility is required to conduct regular, scheduled assessments of the entire facility. The Warden, Assistant Warden,

and Chief of Security conduct security rounds within the facility and document these rounds on the weekly inspection log.

A review of 22 weekly housing inspections logs and six housing unit assignments logs show intermediate-level and higher level staff signed the log from all shifts at different times that are not consistent with a pattern. During the onsite review, the auditor observed that intermediate-level staff physically round in all areas that inmates have access including housing, dietary, MCE shops, segregation, medical, gym, multipurpose building, regional hospital, library and school. This confirms the agency's practice with this provision.

During the onsite audit, auditor recommended that the facility place either a camera, locked gate or convex mirror in the tag/weld area that was a blind spot as inmate workers had direct access to this area. Administrative staff immediately responded by ordering a convex mirror and having it installed on March 7, 2018. The facility provided the auditor with the purchase order, receipt and photos showing the mirror was installed. Adding the mirror to this area was essential as this aids staff during rounds in the prevention and detection of sexual abuse and sexual harassment.

Based on the evidence, the facility has demonstrated compliance with this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documentation Review:</p> <ol style="list-style-type: none"> 1. DSDS.100.003 Separation of Adult and Juvenile Detainees 2. Agency website http://www.dpsscs.state.md.us/locations/jci.shtml <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Intermediate or Higher Level Facility staff 3. Random Staff Interviews <p>Finding:</p> <p>115.14 (a) 1-6; (b) 1-2; (c) 1-2:</p> <p>The Agency policy DPDS.100.003, Separation of Adult and Juvenile Detainees, establishes the separation of adult and juvenile detainees. The policy also establishes a separate housing area for juvenile detainees which affords no more than incidental sight, sound contact with adult detainees. The policy defines a juvenile as an individual under the age of eighteen (18). The director or the case management unit is responsible for ensuring that juveniles records are reviewed on a monthly basis to determine if any juvenile has reached the age of eighteen by verifying the detainee's birthdate with the Department of Vital Records or parent prior to completing a housing transfer form to the traffic office for placement in adult designated housing.</p> <p>During an interview, the PCM stated that Jessup Correctional Facility (JCI) does not house youthful inmates. During an interview with Baltimore Pre-Trial Facility Jessup Administrator, he confirmed that no juvenile pretrial inmates are housed at JCI. During an interview, the Traffic Officer confirmed that juveniles are not placed at JCI.</p> <p>A review of the agency's website confirms that Jessup Correctional Institution is a Maximum facility for adult male inmates operating under the Maryland Department of Public Safety and Correctional Services (DPSCS) in Jessup, Maryland. A review of the Pre-Audit Questionnaire (PAQ) indicates that JCI houses adult inmates between the age of 18-75 and does not house youthful inmates.</p> <p>Based on the evidence, the facility has demonstrated compliance with this standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documentation Review:</p> <ol style="list-style-type: none"> 1. Agency Executive Directive OPS.110.0047 Inmate Personal Searches 2. Executive Directive OPS.050.0001 Sexual Misconduct Prohibited 3. Internal Investigative Unit Strip & Body Cavity Searches IIU.110.0008 4. MCE Strip Search Logbook 5. Agency Website 6. Pre-Audit Questionnaire 7. JCI Post Order 110.1-14a <p>Interviews:</p> <ol style="list-style-type: none"> 1. Sixteen Random Staff 2. PREA Compliance Manager 3. Thirty-seven Inmate Interviews 4. Four Gay and Bisexual Inmates <p>Finding:</p> <p>115.15 (a)-1, 2, 3 Agency Executive Directive OPS.110.0047 Inmate Personal Searches, and Internal Investigative Unit IIU.110.0008 Strip & Body Cavity Searches, outline that an inmate strip search shall be conducted by a single correctional officer of the same gender as that of the inmate being searched in a location that ensures maximum privacy for the inmate being strip searched and in the presence of an additional correctional officer. During random staff interviews, staff indicated they do not allow or conduct cross gender strip or cross gender body cavity searches. During the onsite audit, a review of the strip search log revealed that only male officers strip search male prisoners. The strip search area had the search procedure and PREA hotline number on the wall in both English and Spanish. The area provided privacy for inmates being stripped.</p> <p>115.15 (b)-1,2, 3, 4 JCI does not house female inmates. A review of the agency website and PAQ confirm that JCI is a adult male facility. During the onsite audit, the auditor did not observe any female inmates in the housing units or any other area the facility. Therefore, this provision is not applicable to JCI.</p> <p>115.15 (c)-1 Agency Executive Directive OPS.110.0047 requires that correctional employees conducting the strip search shall log or report the search in accordance with established procedures. During the onsite audit, a review of the strip search log and MCE strip trailer logbook was conducted that confirmed that male officers were conducting the strip searches and the names of inmates being stripped were documented in the logbook.</p> <p>115.15 (c)-2 JCI does not house female inmates. A review of the agency website and PAQ confirm that JCI</p>

is a adult male facility. During the onsite audit, the auditor did not observe any female inmates in the housing units or any other area the facility. Therefore, this provision is not applicable to JCI.

115.15 (d) -1,

Agency Executive Directive OPS.050.0001, Sexual Misconduct - Prohibited, outlines that cross gender viewing, if performed without warning by non-medical staff at times other than incidental to a routine cell check, supervisory rounds to prevent sexual abuse and harassment, or exigent circumstances. Policy requires body cavity searches to be conducted by a licensed medical professional. During interviews with 30 inmates, 29 inmates stated that they are able to perform bodily functions without being viewed by female staff. During interviews with 16 random staff, all staff indicated that inmates can perform bodily functions without being viewed by non medical staff of the opposite gender except during routine rounds. During the onsite review, the auditor did observe that the shower areas had shower curtains and inmate toilets were in their cells.

115.15 (d) -2

JCI has a written post order that requires that when a female staff person enters the inmate housing units, wards or holding areas, she must announce her presence to the inmate population to alert them that a staff person of the opposite gender is in the area. During the onsite audit, staff of the opposite gender were observed stating "female on the tier" when they entered the housing unit tier. Also, the auditor observed a pink sign with a female bathroom image and the word FEMALE labeled underneath posted by the officers station desk. During interviews with 37 inmates, all inmates except one stated that female staff do announce when they enter the housing unit. During interview with 16 random staff, all stated that the female staff announce their presence prior to entering the housing unit tier. In addition, they stated they place a FEMALE sign by the officers desk when they are on duty.

115.15 (e) 1, 2

Agency Executive Directive OPS.110.0047, Inmate Personal Searches, outlines that a strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate's genital status. During interviews with 16 random staff, all staff stated that that is not allowed and against policy. The facility indicated that there were no transgender or intersex inmates housed at the facility during the onsite phase. During interviews, four inmates that identify as gay or bisexual indicated that they have been strip searched but it was not for identifying their genital status.

115.15 (f) -1

Agency Executive Directive OPS.110.0047 Inmate Personal Searches, outlines the procedures for conducting a cross gender pat down search of transgender and intersex inmates in a professional and respectful manner. The facility indicated that there were no transgender or intersex inmates housed at the facility during the onsite audit phase. Therefore, the auditor is not able to determine the facility compliance with this provision. Interviews with 16 randomly selected staff indicated that they have in service training yearly that is conducted in the training classroom for PREA and LGBTI inmates. A review of training records and powerpoint training modules verified that staff are provided training on cross gender pat-down searches which is provided by the Maryland Police and Correctional Training Commission Correctional Entrance Level Training program.

Based on the evidence, the facility has demonstrated compliance with this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documentation Review:</p> <ol style="list-style-type: none"> 1. DPDS.200.0002 Accommodations for Persons with Disabilities 2. Executive Directive OEO.020.0032 Limited English Proficiency (LEP) 3. Agency Executive Directive OPS.050.0001 Sexual Misconduct Prohibited 4. Maryland Department of Public Safety and Correctional Services DCD.200.0001 Inmate Rights 5. AsAstra Inc Website http://ad-astrainc.com/starmd. 6. Housing unit Logbook 7. I SPEAK Language Identification Poster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency head 2. Sixteen Random Staff 3. Two disabled inmates <p>Finding:</p> <p>115.16 (a)-1 DPDS.200.0002, Accommodations for Persons with Disabilities, establishes procedures that persons who qualify under the American Disabilities Act are afforded reasonable accommodations while in the custody of the division or when admitted to a division facility. Also, Maryland Department of Public Safety and Correctional Services DCD.200.0001, Inmate Rights, establishes that nondiscrimination, equal access for all inmates to programs, services and activities, without regard to race, religion, national origin, sex disability or political beliefs is a right for all inmates. During an interview, the Agency head states "we have always had procedures in place to ensure that inmates can communicate with staff" and "we use translation services and we never have inmates translating for PREA incidents unless an emergency occurs". The auditor was not able to interview an inmate that was LEP as both inmates refused to be interviewed. However, two inmates with disabilities in mobility were interviewed and confirmed that they have received PREA information and that the Hotline is posted everywhere.</p> <p>115.16 (b)-1 Executive Directive OEO.020.0032, Limited English Proficiency (LEP) Policy, outlines that the department shall take reasonable steps to ensure that LEP individuals receive meaningful access to programs and services as appropriate. In review of documentation, the facility utilizes Interpreter services that are available for inmates with limited English proficiency (LEP). JCI uses AsAstra translation services for foreign languages. Information on AsAstra Inc was reviewed and confirms that in-person translation services with AsAstra Inc would be contacted to provide services by calling 800-308-4807. This company has a website Interpreter Intelligence which the auditor reviewed at http://ad-astrainc.com/starmd. The website requires that the agency login with a password. In order to use the language line, inmates must contact their supervisor to make the call. During the onsite audit, the auditor observed the PREA education video being played in property area. An information bulletin was</p>

provided which outlined that the PREA video would be played during institutional count at 7:15am and 9:45pm by the Building Officer in Charge (OIC) and the Control Center Officer. In addition, the OIC will document the video being played in the logbook. The auditor reviewed the housing unit logbook for a period of six months that confirmed the video was being logged as played in the logbook. The auditor also observed the PREA Hotline stenciled on the wall throughout the facility in English and Spanish. The auditor was able to call the Hotline number and confirmed that the inmate can utilize the hotline number without providing any PIN number. The auditor was not able to interview an inmate that was LEP as both inmates refused to be interviewed. However, two inmates with disabilities in mobility were interviewed and confirmed that they have received PREA information and that the Hotline is posted everywhere. The auditor recommended that the facility post the I SPEAK poster so that inmates that speak a different language can assist staff in identifying what language they speak. The I SPEAK cards provide samples of 65 different languages for inmates to view. The facility immediately posted the I speak cards throughout the facility in all the housing units, regional hospital, intake/property, MCE shops, and provided an information bulletin on 3/20/18 to assist inmates in communicating with staff the language that they speak. This verifies that JCI provides multiple ways in which LEP inmates have access to interpreters so that they can effectively, accurately and impartially both receptive and expressively use specialized vocabulary.

115.16 (c)-1, 2, 3

Agency Executive Directive OPS.050.0001, Sexual Misconduct-Prohibited, outlines that inmate interpreters, inmate readers, or other types of inmate assistants 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. During interviews, 16 random staff stated that they do not use inmate interpreters. The auditor was not able to interview an inmate that was LEP as both inmates refused to be interviewed. However, two inmates with disabilities in mobility were interviewed and confirmed that they have received PREA information and that the Hotline is posted everywhere.

Based on the evidence, the facility has demonstrated compliance with this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Documentation Review:</p> <ol style="list-style-type: none"> 1. Agency Secretary Directive DPSCS.020.0026 PREA Compliance outlines the Human Resource Services Division (HRSD) 2. DPSCS PREA Hire interview process 3. Maryland Public Information Act Manual Office of the Attorney General <p>Interviews:</p> <ol style="list-style-type: none"> 1. Human Resource Staff <p>Finding:</p> <p>115.17 (a) -1 Agency Secretary Directive DPSCS.020.0026, PREA Compliance, outlines the Human Resource Services Division (HRSD) shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and 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 was civilly or administratively adjudicated to have engaged in the activity described in above.</p> <p>During interviews with two Human Resource (HR) staff, both stated that background checks including PREA questionnaires are completed on new applicants and contractors that would have contact with inmates through centralized hiring. In addition, current employees seeking promotions or acting positions will also have background checks completed on them through IID Division. In review of records for two employees approved for acting positions, promotion appointments, five HR employment questionnaire background checks are being completed. The facility does the background checks through the METERS Criminal Justice Information Systems.</p> <p>115.17 (b) -1 Agency Secretary Directive DPSCS.020.0026, PREA Compliance, outlines the Human Resource Services Division (HRSD) shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate. During interviews, HR staff indicated that potential staff and contractors complete a questionnaire regarding prior incidents of sexual harassment. Potential employees would get asked these same questions three times; at the time of application, interview and academy.</p> <p>115.17 (c) -1, 2 Agency Secretary Directive DPSCS.020.0026, PREA Compliance, outlines the Human Resource Services Division (HRSD) shall consider before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall conduct</p>

a criminal background records check, 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. During Interview, HR staff indicated that background checks for all new employees and contractors are completed before hiring. The facility reported that they had six new hires in the last twelve months that had criminal background checks completed.

115.17 (d)-1, 2

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. During Interview, HR staff indicated that background checks for all new employees and contractors. are completed before hiring.

115.17 (e) -1

The HRSD shall conduct criminal records background checks every five years on employees or a contractor's services provider who may have contact with an inmate. During an Interview, HR staff stated that background checks are conducted through the Criminal Justice Information Checks METERS NCIC checks are in with METERS and they are completed a least once every five years.

115.17 (f)

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 written application or interview for employment or promotions and an interview or written self-evaluation conducted as part of a review of a current employee. During interviews, HR staff stated that written self-evaluations are completed and they have a continuing affirmative duty to disclose any conduct. They must pass the background, psychological, physical and polygraph exams. Through review of the five samples, the auditor is able to confirm that written self-evaluations are completed.

115.17 (g) -1

Agency Secretary Directive DPSCS.020.0026 states that a material omission regarding conduct described in this directive or provision of materially false information shall be grounds for termination of employment. A review of the agency policy confirms that providing false information shall be grounds for termination.

115.17 (h)

DPSCS PREA hiring interview process outlines that If a candidate indicates, or it is discovered during the background investigation, that a candidate is or has been previously employed with any law enforcement and/or correctional agency, the HR Manager will contact and/or review all personnel files and disciplinary files associated with the current/previous employer. The information will be documented on the "Reference/Employment Verification Form. In review of the Maryland Public Information Act, personnel records are protected. However, they are available to the person who is the subject of the record and to the official who supervises that person. During an interview, HR staff indicated that if an employee wants to transfer from facility to facility, their personnel records are to be reviewed. Other state agencies or employers would have to have an authorization to review the records which would then be provided.

Based on the evidence, the facility has demonstrated compliance with this standard.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency Executive Directive OPS.115.0001 Staffing Analysis and Overtime Management
2. Contractual Youth Detention Center Design Guidelines with PSA-Dewberry and Penza Bailey Architects
3. Agency Website: <http://www.dpscs.state.md.us/locations/ydc.shtml>

Interviews:

1. Head
2. Warden
3. PREA Compliance Manager
4. Chief of Security
5. CCTV Officer

Finding:

115.18 (a) -1

The agency contracted with PSA-Dewberry and Penza-Bailey Architects for an upgrade to facilities and technologies at the Baltimore City Detention Center (BCDC) Youth Detention Center in 2017. The design of the upgrades to the New BCDC Youth Detention Center, according to the contract, was designed in accordance with the PREA, Prisons and Jail Standards, United States Department of Justice Final Rule, National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA).

Specifically, the new Youth Detention Center facility incorporates best practices:

- sight and sound separation
- design which minimizes blind spots, maximizes direct supervision all housing units and incorporate direct supervision
- access to recreation access to education classrooms are designed with glazing to the corridor to allow for full visibility into classroom
- correctional officers continually patrol education corridors during school hours
- separation of male and female housing all cells are single occupancy – no double celling
- glazed doors and walls where visibility and control is critical
- shower stalls have partial height partitions to permit visual supervision without violating privacy
- access to proper safe and behavior management cells
- strategically located supervision control and nursing stations
- provision of normalized environment through effective and extensive daylighting and proper material and color choices.

During an interview with DOJ certified auditor Yvonne Gordon in January 2018, the agency head stated "whenever we add, or update, we always consider how that technology will protect our inmates from sexual abuse".

The Jessup Correctional Facility (JCI) has not made any expansions or modifications to the

facility. During an interview, the Warden confirmed there have not been any substantial modifications or expansions to JCI since the last PREA audit in 2015.

115.18(b) -1

Executive Directive policy OPS.115.0001 states a review of the staffing plan is conducted at least annual or on an as needed basis which includes determining adequate staffing levels and the use of video monitoring equipment to determine the presence of blind spots or isolated areas.

The agency's New Baltimore Youth Detention Center facility incorporates full building video surveillance with cameras fully covering all youth occupied areas to eliminate blind spots and maximize direct supervision. In addition, discreet duress alarms are provided within all education classrooms spaces. Panic alarm systems are provided within all offices and counseling spaces potentially occupied by youth. Master Control incorporates full 24/7 monitoring of every camera through the facility. Any space, such as janitor closets, and other non-occupied support spaces that do not have video surveillance, incorporates 1/2 door glazed visibility into these spaces.

JCI is updating the video monitoring system from analog to digital and is currently in phase II of the project. Phase III of the camera project is set to begin in July of 2018. During the onsite review, the auditor was able to observe the camera system in both the Master Control and Captain's office. The facility has 488 cameras that monitor the inside perimeter, outer perimeter, dietary, visiting room, recreation yard, officer dining room, multipurpose building, gym, barbershop, regional hospital, hallways, library, library storage room, school, MCE plants (sew, laundry, tag, uniform and furniture), property, volunteer activity area, chapel, medical, Isolation area, yard and housing units. During an interview, staff indicated that there was a plan to place a camera in the lobby area. Staff also indicated that they look for blind spots and the non-obvious places. During the onsite review, the auditor observed an area in the welding area of the Tag shop that presented to be a blind spot. The auditor recommended that the facility place a camera, gate, or convex mirror to enhance staff supervision to eliminate the blind spot. The facility immediately ordered a 26" in diameter convex mirror on the first day of the audit. The mirror was delivered and installed on March 7, 2018. The facility provided the auditor with a photograph to confirm the placement of the mirror prior to the end of the onsite audit phase.

Based on the evidence, the facility has demonstrated compliance with this standard.

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. IIU.110.0011 Investigating Sex Related Offenses
2. National Protocol for Sexual assault Medical Forensic Examinations
3. Agency Executive Directive OPS.050.0001 Sexual Misconduct Prohibited
4. Facility Victim Advocate

Interviews:

1. PREA Compliance Manager (PCM)
2. Random Staff
3. Mercy Medical Center Website <https://mdmercy.com>

Finding:

115.21 (a) -1, 2, 3, 4

The agency is responsible for promptly, thoroughly, and objectively investigating 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 criminal prosecution of an identified perpetrator. During interview with the PCM, it was stated that all investigations are referred to the Internal Investigative Unit (IID) within the agency. A review of 15 duty officer check sheets demonstrated that PREA allegations are referred to IID the agency investigative unit. The facility has an investigation tracker that documents all of sexual abuse and sexual harassment for inmate on inmate and staff on inmate allegations. The auditor was able to view the tracker to confirm this practice.

115.21 (b) -1

Jessup Correctional Institution (JCI) does not house youthful offenders. The agency website and PAQ confirms the agency does not house youthful offenders. Therefore, this provision is not applicable to JCI.

115.21 (b) -2

The National Protocol for Sexual Assault Medical Forensic Examinations is consistent with the Violence Against Women Act (VAWA) whereas the inmate does not incur any cost for a SAFE or SANE exam. The facility provided the National Protocol for Sexual Assault Medical Forensic Examinations for the auditor's review. The auditor was able to confirm that the agency does employ a coordinated approach to include facility officials, an investigative unit, medical personnel, sexual abuse forensic examiners, and community crisis intervention services.

115.21 (c) -1,

The Executive Directive IIU.110.0011, Investigating Sex Related Offenses, outlines that the investigator, if appropriate, shall coordinate with facility medical and custody staff to arrange for the victim to be examined by a licensed health care professional to evaluate and treat physical or emotional illness or injury suffered as a result of the incident and obtain physical evidence from the victim using a "rape kit" available at the medical facility.

115.21 (c) -2

The facility does not offer sexual abuse forensic examinations at the facility.

115.21 (c) -3

When the possibility for recovery of physical evidence from the victim exists or is medically appropriate, the facility staff coordinate to arrange for the victim to undergo a forensic medical examination performed by a Sexual Assault Forensics Examiner (SAFE), Sexual Assault Nurse Examiner (SANE) at Mercy Medical Center. If documented attempts to obtain the services of a SAFE or SANE are unsuccessful, then the facility would use a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. The facility staff stated they offer all inmates who experience sexual abuse access to a forensic medical examiner at an outside facility.

115.21 (c) -4

Agency Executive Directive OPS.050.0001, Sexual Misconduct - Prohibited, outlines that victims are offered access to a medical forensics examination at no cost to the victim. During an interview, the Mercy Medical Center nursing supervisor stated that they conduct sexual assault forensic exams (SAFE) by qualified trained examiners at the hospital at no cost to the victim.

115.21 (c) -5, 6, 7

Executive Directive Number: IIU.110.0011 Investigating Sex Related Offenses outlines that forensic medication examinations are performed by Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If a SAFE or SANE is not available, a licensed health care professional who has been trained can perform the medical forensic examination. The facility would document the unsuccessful attempts to obtain the services of the SAFE and SANE.

115.21 (c) -8, 9, 10

The facility reported that there has been one SAFE/SANE examination during the last 12 months preceding the audit and none performed by a qualified medical practitioner at the facility.

115.21 (d) -1,

Currently, the agency does not maintain a memorandum of understanding (MOU) or an agreement with a community service provider that are able to provide inmates with a victim advocate for emotional support related to sexual abuse. Therefore, is not compliant with this provision.

115.21 (d) -2

The agency has reported that they have a purchase order with MCASA to help arrange an agreement with a community service provider but none as been completed yet. The facility provided an email dated December 13, 2017 that confirms that the facility has attempted to enter into an agreement or memorandum of understanding (MOU) with a community service provider that are able to provide inmates with emotional support related to sexual abuse through MCASA.

115.21 (d) -3

The facility does provide a qualified agency staff member as the victim advocate to provide advocate services. A review of the documentation provided for the victim advocate, they do possess qualifications to be a victim advocate.

115.21 (e) -1

The facility does provide a qualified agency staff member as the victim advocate to provide advocate services. A review of the documentation provided for the victim advocate, they do possess qualifications to be a victim advocate. The agency staff member if requested by the victim would accompany the victim through the forensic medical examination process and investigatory interview. During an interview, staff indicated that the agency PC is the lead person and would ensure compliance and qualifications are met.

115.21 (f) -1

A separate entity is not responsible for conducting criminal investigations. The DPSCS Internal Investigative Division (IID) is responsible for conducting all facility sexual abuse and sexual harassment investigations, including criminal investigations. Therefore, this provision is not applicable to the facility.

115.21 (h)

The agency employs a Qualified Mental Health Provider (QMHP) to serve as a victim advocate at the facility. Also, the facility has reported that they have a purchase order with MCASA to help arrange an agreement with a community service provider but none has been completed yet. The facility provided an email dated December 13, 2017 that confirms that the facility has attempted to enter into an agreement or memorandum of understanding (MOU) with a community service provider that are able to provide inmates with an outside victim advocate for emotional support related to sexual abuse through MCASA. Therefore, the agency is attempting to get a victim advocate from a rape crisis center.

Based on the evidence, the facility is in compliance with this standard.

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency policy Executive Directive Number IIU.110.0011 Investigating Sex Related Offenses
2. Agency policy Executive Directive OPS.050.0001 Sexual Misconduct prohibited
3. IID Investigations
4. Agency's website http://www.dpscs.state.md.us/prea/docs/IIU-110-0011-Investigating_Sex_Related_Offenses.pdf.

Interviews:

1. Agency Head

2. Investigative Staff

Finding:

115.22 (a) -1-5

Agency policy Executive Directive Number IIU.110.0011, Investigating Sex Related Offenses, states that 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. A review of the facility tracking log shows that investigations of sexual abuse and sexual harassment are documented. The auditor randomly reviewed 10 investigations from IID, that verifies that investigations are documented. During an interview, the agency stated that all PREA complaints must be reported to IID where they are screened for any criminal activity. IID will investigate because they are sworn officers. Administrative type of complaints are referred back to the facility and all investigations are maintained at IID. All IID investigators are trained to conduct criminal investigations. An incident report is initiated for every allegation and is disseminated to the Deputy Secretary and the Warden for reporting. Investigators make sure a complete report is done for each case. All witnesses, suspects, and victims are interviewed.

115.22 (b) -1, 2, 3

Agency Executive Directive OPS.050.0001, Sexual Misconduct - Prohibited, and Agency policy Executive Directive Number IIU.110.0011, Investigating Sex Related Offenses, requires that allegations of sexual abuse and sexual harassment are referred for investigation. This policy is published on the agency's website

[http://www.dpsscs.state.md.us/prea/docs/IIU-110-0011-Investigating_Sex_](http://www.dpsscs.state.md.us/prea/docs/IIU-110-0011-Investigating_Sex_Related_Offenses.pdf)

[Related_Offenses.pdf](http://www.dpsscs.state.md.us/prea/docs/IIU-110-0011-Investigating_Sex_Related_Offenses.pdf). The Internal Investigative Division (IID) is the agency's own investigative unit that investigates and documents all allegations of sexual abuse or sexual harassment for criminal prosecution. During an interview, IID staff indicated they answer calls 24 hours a day and document referrals and investigations. A review of the facility tracking log shows that investigations of sexual abuse and sexual harassment are documented. The auditor randomly reviewed 10 investigations from IID, that verified that investigations are documented.

115.22 (c)

A separate entity is not responsible for conducting criminal investigations. The DPSSCS Internal Investigative Division (IID) is responsible for conducting all facility sexual abuse and sexual harassment investigations including criminal investigations. Therefore, this provision is not applicable to the facility.

Based on the evidence, the facility is in compliance with this standard.

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency Executive Directive OPS.050.0001 Sexual Misconduct Prohibited
2. Agency Executive Directive OPS.200.0005 Inmate on Inmate Sexual Misconduct
3. Code of Maryland Regulations (COMAR) Correctional Training Commission
4. Agency Facility Directive DPDS-030-0001 Pre-Service and in-Service Training
5. Training Records

Interviews:

1. Random Staff
2. Training Staff

Finding:

115.31 (a) -1-10

Agency Executive Directive OPS.050.0001, Sexual Misconduct-Prohibited, provides that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. Staff shall be trained in the written policy and procedures issued by the head of the unit related to the custody and security of an inmate and how to comply with applicable federal PREA standards. The Code of Maryland Regulations (COMAR) Correctional Training Commission mandates in-service training. Agency Executive Directive OPS.200.0005, Inmate on Inmate Sexual Misconduct, outlines that each supervisor, manager, shift commander, and contractor who has contact with an inmate must be familiar with Department policy prohibiting inmate on inmate sexual conduct. During interviews, 16 random staff indicated they had completed their annual in-service training. Facility training curriculum was reviewed and confirmed that staff training includes an inservice training test and results, 40 hour inservice individual training verification form for each employee, and requires inservice training signature acknowledgement that verify training was completed and understood. During an interview, Training staff verified that all employees are required to complete annual in-service training for PREA.

A correctional In-Service Training Lesson Plan outlines that staff receive yearly training on:

1. Agency's policy on zero tolerance for sexual abuse and sexual harassment.
2. Sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
3. The right of inmates to be free from sexual abuse and sexual harassment.
4. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The dynamics of sexual abuse and sexual harassment in confinement.
6. How to detect and respond to signs of threatened and actual sexual abuse.
7. The common reactions of sexual abuse and sexual harassment victims.
8. How to avoid inappropriate relationships with inmates.
9. How to communicate effectively and professional with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming inmates.

10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

115.31 (b) -1, 2

A review of the Code of Maryland Regulations (COMAR) Correctional Training Commission mandates in-service training. The training curriculum details sexual harassment and misconduct, managing the female offenders, strategies for working with female offenders and special management issues with cross-gender supervision. Employees who are assigned from other facilities of the opposite gender have already received the yearly inservice training for both genders. A review of facility training curriculum, day two inservice training test and results, 40 hour in service individual training verification forms for each employee, and in service training signature acknowledgement sheets that verify training is being completed for each employee.

115.31 (c) -1

During interviews, 16 staff confirmed that they are required to attend training annually. Staff receive five days of classroom training with PREA training on day two. PREA training consist of video, powerpoint lesson plan with lesbian, gay, bisexual, transgender and intersex (LGBTI) and transgender pat-down. The auditor reviewed facility training curriculum, day two inservice training test and results, 40 hour in service individual training verification forms for each employee, and in service training signature acknowledgement sheets that verify training was completed. During an interview, training staff verified that all employees are required to complete annual in service training for PREA.

115.31 (d) -1

The auditor reviewed facility training curriculum, day two inservice training test and results, 40 hour in service individual training verification forms for each employee, and in service training signature acknowledgement sheets that verify training was completed. During an interview, training staff verified that all employees are required to complete annual in service training for PREA.

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

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency Executive Directive OPS.050.00301 Sexual Misconduct Prohibited
2. Training records for Volunteer and Contractors
3. Orientation records for Volunteer and Contractors
4. Volunteer handbook

Interviews:

1. Volunteer Activity Coordinator
2. Volunteer Staff
3. Contractor Staff
4. Chaplain
5. PREA Compliance Manager

Finding:

115.32 (a) -1, 2

Agency Executive Directive OPS.050.0001, Sexual Misconduct - Prohibited, outlines that an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position regardless of job title or classification which includes contractor, interns, volunteers who has contact with an inmate under the authority of the head of the unit is familiar with Department policy prohibiting sexual misconduct. The facility provided that 310 volunteers and contractors have been trained in the agency policies regarding sexual abuse and sexual harassment. In review of the volunteer handbook, it was confirmed that before a volunteer begins an assignment, a volunteer shall complete training determined by the volunteer coordinator to be necessary for the volunteer to perform duties and responsibilities of the assignment. During interviews, four volunteers and two contractors confirmed that they have been trained in the agency's zero tolerance policy and had signed an acknowledgement that they received the PREA information. A review of the training documents demonstrated both contractors and volunteers have been trained on the agency's zero tolerance policy and signed the acknowledgement forms confirming that they received the training as required.

115.32 (b) -1, 2

During an interview, four volunteer and two contractual staff stated they received PREA training on the agency's zero tolerance policy on sexual abuse and sexual harassment prior to providing services in the facility. Also, each volunteer and contractor stated that they knew how to report an allegation of sexual abuse and harassment, observe the signs for PREA in the facility, and had not had an inmate report an allegation to them. A review of the training documents demonstrated both contractors and volunteers have been trained on the agency's zero tolerance policy.

115.32 (c) -1

During an interview, four volunteers and two contractors acknowledge participation and completion of assignment-specific training and that they complete the training yearly. The volunteers and contractors were able to describe the training they received and what protocols

they would take in reporting an allegation of sexual abuse or sexual harassment. In review of six training documents, it was determined the contractors and volunteers have been trained on the agency's zero tolerance policy and the signed acknowledgement of the training.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency DPSCS Inmate Rights DOC.200.0001
2. Agency DPDS.180.0005 Detainee Orientation
3. Agency Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct
4. Language Line Services (800) 752-6096
5. I Speak Cards
6. PREA Education Video
7. Translation services with AsAstra Inc
8. Life Crisis Center PREA Hotline (410) 585-3177
9. Rape Assault Incest National Network (RAINN)
10. JCI Inmate Handbook

Interviews:

1. Intake Staff
2. 35 Inmate Random Interview

Finding:

115.33 (a) -1, 2,

Agency Executive Directive OPS.200.0005, Inmate on Inmate Sexual Conduct, outlines that policy prohibits inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate on inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation and is included in the facility's inmate orientation paperwork and, if applicable, the facility's inmate handbook. Sexual conduct includes but is not limited to sexual abuse, sexual favor, sexual harassment, indecent exposure and retaliation. The facility reported there were 811 inmates that had orientation in the last 12 months. During the onsite audit, the auditor was able to observe the intake area and was provided copies of the MCASA brochure that inmates are given during orientation at JCI. The MCASA brochure provided the PREA hotline number for reporting, sexual assault forensic examination (SAFE) process, victim advocate, PREA investigation process, outside resources, and Legal services at the Sexual Assault Legal Institute. In addition, the auditor was able to watch the entire orientation (Joe) video that inmates are shown during orientation that explained the agency zero tolerance policy and how to report incidents of sexual abuse or sexual harassment. During an interview, intake staff indicated that inmates receive orientation upon arrival and are provided the MCASA brochure and complete risk screening prior to watching the PREA video. During interviews, 35 inmates confirmed they had received orientation upon arrival to the facility. Although there were no inmates being oriented at the time of the onsite audit, the auditor was able to get a general sense on the practice of how orientation was conducted at JCI.

115.33 (b) -1, (c) -1, 4

Agency DPDS.180.0005, Detainee Orientation, states that orientation is completed within seven calendar days of intake. The facility reported there were 811 inmates that had orientation in the last 12 months whose length of stay was for 30 days or more. During an

interview, intake staff indicated that inmates receive orientation upon arrival at intake and are provided the MCASA brochure and complete risk screening prior to watching the PREA orientation video. A review of five randomly selected inmate orientation acknowledgement receipts confirm within the last 12 months that inmates received PREA orientation training upon arrival at JCI. During interview, 35 inmates confirmed they had received orientation upon arrival to the facility.

115.33 (d) -1, 2, 3, 4, 5

Agency DPSCS Inmate Rights DOC.200.0001-1 provides that each warden shall ensure that newly received inmates are provided information about inmate rights, general institutional schedules, procedures and institutional plans. Orientation may be provided through group sessions or by giving the inmate an orientation package. Special assistance shall be provided to inmates with language or reading problems. If the orientation materials or handbooks are not given to inmates, the institution shall make the materials available to the inmates for reference in the library or a designated area.

The auditor used the inmate telephone in F-Building and called the PREA hotline number. During the call the auditor was able to place the call through Global Tel Link without using any identifying information. During the call the recording explained that you were calling the PREA hotline and gave instructions on how to leave a complaint message in English or Spanish. At the conclusion of the message the auditor was able to reach a voicemail where a complaint could be recorded. The inmate library provides a PREA Informational Guide as additional education materials that includes the PREA Executive Directive, PREA Hotline number and Maryland Coalition Against Sexual Assault (MCASA) information. The facility has a contractual agreement with the Language Line through Ad Astra, Inc for in-person and over the phone for Limited English proficient (LEP) inmates. The facility also provides the Statewide Visual Communication Service (sign Language) through on-site, remote and visual remote CART. The auditor was not able to test the language line to confirm the agency practice with this provision. In addition, LEP inmates refused an interview with the auditor to further confirm or verify the use of the language line.

115.33 (e) -1

A review of ten randomly selected inmate orientation acknowledgement receipts ranging from 2015 to 2018, confirm that JCI keeps orientation documentation in the inmates base file.

115.33 (f) -1

The hotline number was stenciled on walls in English and Spanish in all areas where inmates have access. The hotline numbers were posted in the library, housing units, medical, visiting room, dining hall, gym, MCE shops and other areas that inmates and staff have access. The inmate library provides a PREA Informational Guide as additional education materials that includes the PREA Executive Directive, PREA Hotline number and Maryland Coalition Against Sexual Assault (MCASA) information. The facility plays the PREA orientation video throughout the facility during institutional count on first and second shift each day. A review of the logbook from January, 2017 to the time of the audit verifies that the staff is playing the video as reported.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency Executive Directive IIU.110.0011 Investigating Sex Related Offenses
2. Agency Executive Directive OPS.050.0001 Sexual Conduct- Prohibited
3. DPSCS Employee Training Report for PREA Specialized Investigator Training

Interviews:

1. Two Investigative Staff

Finding:

115.34 (a) -1 (b)

Agency Executive Directive IIU.110.0011, Investigating Sex Related Offenses, establishes policy and procedures for Department of Public Safety and Correctional Services (Department) investigators conducting an investigation of an allegation of misconduct that involves a sex related offense.

Agency Executive Directive OPS.050.0001, Sexual Conduct- Prohibited, outlines that in every case where an allegation of sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses interviewing sexual abuse victims, using Miranda and Garrity warnings, sexual abuse evidence collection and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

During interviews, two IID investigative staff indicated that they received the required PREA investigation training through Maryland Police and Corrections Training Commission (MPCTC). Staff stated the training consisted of techniques for interviewing sexual abuse victim, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative or prosecution referral. All investigations are administered through IID. IID investigates all sexual abuse investigations, but may assign some administrative investigations back to the facility. Facility investigative staff would interview inmate and notify IID.

A review of training records confirms that IID investigators have received the required seven hours of specialized training to conduct PREA Investigations.

115.34 (c) -1, 2

JCI provided training documentation during the onsite review that verified the DPSCS 29 Internal Investigative Unit (IID) investigators completed the seven hour PREA investigation training. The agency's computerized database was reviewed and confirmed the training date, year, course number, hour of training, score and status of successful completion.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency Executive Directive DPSCS.020.0026 Prisoner Rape Elimination Act (PREA) Federal Standards
2. Mercy Medical Center website: <https://mdmercy.com>. (410) 332-9000

Interviews:

1. Medical Staff
2. Mercy Medical Center Baltimore, Maryland nursing supervisor

Finding:

115.35 (a) -1, 2, 3

Medical Contractor Policy for Wexford Health outlines that prior staff working with offenders, all Wexford Health Sources staff with direct and or incidental contact with offenders, must receive documented PREA training during orientation, and biannually thereafter. The training module includes a review of this policy, the Prison Rape Elimination Act (2003), prevention, investigation and prosecution of sexual misconduct, the department's zero tolerance stance, recognition of sexual misconduct, predatory offenders, potential victims, staff involvement, facility procedures on sharing confidential information, reporting procedures, offenders' right to be free from sexual misconduct, offenders' and employees' right to be free from retaliation for reporting abuse, dynamics of sexual abuse in confinement and common reactions of sexual abuse victims. The facility reported that 100 percent of medical staff have received the required training to work at the facility. During interviews, medical staff indicated they have received their required training at in-service every year. A review of two randomly selected medical staff training records confirm that medical staff have been trained in the agency's zero tolerance policy. All healthcare is contracted through Wexford. Staff stated that the training they received covered how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond professionally to a victim of sexual abuse or sexual harassment and how to report an allegation of sexual abuse or sexual harassment.

115.35 (b) -1

Medical staff at JCI do not conduct forensic medical exams. During an interview, medical staff stated that they do not conduct forensic medical exams at JCI. The facility reported on the PAQ that forensic exams are conducted at Mercy Medical Center in Baltimore Maryland. The auditor contacted the Mercy Medical Center (410) 332-9000 and spoke to the nursing supervisor in the Emergency Room who confirmed that forensic medical exams are performed at the hospital and they are at no cost to the victim. A review of training records indicated that medical staff did complete PREA orientation and training pursuant to this standard.

115.35 (c) -1

The agency does maintain training records that show that medical and mental health staff have received the required training. A review of training records for two medical staff confirmed that the randomly selected staff did complete PREA orientation and training

pursuant to this standard.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency Executive Directive OSPS.200.0005 Assessment for Risk of Sexual Victimization and Abusiveness
2. Risk Screening Assessment
3. Instructions for PREA Intake Screening Instrument

Interviews:

1. PREA Compliance Manager
2. Risk Screening Staff
3. Intake Staff
4. 35 Random Inmates

Finding:

115.41 (a) -1

Agency Executive Directive OSPS.200.0005, Assessment for Risk of Sexual Victimization and Abusiveness, 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. During interview, intake staff indicated that whenever they get a new arrival that inmate has a risk assessment completed that day. During interviews, 35 inmates stated that they remember being asked the questions on the risk screen and having orientation the same day they arrived at the facility. During the onsite review, the auditor did observe the intake area and reviewed 16 risk screens that were completed on inmates at JCI. The auditor sampled the risk screen of inmates that were randomly selected for an interview to confirm the agency's practice.

115.41 (b) -1

During interviews, intake staff indicated that all inmate new arrivals have a risk assessment completed the same day. During interviews, 35 inmates stated that they remember being asked the questions on the risk screen and having orientation the same day they arrived at the facility. During the onsite review, the auditor did observe the intake area and reviewed 16 risk screens that were completed on inmates at JCI within 72 hours of arrival.

115.41 (b)-2

The facility reported that 811 inmates entered the facility whose length of stay was or 72 hours or more. In review of the 16 risk screens of randomly selected inmates, only eight inmates whose length of stay was greater than 72 hours arrived at the facility during the last 12 months. In review of the 8 risk screens, all were completed within 72 hours of arrival. The other 8 risk screens were of randomly selected inmates were completed more than 12 months preceding the onsite audit.

115.41 (c) -1

The Department does require the use of 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 facility uses instructions for the PREA Intake Screening Instrument and the PREA Intake Screening form to conduct the PREA risk assessments. In review of the form, the questions required for this provision are listed on the form. The auditor was able to review 16 completed PREA Intake Screening forms for the randomly selected inmates during the onsite audit.

115.41 (d) -1

The intake screening shall at a minimum does use the following criteria to assess inmates for risk of sexual victimization:

- (a) The presence of a mental, physical, or developmental disability;
- (b) The age of the inmate;
- (c) The physical build of the inmate;
- (d) Previous incarceration;
- (e) If the inmate's criminal history was exclusively nonviolent;
- (f) Prior convictions for sex offenses against an adult or child;
- (g) If the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (h) History of sexual victimization;
- (i) The inmate's own perception of vulnerability; and
- (j) If the inmate is detained solely for civil immigration purposes

In review of the form, the questions required for this provision are listed on the form. The auditor was able to review 16 completed PREA Intake Screening forms for the randomly selected inmates during the onsite audit.

115.41 (e)

In review of the PREA intake screening, the initial screening does consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. During an interview, intake staff stated that they administer the initial risk screening and orientation upon an inmate's arrival at JCI. The risk screens are picked up by the case manager. Although the auditor was not able to observe the process, the auditor was able to review a completed risk screen at intake that verified that the risk screening form does consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

115.41 (f) -1

The screening form also contains the information for a 30 day reassessment. A review of the 14 randomly selected screening assessments, 6 inmates were reassessed within 30 days during the last 12 months preceding the audit. In addition, 8 reassessments were outside the audit period. During interview, 9 out of 12 inmates that came to JCI within the last 12 months stated they remembered being reassessed within 30 days. During interviews, staff that conduct risk assessments indicated that reassessments are being completed.

115.41 (g) -1

OSPS.200.0005 policy requires that the inmate's risk level is to be re-assessed when

warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. In review of 8 randomly selected risk screening assessments, the risk screens did not require a change in their risk levels. During an interview, staff indicated that if a reassessment is warranted, they would conduct a reassessment.

115.41 (h) -1

During interviews, screening staff indicated that inmates are not disciplined for refusing to respond to questions on the risk screen. If the inmate is not willing to respond, staff find the information needed by reviewing the base files and case plans.

115.41 (i) -1

OSPS.200.0005 policy 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. During interviews with the PC, PCM and screening staff, it was indicated the inmate risk screens are kept in their inmate base files. Base files are confidential and only certain staff have access to those files. No officer has access to see base files. Base files contain the risk screens for each inmate. Intake staff and traffic officers can see the risk screens to ensure proper placement in housing units.

Based on the evidence, the facility is in compliance with this standard.

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency Executive Directive OSPS.200.0005 Assessment for Risk of Sexual Victimization and Abusiveness
2. Threshold, Inc Directive 202 PREA Classification and Screening
3. PREA Alerts GPS Report

Interviews:

1. PREA Compliance Manager
2. Staff Responsible for Risk Screening
3. Traffic Officers

Finding:

115.42 (a) -1

Agency Executive Directive OSPS.200.0005, Assessment for Risk of Sexual Victimization and Abusiveness, outlines that screening information shall be considered when making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive. During an interview, PCM and screening staff indicated that they use alerts to keep potential victims from potential aggressors. During an interview, traffic officers stated they use PREA alert codes to assign housing to each inmate. Inmates that are identified as potential victims are not housed with inmates that are identified as aggressors. Traffic officers stated they would contact the PCM or supervisor if there was an issue in placement. Traffic officers are responsible for clearing inmate count and placing inmates in housing units and cells consistent with their risk screens based on their PREA alert code. The auditor was able to review a computerized alert report that confirmed that inmates are placed appropriately and according to their PREA alert code.

115.42 (b) -1

Agency policy OSPS.200.0005 provides for making individualized determinations to ensure the safety of each inmate when deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments. During an interview, traffic officers stated they use PREA alert codes to assign housing to each inmate. Inmates that are identified as potential victims are not housed with inmates that are identified as aggressors. Staff reported that there has not been an instance where they had a transgender prisoner at the facility that would confirm the facility's practice with this provision. There was no inmate available for interview that identified as transgender.

115.42 (c) -1

The facility would determine the placement or assignment of a transgender or intersex inmate on a case by case basis to ensure the inmate's health and safety, and whether or not it presents a management or security problem. During interviews, the PCM indicated that inmates are placed in general population. Their health and safety would be a primary focus when determining placement. There was no inmate available for interview that identified as

transgender.

115.42 (d)

Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review threats to safety experienced by the inmate. During interview, the PCM and staff that perform risk screens indicated that they would reassess the inmate twice a year. However, no one has identified as a transgender or intersex inmate in the last 12 months. Staff reported that there has not been an instance where they had a transgender prisoner at the facility to confirm the facility practice with provision. Therefore, no inmate available for interview that identified as transgender.

115.42 (e)

Agency Executive Directive OSPS.200.0005, Assessment for Risk of Sexual Victimization and Abusiveness, outlines that a transgender or intersex inmate's own views with respect to personal safety shall be seriously considered. During interviews, PCM and staff that perform risk screens indicated that they would talk with the inmate and also ensure security staff contact them. If there are any issues, inmates can be safe to bring it to the staff. Staff reported that there has not been an instance where they had a transgender or intersex inmate at the facility to confirm the facility practice with provision. There was no inmate available for interview that identified as transgender.

115.42 (f)

Agency Executive Directive OSPS.200.0005, Assessment for Risk of Sexual Victimization and Abusiveness, outlines that transgender and intersex inmates shall be given opportunity to shower separately from other inmates. During an interview, the PCM indicated that transgender and intersex inmates would be given the opportunity to shower separately and this could be arranged. Staff reported that there has not been an instance where they had a transgender prisoner at the facility to confirm the facility practice with provision. There was no inmate available for interview that identified as transgender.

115.42 (g)

During an interview, PCM and staff that perform risk screens indicated that there is no dedicated housing unit or tier for transgender, intersex, bisexual, gay or lesbian inmates. GBTI inmates are housed in all the housing units at JCI. Staff reported that there has not been an instance where they had a transgender or intersex inmate at the facility to confirm the facility practice with provision. However, during interviews inmates that identified as gay and bi-sexual indicated they are given the opportunity to shower separately from other inmates and they are not housed together in the same unit. A review of the inmate locator revealed that gay and bisexual inmates are not housed in the same housing.

Based on the evidence, the facility is in compliance with this standard.

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. DOC.100.0002 Case Management Manual
2. Agency Executive Directive OSPS.200.0005 Assessment for Risk of Sexual Victimization and Abusiveness
3. Notice of assignment to administrative Segregation

Interviews:

1. Warden
2. Staff who supervise Inmates in Segregated Housing

Finding:

115.43 (a) -1, 2

Policy DOC.100.0002, Case Management Manual, outlines that 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. The manual also outlines the alternatives to placement in involuntary segregation for protection from sexual abuse. JCI staff indicated that they have not placed any inmates in involuntary segregation for protections related to sexual abuse. Staff indicated that they have alternative housing for victims inside the facility, or case management would look at alternative outside the facility if he says he needs to be in administrative segregation. We would investigate, separate the victim and take appropriate action to move the potential suspect to another facility.

115.43 (b)

During interviews, staff indicated if there was an inmate placed in segregated housing for protection from sexual abuse they would have access to some programming and privileges. JCI staff indicated that they have not placed any inmates in involuntary segregation for protections related to sexual abuse that would confirm the facility practice with this provision.

115.43 (c) -1

During interviews, staff verified that the facility has not placed any inmates in involuntary segregation for protection that allege sexual abuse that would confirm the facility's practice with this provision.

115.43 (d) -1

During interviews, staff verified that the facility has not placed any inmates in involuntary segregation for protection that allege sexual abuse that would confirm the facility's practice with this provision.

115.43 (e) -1

During interviews, staff verified that the facility has not placed any inmates in involuntary segregation for protection that allege sexual abuse that would confirm the facility's practice with this provision.

Based on the evidence, the facility is in compliance with this standard.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. OPS.050.0001 Sexual Misconduct Prohibited
2. OPS.200.0005 Inmate on Inmate Sexual Misconduct Prohibited
3. Maryland Coalition Against Sexual Assault (MCASA) Brochure
4. Life Crisis Center PREA Hotline Procedures
5. Rape Abuse Incest National Network (RAINN)
6. PREA Investigations

Interviews:

1. 16 Random Staff
2. 35 Random Inmate Interviews
3. Intake/Property Room Staff

Finding:

115.51 (a) -1

Agency Executive Directive OPS.50.0001, Sexual Misconduct, and OPS.200.0005, Inmate on Inmate Sexual Misconduct, describes that alleged inmate victims of sexual abuse can make a complaint of sexual misconduct, retaliation and staff neglect in the following formats in writing, verbally, and can remain anonymous. During the onsite review, the auditor did observe PREA hotline numbers stenciled on the wall in English and Spanish in every area that inmates have access. During interviews, 34 randomly selected inmates knew multiple ways in which they can report an incident of sexual abuse by using the PREA hotline, reporting directly to staff or write a complaint to staff. During an interview, intake staff explained the orientation process and provided the auditor with the MCASA brochure that included the PREA hotline number. While at intake, the auditor was able to watch the PREA video that is a part of the orientation process for incoming inmates. The auditor also called the PREA hotline number and was able to make the call without the use of a personal identifying PIN number. During interview, 16 random staff indicated that inmates could report directly to officer in charge, case management, any supervisor, call the hotline, or write the Warden and Assistant Warden/PCM.

115.51 (b) -1

During the onsite review, the Rape Abuse Incest National Network (RAINN) phone number on posters and the Maryland Coalition Against Sexual Assault (MCASA) resources were posted throughout the facility. During interviews, inmates stated they received a MCASA brochure during orientation that provided the PREA hotline phone number and additional outside resource numbers and PREA hotline numbers for Life Crisis. During interview, the PCM indicated that inmates can call the PREA hotline through the Life Crisis agency. The agency has an agreement with Life Crisis Center which is not a part of the agency that provides telephone screening and referral services for the Prisoner Rape Elimination Act Hotline. During an interview, intake staff explained the orientation process and provided the auditor with the MCASA brochure that included the PREA hotline number.

115.51 (b) -2

The facility reported that they do not detain inmates solely for civil immigration purposes. Therefore, this provision is not applicable to JCI.

115.51 (c) -1

Agency Executive Directive OPS.50.0001, Sexual Misconduct, and OPS.200.0005, Inmate on Inmate Sexual Misconduct, outlines that 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 head of the unit. During interviews, staff stated that inmates could report directly to staff, write a note, write an anonymous note or tell their family. During interviews, 24/35 inmates stated that they knew they could make a report in person and in writing to a third party.

115.51 (c) -2

Agency Executive Directive OPS.50.0001, Sexual Misconduct, and OPS.200.0005, Inmate Sexual Misconduct, requires that staff must report all complaints of sexual misconduct received whether verbally, in writing, on an ARP or anonymously and document the report in writing. During interviews, 16 staff indicated that they would document the report immediately. In review of 19 facility investigations, it is confirmed that staff would report and document an inmate allegation of sexual misconduct or sexual harassment,

115.51 (d) -1, 2

Agency Executive Directive OPS.50.0001 outlines that any individual may file a complaint of sexual misconduct with any one or all of the following without regard to chain of command or assignment, within the Department, to employee, supervisors, managers or shift commanders, unit head, IID staff, the grievance office, as well as agencies outside the department, specifically the Attorney General or a private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department. During interviews, 16 staff indicated that they knew that they could report privately to an outside agency, calling the PREA hotline or internally within the department through their in-service training that they attend yearly. The PCM confirmed that staff do receive this information through in-service training.

Based on the evidence, the facility is in compliance with this standard.

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency Executive Directive OPS.185.002 Administrative Remedy Procedure (ARP)

Interviews:

1. Administrative Remedy Coordinator (ARP)

Finding:

Agency Executive Directive OPS.185.002, Administrative Remedy Procedure (ARP), outlines that the department does not permit the use of an informal resolution process or ARP to resolve complaints of rape, sexual assault, sexual harassment, sexual abuse, sexual misconduct, inmate on inmate sexual conduct, or other areas afforded protections by standards established under the authority of the Prison Rape Elimination Act (PREA) and related Department procedures.

During an interview with the ARP Coordinator, it was confirmed that an inmate may not seek to resolve a complaint through the ARP for issues that include rape, sexual assault, sexual harassment, sexual abuse, sexual misconduct, inmate on inmate sexual conduct, or other areas afforded protections by standards established under the authority of the Prison Rape Elimination Act (PREA) and related Department procedures, which shall be addressed according to Department procedures for reporting, investigating, resolving, and documenting PREA related incidents. All sexual abuse or sexual harassment complaints submitted on an ARP form will be processed and investigated through the Intelligence and Investigative Division (IID).

This standard is not applicable to JCI. Therefore, JCI is in compliance with this standard.

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency Executive Directive OSPS.050.0001 Sexual Misconduct Prohibited
2. OPS.200.0005 Inmate on Inmate Sexual Misconduct
3. Maryland Coalition Against Sexual Assault (MCASA)
4. Rape Abuse Incest National Network (RAINN)
5. Email from PCM regarding MOU with MCASA

Interviews:

1. 35 Inmate Random Interviews
2. Intake Staff

Finding:

115.53 (a) -1, 2, 4

During the onsite review, the auditor did observe the MCASA and RAINN posters in every area that inmates have access. A facility posting provides Rape Abuse Incest National Network (RAINN) Hotline 1(800) 656-HOPE and Maryland Coalition Against Sexual Assault (MCASA) (301) 328-7023 as phone number for inmates to access outside agencies. The facility also provides the PREA brochure for the Maryland Coalition Against Sexual Assault (MCASA) which provides contact information, addresses and phone numbers for counseling and legal services. During interviews, 24/35 random inmates stated said they have seen the information provided by the facility for MCASA and RAINN. During the onsite review, at intake the auditor was provided the MCASA brochure that lists the contact information and addresses of outside agencies for inmates to contact for support services. The MCASA contact information and list for addresses to outside counseling and legal services is also available in the inmate library. On March 9, 2018 an informational bulletin was sent out to all inmates and staff at JCI informing them of the MCASA information being available in the library. During an interview, intake staff indicated that inmates are provided the MCASA brochure when they first arrive at the facility for orientation.

115.53 (a)-3

The facility does not hold detainees solely for the purposes of immigration. Therefore, this provision is not applicable to JCI.

115.53 (b) -1, 2

During an interview, intake staff indicated that inmates are provided the MCASA brochure when they first arrive at the facility for orientation. The brochure informs inmates to the extent communications will be monitored and reported. During interviews, 35 random inmates stated they have not reported an allegation of sexual abuse to confirm the facility practice with this provision. During the onsite audit, there were no inmates that alleged sexual abuse available at the facility for an interview.

115.53 (c) -1, 2,

Currently, the agency does not maintain a memorandum of understanding (MOU) or an

agreement with a community service provider that is able to provide inmates with emotional support related to sexual abuse.

115.53 (c) -3, 4

The agency has reported that they have a purchase order with MCASA to help arrange an agreement with a community service provider but none has been completed yet. The facility provided an email dated December 13, 2017, which confirmed that the facility has attempted to enter into an agreement or memorandum of understanding (MOU) with a community service provider that are able to provide inmates with emotional support related to sexual abuse through MCASA. During an interview with MCASA program coordinator, it was stated that JCI is seeking to enter into an MOU agreement with a community service provider that will provide emotional support services related to sexual abuse.

Based on the evidence, the facility is in compliance with this standard.

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Documentation Review:

1. Agency Executive Directive OPS.050.0001 Sexual Misconduct,
2. OPS.200.0005 Inmate on Inmate Sexual Misconduct,
3. Agency Website. <http://dpscs.maryland.gov/prea/> and <http://www.dpscs.state.md.us/agencies/iid.shtml>
4. Rape Abuse Incest National Network (RAINN) hotline website <https://www.rainn.org>
5. HopeWorks Domestic Violence website <http://www.wearehopeworks.org>

Interviews:

1. Internal Investigative Division Sergeant Detective
2. Hopeworks staff

Finding:

115.53 (a) -1, 2

Agency Executive Directive OPS.050.0001, Sexual Misconduct, and OPS.200.0005, Inmate on Inmate Sexual Misconduct, provide that a complaint of alleged sexual misconduct can be filed through a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct.

Maryland Department of Public Safety and Correctional Services/Prison Rape Elimination Act of 2003 (PREA) Public Law 108-79 list the statewide PREA coordinator contact information and the Internal Investigative Unit complaint contact phone number (410) 724-5742 information for the public. During the onsite phase, information regarding Rape Abuse Incest National Network (RAINN) hotline 1-800-656-4673 posted in the visiting room and front lobby of the facility in English and Spanish in view of the public for reporting sexual abuse and sexual harassment. The auditor contacted the Internal Investigative Division (IID) phone number that is listed on the agency website and was able to speak to an IID Sergeant Detective who stated they would take in complaints and investigate as appropriate. The auditor was also able to call the RAINN hotline contact information which routed the auditor to a local domestic violence agency Hopeworks Domestic violence agency (410-997-2272 that would take the complaint. The auditor was able to contact Hopeworks and they confirmed that they would take the complaint and provide services.

Based on the evidence, the facility is in compliance with this standard.

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited
2. OPS.050.0001 Sexual Misconduct - Prohibited
3. DPSCS.020.0026 Prison Rape Elimination Act
4. 5 sample retaliation monitoring forms

Interviews:

1. Warden
2. PREA coordinator
3. Sixteen random staff
4. Two health care staff

Findings:

115.61(a)

DPSCS.020.0026 Prison Rape Elimination Act - Federal Standards Compliance, Paragraph .03B requires that those who have knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge "according to department procedures for reporting employee misconduct or inmate rule violations." OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited and OPS.050.0001 Sexual Conduct - Prohibited, include retaliation in their definitions of prohibited sexual conduct and sexual misconduct, respectively. While several policies indicate that retaliation is prohibited, this auditor was not provided with policy documents that clearly stated that retaliation must be reported. No policy was provided that addressed a requirement for staff to report neglect or violation of responsibilities that may have contributed to an incident or retaliation. This was surprising, especially in light of the fact that 16 of 16 random staff interviewed indicated that they are required to immediately report sexual abuse and sexual harassment, retaliation for participating in a sexual abuse or sexual harassment investigation, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, even when asked about each element separately.

DSPCS contracts with Wexford Health to provide health care staff to work at Jessup Correctional Institution. This auditor reviewed their training manual and found that it requires immediate reporting to a direct supervisor any knowledge, suspicion or information they receive regarding an incident of sexual abuse that occurred in an institutional setting, any retaliation toward an inmate or staff who reported abuse and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or retaliation.

Further research revealed that DSPCS Standards of Conduct and Internal Administrative Disciplinary Process includes in section II. Standards of Conduct and Performance, subsection M, Breach of Security, that "an employee may not take any action or fail to take any action when the action or failure to act causes a breach of security or a potential breach of security by jeopardizing: 1. the physical security or integrity of an institution, or the physical security or integrity of any part or area of an institution or 2. the safety or security of any employee, inmate, offender, client, visitor or member of the public." It also lists in section IV. Disciplinary

Sanctions, subsection E. Category of Infraction/Type of Discipline, a first category infraction of "Failure to report knowledge of a first or second category infraction" and lists "inattentiveness or negligence in the performance of duty by an employee directly responsible for the custody of inmates" as a second category infraction. While it does not appear to be spelled out in PREA-related department policy, it does appear that reporting such conduct is addressed in the code of conduct and discipline process.

Recommendation:

It is recommended that policies related to PREA be updated to include language specific to reporting all the elements of this standard.

115.61(b)

OPS.050.0001 Sexual Misconduct - Prohibited, states that information concerning a complaint of alleged sexual misconduct (or Inmate on inmate sexual conduct as stated in OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited, is confidential and may only be available to those involved in the reporting, processing, investigating and resolving the alleged sexual misconduct (or inmate on inmate sexual conduct) and caring for the victim.

The Wexford Health training manual also addresses confidentiality of sexual abuse reports and that the information must not be revealed to anyone other than those who need to know, to make treatment, investigation, and other security and management decisions.

115.61(c)

During interviews with a mental health practitioner and a medical practitioner, both clearly expressed that they are required to disclose their limits of confidentiality and their duty to report sexual abuse that occurred within an institution. Both indicated they are required to notify supervisors and one indicated they could notify the facility PREA compliance manager as well. One had not become aware of any incidents since working there, the other had become aware of an incident and did report it. This auditor was permitted to view case notes which annotated that confidentiality limitations and reporting requirements were related to the inmate patient.

Limits to confidentiality and informed consent are also addressed in the Wexford Health training manual.

115.61(d)

It was indicated in the PAQ and verified during the PREA Coordinator interview and discussion with staff that youthful inmates are not housed at this facility. The PREA Coordinator went on to explain that DPSCS is responsible for one facility housing youthful offenders. It is a new facility in Baltimore City that houses youthful offenders who are awaiting sentencing in adult courts or have been sentenced as adults. At that facility, requirements for detention of juveniles will be met. All other juvenile detention facilities in Maryland fall under the jurisdiction of another agency within the state.

115.61(e)

(e) The warden indicated during his formal interview that all allegations are reported to the Intelligence and Investigative Division (IID) for investigation, including 3rd party and anonymous complaints. Both OPS.200.0005, Filing a Complaint and OPS.050.0001, Filing a

Complaint, indicate that a person, including a third party, may report an allegation verbally or in writing and may remain anonymous. They further instruct staff when receiving a complaint to immediately report it to their supervisor. They also instruct supervisors to immediately notify IID upon receipt of the complaint.

While it is recommended that the agency update its PREA-related policies to clearly spell out the requirement for staff to report retaliation and neglect that may have led to an incident or retaliation, the facility is found to be substantially compliant with this standard in that staff indicated they were well aware of their responsibility to report in all situations, and language does exist to require reporting of all of the elements in 115.61(a).

Based upon the review and analysis of the available evidence, the auditor has determined that the facility is in compliance with standard 115.61.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. OPS.050.0001 Sexual Misconduct - Prohibited.pdf
2. OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited.pdf
3. DPSCS.020.0026.pdf

Interviews:

- 1, Agency Head
- 2, Warden
- 3, Sixteen Random Staff

Findings:

115.62(a)

The above provided policies were reviewed only to find there is no provision contained within that addresses action to be taken when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse. The facility reports no instances of having to take action in such a case during the audit year, so there is no documentation to support what actions they would take. The only evidence of action to be taken lies within the information gleaned from the listed staff interviews.

One agency administrator and one facility administrator indicated that in the event an inmate is subject to substantial risk of imminent sexual abuse, staff would immediately initiate actions as required by the agency. Measures could include internal and external transfers, voluntary segregation only if there is no other alternative or at the inmate's request. They asserted they make every effort to ensure that no inmate ever loses privileges, programs, jobs, etc., as the result of being placed in segregation. It was also mentioned that the alleged victim would be allowed to shower alone and that inmate histories would be looked at. If the alleged perpetrator was going to victimize inmate A, we have to look for a victim B. The allegation would be investigated.

A review of sixteen random staff interviews revealed that twelve said they would move the victim, one said the suspect could be moved. Of those who said to move the victim, two said to administrative segregation, one specifically indicated not to segregation. Five indicated they would separate the victim and the alleged suspect, not indicating who would be moved. Eight would notify their supervisor. One would send the alleged victim to medical and two would ask for a statement. One would document it. One would keep an eye on the victim, another one would keep an eye on the suspect. All but two answered that they would take action immediately. Most staff noted more than one thing they would do to respond to the possible imminent risk of sexual abuse.

It was apparent that staff at all levels would take immediate action in the event there was an imminent risk of sexual abuse to an inmate. The standard requires immediate action, but does not specify what that action needs to be, allowing for operational flexibility and action to be

taken on a case-by-case basis. It is clear by the wide range of answers, however, that this has not been addressed in policy to provide guidance to staff.

Recommendation:

Addressing some guidelines in policy and/or the training curriculum would be in the best interest of the agency in order to provide a more uniform response for staff in instances of imminent sexual abuse.

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. OPS.050.0001 Sexual Misconduct
2. OPS.200.0005 Inmate on Inmate Sexual Conduct
3. JCI.050.0030.1 Sexual Misconduct - Prohibited

Interviews:

1. Agency Head
2. Warden
3. Three Investigative Staff

Findings:

115.63(a)

Executive Directives OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited and OPS.050.0001 Sexual Misconduct - Prohibited, paragraph .05E(6), include identical language that the "managing official" at the facility receiving the complaint will forward the complaint to the managing official of the department facility or the facility or agency head of a non-department facility where an incident occurred. Whether inside or outside the department, IID will also be notified for investigation. The PAQ indicates that the facility has received no complaints of sexual abuse alleged to have occurred at other facilities during the audit period; therefore there is no sample documentation to support a determination of compliance for this standard.

Interviews with the warden and agency head indicate that the Warden of the facility or the Facility Administrator for their Pre-Release facilities would be the contact person to whom to forward the complaint. Both the sending and receiving facilities will be in contact with IID and IID will decide where the investigation will take place. Usually the receiving facility will write a Serious Incident Report because that's where the evidence is likely to be, but it could be either facility.

115.63(b) The policies indicate further that this notification will take place immediately, but not later than 72 hours of being notified of the incident. JCI Institutional Directive JCI.050.0030.1 Sexual Misconduct - Prohibited, paragraph .05C.(6) states that notification of alleged abuse at another facility must be made to the agency head or designee of the facility where the abuse was alleged to have occurred, no later than 72 hours after receiving the allegation and that the notification must be documented.

115.63(c) Both policies require documentation of notifications to a facility where an incident is alleged to have occurred and to IID, paragraph .05E(6)(b).

115.63(d) Both policies require that "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" or "inmate on inmate sexual conduct", Paragraph G, Investigating, Documenting and Resolving a Complaint. The three investigative staff interviewed indicated

that IID will oversee or conduct all allegations of sexual abuse. They have statewide authority and are able to travel to access facilities throughout the state.

Based on the evidence provided, the facility is found to be compliant with this standard.

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited
2. OPS.050.0001 Sexual Misconduct - Prohibited.pdf
3. JCI.050.0030.1 Sexual Misconduct - Prohibited
4. Wexford Training Module

Interviews:

1. Two Security Staff and First Responders
2. Sixteen random staff

Findings:

115.64(a)(b)

OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited and OPS.050.0001 Sexual Misconduct - Prohibited, Sections .05D(2) and (3) both indicate that the first responder on the scene, whether a correctional officer or any other staff, will require that the alleged abuser not be allowed to do anything to contaminate or destroy physical evidence, and require that the alleged victim be advised to not do anything that would contaminate or destroy physical evidence. Sample actions that could contaminate or damage physical evidence are listed in the policies as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating.

The Wexford Training module for contracted health care staff includes a section on Preservation of Physical Evidence of Sexual Abuse. This provides direction that as a first responder, a medical or mental health staff member who is the first to become aware of or respond to an incident of sexual abuse shall request that the victim not take any actions that could destroy physical evidence. The list includes washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking and eating. JCI.050.0030.1 Sexual Misconduct - Prohibited, paragraph .05K(1) instructs any first responder to safeguard the victim from further harm, ensure the scene is secured, and ensure the alleged victim does not take any actions that could destroy physical evidence. Neither the Wexford Training Module nor the JCI policy directive address ensuring that the suspected abuser does not do anything that would contaminate or destroy the physical evidence.

Both Executive Directives, the Wexford Training Module and the JCI Institutional Directive all require a non-security first responder to report the incident to security staff.

Sixteen random staff, security and non-security, were interviewed and asked about what their actions would be if they were the first responder. Twelve out of fourteen staff indicated they would separate the alleged victim from the alleged abuser or remove the alleged victim from the area. Nine indicated they would notify their supervisor and four indicated they would document and/or start a report. Seven mentioned preserving the scene, and six talked about making sure inmates did not do anything to destroy physical evidence. However, there wasn't really a differentiation between requesting that victims and ensuring that suspects not take

actions to destroy physical evidence. Six also mentioned bringing the victim and/or suspect to medical.

There appears to be some confusion regarding making a request to the victim to not wash, brush teeth, or other actions that would destroy physical evidence as opposed to ensuring that the suspect doesn't. The Executive Directives tell staff to ensure that the victim is "advised" not to. And the Institutional Directive requires staff to ensure the alleged victim does not take any action is incorrect and does not mention ensuring the suspect not take such action.

Based on review of the evidence provided, this auditor finds the facility is not compliant with this standard.

Corrective Action Recommended:

1. Revise the above-listed Executive Directives, JCI Institutional Directive and Wexford training material to reflect language more consistent with the requirements of this standard.
2. When the JCI and Wexford healthcare training material is updated, the auditor will require documentation of the new facility policy and updated Wexford healthcare training material.
3. JCI staff that are first responders must be retrained on this concept to ensure that alleged abusers are advised not wash, brush teeth, or other actions that would destroy physical evidence.
4. The auditor will require documentation of training for all first responder staff including distribution of an instructional memo reminding staff of the correct information and have that information addressed at roll call on all three shifts.
5. The auditor is requesting that the facility provide documentation within 90 days that supports compliance with the standard.

Verification of Corrective Action since the Audit-

The facility sent the auditor documentation on 7/9/18, 8/8/18 and 8/13/18 in response to the corrective action recommendations. Please see below.

1. JCI.050.0030.I Sexual Misconduct-Prohibited Revised Policy (8 pages).
2. JCI.050.0030.I Sexual Misconduct Prohibited Publication Receipt -Staff Training (16 pages).

The following actions were taken: JCI updated their policy, JCI ID 050.0030.1 to reflect that first responder staff request that the victim does not do anything to contaminate or damage physical evidence and ensure that the alleged abuser does not do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The facility provided the auditors with a publication receipt that confirmed the security staff from 7am to 3pm shift, 3pm to 11pm shift and 11pm to 7am were provided the updated JCI Policy Directive that reflects the change in practice regarding first responders for alleged victims and abusers.

The auditor no longer requires the Wexford healthcare training materials to be updated to require non-security first responders to take action with alleged abusers as this is not required by the standard. It is noted that the agency policy does require non-security staff to perform the same actions as security staff which includes taking action with alleged abusers.

Based on review of the evidence provided, this auditor finds the facility is compliant with this standard.

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. JCI.050.0030.1

Interviews:

1. Warden

Findings:

115.65

JCI Institutional Directive, JCI.050.0030.1 is the facility's written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Included as attachments to this directive are two checklists that are relevant to the coordinated plan. One is the first-responder checklist and the other is the PREA Compliance Manager Checklist. The first responder checklist summarizes what needs to be addressed as the incident response unfolds and the PREA Compliance Manager Checklist includes elements of the response, investigation and resulting actions required by the standards to ensure nothing slips through the cracks. In addition, JCI's institutional directive refers to the more comprehensive Executive Directives, Sexual Misconduct Prohibited and Inmate on Inmate Sexual Conduct - Prohibited. It is recommended that JCI updates their Institutional Directive to reflect changes in the updated versions of these two Executive Directives.

During the formal interview the warden, he indicated that what makes their coordinated plan work is that all of the different departments in the facility successfully and continuously communicate with each other

Based on the evidence provided, this auditor finds the facility compliant with this standard.

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. AFSCME Bargaining Agreement (MOU) with the State of Maryland
2. Maryland Personnel and Pensions Code, Ann §3-302

Interviews:

1. Agency Head

Findings:

115.66(a)

In review of the provided bargaining agreement and MD Annotated Code §3-302, the documents provided were not current. On May 8, 2018, the facility provided a Memorandum of Understanding (MOU) Unit H-AFSCME/TEAMSTERS that confirms the agency's compliance with this provision. The provided documents indicates that the agreements shall not and do not restrict the department's right to discipline and move staff at their discretion. MD Annotated code 3-302 prohibits such an agreement to be made.

115.66(b)

As written the agreements do not conflict with standards 115.72 and 115.76.

During the agency head's formal interview conducted earlier this year by another DOJ Certified auditor Yvonne Gorton, the agency head indicated that Maryland law requires that management retain all basic rights. He further stated it would not be legal to bargain such responsibilities away.

Based on the evidence provided, facility has demonstrated compliant with the standard.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. IIU.110.0011 Investigating Sex Related Offenses
2. OSPS.050.0030 Sexual Misconduct, provided on PAQ,
3. OSPS.200.0004 Inmate on Inmate Sexual Misconduct - Prohibited, provided on PAQ
4. OPS.200.0005 Inmate on Inmate Sexual Misconduct - Prohibited, from MD DPSCS Website, supersedes OSPS.200.0004 as of June 1, 2017.
5. OPS.050.0001 Sexual Misconduct - Prohibited, from MD DPSCS Website, supersedes OSPS.200.0004 as of June 1, 2017.
6. Five samples of retaliation monitoring forms for the audit period

Interviews:

1. Agency Head
2. Warden
3. Two staff charged with monitoring retaliation

Findings:

115.67(a)

The agency has established two almost identical policies which include process to protect all inmates and staff from retaliation for reporting sexual abuse or sexual harassment or cooperating with an investigation of sexual abuse or sexual harassment. These policies are OPS.050.0001 Sexual Misconduct - Prohibited and OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited. Both policies include retaliation as an example of staff sexual misconduct or prohibited sexual conduct between or among inmates.

Two staff have been assigned responsibility for monitoring for retaliation based on this policy and both were interviewed during the onsite portion of the audit.

115.67(b)

Section 05.B(3) in those policies addresses that retaliation monitoring will continue for a minimum of 90 days. It does not include guidance that the monitoring may be discontinued if the investigation determines that the allegation is unfounded. Listed in the policies are several protection measures to include provision of available medical or mental health services or counseling, changes to inmate housing assignments and staff work assignments, and continued monitoring as deemed appropriate.

115.67(c)

While the policies call for monitoring for a minimum of 90 days or longer if deemed necessary for those participating in a sexual abuse complaint, three of the five sample retaliation monitoring forms provided by the facility were for those involved in sexual harassment allegations. Of the other two, one was for an abusive sexual contact investigation and the other was for a staff sexual misconduct investigation. It was reported to this auditor that the facility monitors for retaliation for investigation of sexual abuse and sexual harassment. This exceeds the standard requiring routine retaliation monitoring only for sexual abuse allegations.

However, upon review of the sample retaliation monitoring forms, one was continuing and is nearing the 90-day mark, another did continue for 90 days. The other three were a month or less. Of those, one inmate remained at the facility at the time of audit, while the other two had transferred at some point.

Since it is required that the facility ensures the 90-day monitoring, a process should be developed to forward the incomplete monitoring for a transferring inmate to the receiving facility for completion. This is not included in policy. Note: Upon further discussion with the agency PREA Coordinator following the interim report, it was clarified that this continued monitoring is required upon transfer to another MD DPSCS facility because it is the AGENCY's responsibility to ensure the monitoring takes place for at least 90 days.

115.67(d)

Review of the retaliation monitoring form shows that it requires periodic status checks. Interviews with the two staff members charged with monitoring for retaliation disclosed that they make contact at two weeks, 30 days, 60 days, then 90 days. This is supported by the required information on the monitoring form.

115.67(f) The retaliation monitoring form does require that a box be checked when the monitoring is discontinued because the investigation concluded with a finding of unfounded. However, when reviewing the closing dates of the investigations and their outcomes, the dates and findings did not support that this was the reason for them concluding early.

It is clear that the facility does conduct retaliation monitoring and has done so for the complete audit period based on the dates of the samples. It appears they have a good process in place and if it weren't for the short monitor period on some of the samples, likely would have exceeded this standard since they are routinely monitoring during sexual harassment investigations as well.

However, due to the short period of time that some monitoring was conducted as demonstrated in the samples, the facility is found to not meet this standard.

Corrective Action Recommended:

1. The agency/facility should update policy to include forwarding of retaliation monitoring forms when a monitored inmate transfers for completion of the 90-day monitoring period and to discontinue monitoring when sexual abuse is unfounded.
2. The facility must ensure that the requirements for monitoring provision 115.67 (c) is established in the monitoring form.
3. The facility must retrain staff that conduct retaliation monitoring on the practice of 90 day monitoring and provide documentation of training.
4. The facility must provide retaliation monitoring forms to the auditor that is completed within the next 60 days to determine that the 90-day monitoring process has been instituted and conducted as a part of facility practice.

Verification of Corrective Action since the Audit-

The facility sent the auditor documentation on 7/9/18, 8/8/18, 8/9/18, 8/13/18, in response to

the the corrective action recommendations. Please see below.

1. Retaliation Monitoring Training (5 pages) for five retaliation monitoring staff.
2. Provided 10 Retaliation monitoring forms, including one that had been provided previously
3. PREA Case Tracking (1 page)
4. Provided 5 Investigations
5. JCI.050.0030.I Directive Sexual Misconduct-Prohibited (page 4 of 7) Revised 8/2/18.

The following actions were taken: JCI revised their policy on 8/2/18 to reflect that If an inmate is transferred to another institution within the 90 day period, the retaliation monitoring form must be sent to receiving facility for continuation. Retaliation Monitoring Training was conducted for five retaliation monitoring staff.

Review of the 9 additional monitoring forms received during the corrective action determined:

1. Two monitoring forms were sent to receiving facilities for continued monitoring.
2. Five cases (including one for sexual harassment) were closed as unfounded and monitoring was discontinued
3. Two cases are open and those inmates are being monitored.
4. One monitoring was ended early due to an administrative error.

Corrective Action #1

The intent of this corrective action was to ensure staff knowledge is consistent with all involved in the retaliation monitoring process. While the agency PREA Coordinator has not agreed to update current agency policy related to this standard, he has indicated he is authoring a comprehensive agency document prescribing agency PREA processes that better reflects PREA standard language than current policies. This will go a long way to ensuring understanding of the requirements of the standards. In the interim, the facility began forwarding monitoring forms with transfers and has updated JCI.050.0030.I, Sexual Misconduct-Prohibited, to require forwarding of monitoring forms to receiving facilities for completion upon transfer of a monitored inmate. The updated directive, along with email documentation of forms forwarded to both facilities to which monitored prisoners have transferred since the onsite portion of the audit, demonstrates that facility staff understanding of the requirements and satisfies the auditor requirement for this corrective action element. Mention of adding to policy the discontinuation of monitoring upon an unfounded investigative finding was not intended to suggest that the agency is required to discontinue monitoring if the allegation is unfounded. The majority of initially provided monitoring samples were ended early, before any finding, so this recommendation to update policy was made in an effort to ensure staff were aware that monitoring must continue for at least 90 days for substantiated and unsubstantiated findings but that it is permissible to end the monitoring if unfounded. Samples of monitoring forms provided post-audit demonstrate that only one monitoring was ended inappropriately, and that was due to an administrative error. Therefore, it appears those involved in retaliation monitoring at the facility understand the requirements, and the corrective action to address in policy that monitoring may be ended when unfounded is now simply a recommendation, if the agency/facility desires to differentiate monitoring timeframes at all.

Corrective Action #2

The intent of this corrective action was to ensure staff knowledge is consistent with all involved in the retaliation monitoring process, especially in light of this being a new process within the agency. The recommendation to update the monitoring form to include the requirement to forward the form to the receiving facility in the event the monitored inmate transfers was intended to assist staff and auditors with the process and to serve as a reminder/documentation of the process. Further discussion with the agency PREA Coordinator resulted in acknowledgement that this should be a recommendation rather than a compliance issue as the standards do not dictate how the monitoring is accomplished or documented. This element is no longer required corrective action to add the forwarding requirement to the form, it is still recommended that this requirement be added to the agency monitoring form to assist with implementation of the process throughout the agency. That being said, the agency PREA Coordinator has indicated that the existing form will be updated to include the requirement to forward upon transfer.

Corrective Action #3

At the time of the onsite audit, two staff were tasked with retaliation monitoring. Following the interim report, the facility provided training to five staff regarding the requirements of the retaliation monitoring process. The items covered in training and specific instructions were documented on an outline and acknowledged by signature of those trained. This training satisfies the auditor's corrective action requirement.

Corrective Action #4

Comparison of the 9 monitoring forms provided post-audit with the IID investigation tracking sheet further supports that the facility has an established practice of monitoring inmates following a report of sexual abuse as retaliation monitoring forms were provided for each investigation listed on the tracker. All but one continued appropriately through the required monitoring period, and the one that was inadvertently ended early was resumed upon discovery of the error.

Based on review of the information received to date, the auditor finds the facility substantially compliant with this standard.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. OPS.200.0005 Inmate Sexual Conduct
2. DOC.100.0002 Case Management Manual

Interviews:

1. Warden
2. Staff who supervise inmates in segregated housing.

Findings:

115.68(a)

During the formal interview, the warden stated that they prefer to place inmates in alternative housing inside the facility rather than segregation for their protection, unless it is the inmate's request. Sometimes an alternative may be outside the facility. He indicated that they have not placed any inmates in involuntary segregation during the audit period. They have been able to arrange alternative housing.

During a formal interview with a staff supervisor of inmates in segregation, it was stated that inmates in administrative segregation still have some privileges. It was related that an inmate who had been attending school ended up in administrative segregation and the teacher was able to go to the segregation unit and provide school in the dayroom for that individual. So they still have education opportunities. The staff member indicated they also have work opportunities while housed there. The staff person indicated that any opportunities that have been limited are documented and the duration and reasons for the limitations are documented. It was also stated that inmates would only stay in involuntary segregation until alternative housing was available. When asked how long generally an inmate is placed in involuntary segregation as a means of separation from likely abusers, the response was "two hours". When asked if an inmate's assignment to involuntary segregation is reviewed every 30 days, the response was "They do not stay 30 days."

As required by DOC.100.0002, Department of Public Safety and Correctional Services Division of Correction Case Management Manual, the circumstances surrounding an inmate's presence in segregation shall be reviewed every 30 days. All activity of the inmate in segregation shall be documented using the Record of Segregation Confinement, DOC Form 110.0005aR.

Based on the evidence provided, the facility is in compliance with this standard.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. Executive Directive Investigating Sex Related Offenses IIU.110.0011
2. Executive Directive OPS.200.0005 Inmate Sexual Conduct
4. Executive Directive OPS.050.0001 Sexual Misconduct Prohibited
5. Facility Investigations

Interviews:

1. Warden
2. PREA Coordinator
3. PREA compliance manager
- 4, Three Investigative Staff

Findings:

115.71 (a)

Maryland Department of Public Safety and Correctional Services (DPSCS), Internal Investigative Division (IID) is responsible for investigations within the facilities in accordance with IIU.110.0011 Investigating Sex Related Offenses. (Newer policies refer to IID as Intelligence and Investigative Division, so both terms are likely used interchangeably.) The policy includes allegations of sexual abuse, sexual harassment and retaliation within correctional facilities among the listed sex-related offenses. The IID investigators are sworn law enforcement officers who may investigate administrative and criminal investigations. In addition, each facility employs an investigative captain who may be assigned administrative investigations and who serves as a facility liaison with the IID investigators. Executive Directives OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited and OPS.050.0001 Sexual Misconduct - Prohibited, paragraph G1, require that investigators 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. Paragraphs E1(c) and E3, advise that complaints may be filed by third parties or anonymous complainants. This was reinforced during interviews when all three investigative staff affirmed that all complaints would be taken seriously and investigated, regardless of the source. The facility investigator indicated they have 45 days to complete an administrative investigation.

A list of 19 investigations from the audit period was provided by IID the auditor visited their nearby office during the onsite review. In specialized interviews, the IID investigative staff indicated that initial processing and assignment of the investigation is begun immediately and the assigned investigator usually begins the investigation within two days of the assignment, unless there are time-sensitive issues requiring immediate response. Both IID investigators mentioned that often they conduct preliminary investigation before interviewing begins. A review of ten completed investigations from the audit period demonstrates that investigators do review previous allegation histories and complaints are promptly assigned to investigators. It appears investigations are thorough.

Four of the nine investigations that remained open as of the audit were recently opened in January or February 2018. The other five, involving staff sexual abuse/harassment and inmate on inmate abusive sexual contact were opened between August 2017 and December 2018 and were still not closed as of March 2018. Of the ten closed investigations, one was a sexual harassment investigation opened in February 2017 and not closed until February 2018. So it is not apparent whether IID is completing investigations promptly. It is recognized by the auditor that IID conducts and must prioritize investigations for all state departments in Maryland, and this should not reflect on the facility. It is simply an observation for the agency to address as they see fit.

115.71 (b)

IU.110.0011, Investigating Sex Related Offenses, paragraph 03.B outlines that department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex-related offense shall be trained in techniques related to conducting investigations of sex-related offenses in the correctional setting. One investigator specified this training is provided through the Maryland Police and Corrections Training Commission (MPCTC) as part of a required annual requirement (18 hours all must be approved through the MPCTC) for law enforcement officers. During interviews, the two IID investigators both mentioned the training included information about evidence collection in confinement settings, proper use of Miranda and Garrity warnings, Interviewing, interrogation, considerations of investigating in correctional facilities and both discussed various differences in investigating in the community and investigating within a confinement setting. One indicated that the more experienced investigators mentor the newer investigators as well. Training documentation was provided during the onsite review that verified DPSCS 29 Intelligence and Investigative Unit (IID) investigators completed the seven-hour PREA investigation training. The agency's computerized database was reviewed and confirmed the training date, year, course number, hours of training, score and status of successful completion.

115.71 (c)

When interviewed, IID investigative staff indicated they will collect evidence, interview alleged victims, witnesses, and suspected perpetrators, review video and statements, and will also review prior investigations to look for patterns and possible determination of a prisoner as a predator in order to possibly prevent future abuse of other prisoners. IID investigators have been trained to collect evidence, and SANE personnel collect forensic evidence if there is potential forensic evidence on a person. A review of the investigator training curriculum confirmed that investigators are trained to collect and preserve evidence, interviewing victims, witnesses, and suspected perpetrators in sexual abuse investigations. Facility and IID investigative staff indicated they knew the protocol on gathering information, securing the scene and collecting and preserving evidence. Facility investigative staff indicated that facility staff will secure the scene and protect evidence and may collect statements and IID has special training to be able to collect and process the evidence. Of the ten completed investigations reviewed, all contained reviews of evidence reviewed, described face-to-face interviews with persons involved in the incident. There were some instances where the alleged victim withdrew their allegation and the suspect was not interviewed or it was not clear whether they were personally interviewed. All but one of the investigations were determined to be unfounded. The other was unsubstantiated. During the first part of the audit period, the requirement to interview the suspect was not spelled out in policy. As of June 1, 2017, both Executive Directives OPS.050.0001 and OPS.200.0005 were updated to include this

language. There were nine ongoing investigations at the time of the onsite review, all of which were opened after the policy was updated.

Recommendation:

It appears that a memo to or meeting with investigative staff be beneficial to reinforce to investigative staff the importance of the requirement to conduct face-to-face interviews with all involved in the incident, not only victims as is currently being done, but also witnesses and suspects as prescribed by the standard. The PREA Coordinator indicated he reviews IID PREA investigations on a regular schedule. This should be an item of special attention to ensure it is being implemented uniformly throughout the Maryland DPSCS correctional facilities.

115.71 (d) IID investigative staff described a good working relationship with state's attorney staff, stating that they could contact them as appropriate for guidance and advice. A facility investigative staff indicated that if assigned an administrative investigation, they would talk with IID rather than the prosecutor's office. Then IID would approach the state attorney's office as appropriate in relation to prosecution and/or compelled interviews. This is also in accordance with IIU.110.0011, Paragraph 05.H6. In review of the closed investigative reports for the audit period, none supported criminal prosecution so did not include any discussion related to this standard.

115.71 (e)

IIU.110.0011, paragraph .05.E requires that credibility of a victim, witness or suspect shall be determined on an individual basis, regales of the individual's status, for example employee or inmate." It further states that "a victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation on an incident involving a sex related offense. All three investigative staff indicated during interviews that the evidence is what supports someone's credibility. IID investigators indicated emphatically that they would not ever require an alleged victim of sexual abuse to submit to a polygraph or other truth-telling device as a condition for proceeding with an investigation, and the facility investigator indicated that he had never seen one used for a PREA investigation. There was no mention of polygraph use in any of the ten completed investigations during the audit period.

115.71 (f)

IIU.110.0011, paragraphs 05.D6 and 05.D7, echo the language in this standard, prescribing that investigators "determine if employee action or lack of action contributed to the occurrence" and "documents all aspects of the investigation in a comprehensive investigative report that thoroughly describes, physical, testimonial and documentary evidence; explains the reasoning behind credibility assessment" and attaches appropriate related documents. Investigative staff indicated that all investigations are documented in comprehensive reports for all types of investigations. They stated the level of proof for administrative investigations is the preponderance of the evidence to support their findings related to allegations of sexual abuse or sexual harassment. There appeared to be no higher level of proof used to determine findings in the ten completed investigations reviewed by the auditor.

115.71 (g)(h)

Criminal and administrative investigations are documented in a comprehensive investigative

report that thoroughly describes physical, testimonial and documentary evidence. Review of the ten completed investigations demonstrated that multiple attachments are included in the packet; most consistent attachments were photographic evidence that also includes photos of victims, suspects and witnesses, statements from all parties involved, and referrals to availability of recorded video of the incident or recorded interviews. All three investigative staff interviewed described the physical, testimonial and/or documentary evidence they would include in their report and what they would include in their report to explain their findings. The facility reported that there were no substantiated criminal allegations during the audit period and this was verified through a printout of IID's investigation database for JCI. When interviewed, investigative staff indicated they would submit the case for prosecution when they believed they had the evidence to support it. One also mentioned the importance of documenting administrative cases well, due to the possibility of them becoming criminal or court cases at some future point. Since none of the allegations investigated during the audit period were substantiated, no investigations were referred for prosecution.

115.71 (i)

The auditor learned through informal interviews with facility leadership that there is an electronic retention of PREA investigations with limited access to the Director of the Internal Investigative Unit. The investigations can be retained indefinitely. The agency keeps the original copy of the investigation. A copy of initial information or complete investigative packets was provided to the auditor for each of the 19 PREA-related closed and ongoing investigations during the audit period. OPS.050.0001 and OPS.200.0005, paragraph .05.G4(e) requires that the report be filed and the report maintained for a period of five years after the alleged perpetrator is no longer an employee or an inmate, respectively.

115.71 (j)

OPS .050.0001 Sexual Misconduct (and OPS.200.0005) state that the departure of an employee from the Department (or inmate from the facility) who was alleged to have committed sexual abuse, or the departure from the facility of the victim of sexual abuse/harassment, is not a basis for terminating an investigation of alleged sexual abuse. Review of the investigations during the audit period revealed no instances where an alleged abuser or victim departed from employment or left the facility for parole or transfer that provided a basis for terminating an investigation. All three investigative staff indicated that investigations would continue and that IID has statewide access, so could go to the community or to another facility to continue investigation.

115.71 (k) Auditor is not required to audit this standard.

115.71 (l) During the interview with JCI's Warden, he indicated that IID does keep the facility informed during the course of an investigation and upon closure of the investigation and that the facility will move quickly in accordance with IID's findings. During an interview conducted by another auditor in a recent audit, the statewide PREA Coordinator indicated IID is not an outside agency, it is a part of the larger agency, Maryland Department of Public Safety and Correctional Services. The Director reports to the Secretary. He went on to further state that IID does keep him informed on issues he presents to them or alerts them to and that they are sworn officers with all police powers, with statewide investigative responsibilities. During her interview, the PREA Compliance Manager indicated that IID provides the facility with the final investigation. She has a good working relationship with various IID staff members and would

not hesitate to contact them.

The Intelligence and Investigative Division of the DPSCS conducts all of the administrative and criminal investigations. Therefore, this provision does not apply to JCI; however, it is apparent that communication is maintained between both sides of the agency during investigations.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. Agency Executive Policy Directive IIU.110.0011 Investigating Sex Related Offenses
2. Facility Investigations

Interviews:

1. Investigative Staff

Findings:

115.72 (a) -1

IIU.110.0011, paragraph .05H2, specifies that investigative findings for sex-related offenses are based on a preponderance of evidence standard.

In review of ten completed facility sexual abuse and sexual harassment investigations, it was demonstrated that the agency uses no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

During specialized interviews, three investigative staff affirmed that investigations require no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse or sexual harassment in an administrative investigation.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. Executive Directive Investigating Sex Related Offenses IIU.110.0011
2. Facility Investigations
3. Executive Directive Inmate on Inmate Sexual Conduct - Prohibited OPS.200.0005
4. Executive Directive Sexual Misconduct- Prohibited OPS.050.0001
5. Sample documentation of findings notifications

Interviews:

1. Warden
2. Investigative Staff

Findings:

115.73 (a)

OPS.050.0001 and OPS.200.0005, paragraph .05H1, both require that upon concluding an investigation involving an inmate as a victim of a sex related offense, the head of the unit responsible for the victim inmate shall ensure that the victim inmate is notified of the investigator's determination that the allegation is substantiated; meaning it was investigated and determined to have occurred, unsubstantiated; meaning that it was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred, or unfounded; meaning an allegation was investigated and determined to not have occurred. IIU.110.0011, outlines that "upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being determined to be" substantiated, unsubstantiated or unfounded.

The former policies listed above are the most current, having an effective date of June 1, 2017. In paragraph .05H3 of both policies, additional requirements for the notification are included when documenting the notification of the outcome of the investigation. These include the case number, content, date and location of the notification, printed name and signature of the employee making the notification and the inmate's signature acknowledging the notification or "refused to sign" and the employee's signature. During informal discussion with the agency PREA Coordinator, this auditor confirmed that this instruction was given, but no form was created to gather this information. When this was discussed with the facility PREA Compliance Manager, the PCM was able to add signature lines to an existing document to record the information with the signatures and provide five samples of inmate notification of investigative outcomes to the auditor post-audit.

During interviews, investigative staff confirmed inmates are notified of investigation outcomes and notations made in the investigative packet and the warden verified that he usually notifies the inmates but is seeing that IID has notified the inmates at completion of the investigation.

Upon review of ten completed facility investigations, information was included in the packet that the inmate was notified of the investigatory finding, consistent with the provision. Review

of documentation of notification provided by the facility demonstrates that in practice it is usually the investigator who advises the victim inmate of the investigation results.

Recommendation:

It is recommended that the agency create a form be distributed statewide to assist staff with meeting the additional agency documentation requirements for inmate notification. It is suggested it be accompanied by an instructional memo or meeting with investigative staff to ensure they are aware of the new documentation requirements regarding the notifications.

115.73(b)

This standard is for facilities whose investigations are not conducted by the agency. DPSCS Intelligence and Investigative Division conducts investigations for the facility, so this standard is not applicable for Jessup Correctional Institution (JCI).

115.73(c)(d)

OPS.050.0001 and OPS.200.0005, paragraph .05H2, addresses the requirement to notify an inmate victim under the circumstances delineated by the standard.

There were no sexual abuse investigations that resulted in a substantiated or unsubstantiated finding during the audit period.

115.73(e)

OPS.050.0001 and OPS.200.0005, paragraph .05H, requires that notifications under this standard (115.73a,c and d) must be documented and signature requested from the inmate. Based on the notification forms used by IID and provided by the facility, it appears that notifications are made and documented for all PREA-related investigations, not just for sexual abuse allegations but also for sexual harassment allegations. Additionally, when the facility became aware of the agency's new requirement to get signatures on the documentation, they began doing so immediately as evidenced by the creation of a new facility form that included space for signatures and dates. The form was forwarded to two other facilities for recently closed cases to be signed by the alleged inmate victims, and one was also completed for a case closed following the audit. Signed forms were then provided to the auditor post-audit.

115.73(f)

If an inmate transfers to another facility we would still notify them of the investigative finding. A copy of the notification is kept in the investigative file at the investigative unit and a copy is also filed in the inmate's base file.

Based on review of the evidence, the facility has demonstrated compliance with the standard.

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. Agency Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited
2. Agency Standard of Conduct Internal Administrative Disciplinary Process

Findings:

115.76 (a) -1

Agency Code of Conduct and OPS.050.0001, Sexual Misconduct - Prohibited, indicate that an employee is subject to disciplinary action, up to and including termination of employment, with the Department for violating agency rules against sexual abuse and sexual harassment of inmates. Agency Standard of Conduct Internal Administrative Disciplinary Process also outlines that sexual abuse is a category three infraction with termination as the sanction for any employee that violates agency sexual misconduct policy.

115.76 (b)(c)(d)

OPS.050.0001 further states the department does not tolerate sexual misconduct by an employee, by either omission or commission or consider alleged or actual consent as a defense to an allegation of sexual misconduct. In addition, the policy indicates that a staff member or contractor determined to have committed sexual misconduct is subject to sanctions up to and including dismissal, criminal prosecution and notification of a relevant licensing body, if applicable. A review of 14 staff sexual misconduct/sexual harassment investigations verified that during the last 12 months there were no substantiated cases where staff from JCI violated the agency sexual abuse or sexual harassment policies.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. Maryland Criminal Law Code Annotated 3-314 (2013)
2. CODE OF MARYLAND REGULATIONS (COMAR)
- 3 Agency Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited
4. COMAR 21.07.01.11 Contract Termination

Interviews:

1. Warden

Findings:

115.77 (a)

Maryland criminal law 3-314 provides that anyone working in a correctional facility, whether on a paid or volunteer basis, may not engage in sexual contact, vaginal intercourse, or a sexual act with an inmate.

Agency policies OPS.050.0001 and OPS.200.0005 define "employee" as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position regardless of job title or classification, including a contractor or intern. If a contractor is determined to have committed sexual misconduct, he or she is considered to be in violation of terms or conditions of a contract or other agreement. These policies further state that contractors could be subject to referral to law enforcement, and to relevant licensing bodies, if applicable.

A review of 19 investigations conducted during the audit period confirmed that the agency had not investigated any allegations that a contractor or volunteer violated the agency's sexual abuse or sexual harassment policy.

115.77 (b)

COMAR 21.07.01.11 provides that if the contractor fails to fulfill its obligation under contract or violate provisions of the contract the state may terminate the contract. During an interview, the warden stated that IID would be notified first and the volunteer and or contractor would be automatically banned from the facility and any state facility. IID would handle criminal charges; IID has arresting powers. The warden further stated that the contractor's company would be subject to whether we would continue to use their services and that such a decision would be determined on a case by case basis. The facility would prohibit all other future contact with the inmate.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. Agency Executive Directive OPS.200.0005 Inmate Sexual Conduct - Prohibited
2. 19 Investigations
3. Agency Executive Directive OSPS.050.0001 Sexual Misconduct Prohibited

Interviews:

1. Warden
2. Medical and Mental Health Staff

Findings:

115.78 (a) -1-4

Agency policy outlines an inmate determined to have committed sexual conduct is subject to penalty established under the Inmate disciplinary process up to criminal prosecution. Facility staff reported that in the past 12 months there were no administrative or criminal findings of inmate-on-inmate sexual abuse that have occurred at the facility. The auditor reviewed 19 Investigations during the audit period that revealed that there was no administrative investigation findings for inmate on inmate sexual abuse allegations were substantiated.

115.78 (b)

During interviews, staff indicated that following an administrative or criminal finding that an inmate engaged in inmate on inmate sexual abuse, the inmate would be subject to criminal or administrative sanctions by the adjustment hearing officers. Adjustment hearing officers determine guilt or innocence for administrative hearings. The sanctions are proportionate as they look at mitigating factors and the disciplinary matrix.

115.78 (c)

During an interview, the warden indicated that an inmate's mental disabilities or mental illness that contributed to his or her behavior is a mitigating factor. " I review all adjustment hearing results. I can decrease sanctions but I cannot increase sanctions". Facility staff reported in the past 12 months, there were no administrative or criminal findings of inmate-on-inmate sexual abuse that have occurred at the facility. The auditor reviewed 19 Investigations during the audit period that revealed that there was no administrative investigation findings for inmate on inmate sexual abuse allegations were substantiated.

115.78 (d) -1, 2

During interview, mental health staff indicated that they do not discuss underlying issues during initial interviews. That is not our therapeutic intervention. They provide mental health crisis intervention, some individual therapy and some group. They further stated Inmates can refer themselves anytime they want. Once they join the group, there must be cooperation in group. However, not participating as a suspect would not keep them from receiving any other benefits.

115.78 (e)

The facility reported that there has not been any instance of inmate sexual contact with staff where the staff member did not consent to such contact. The auditor reviewed 19 Investigations during the audit period that revealed that there was no administrative investigation findings for inmate on staff sexual abuse allegations where the staff member did not consent to such contact.

115.78 (f) -1

Agency Executive Directive OSPS.050.0001 states that a complaint of alleged sexual misconduct made in good faith based upon a reasonable belief that the alleged sexual misconduct 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 sexual misconduct. Facility reported that the agency prohibits disciplinary action against an inmate for a report of sexual abuse made in good faith.

115.78 (g) 1, 2

Agency Executive Directive OPS.200.0005 does prohibited inmate on inmate sexual conduct. If it has been determined that an inmate violated sexual conduct policies, they are subject to the inmate disciplinary process up to criminal prosecution. The behavior would constitute sexual abuse only if it determines that the activity is coerced.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. OPS.200.0005 Inmate on Inmate Sexual Conduct Prohibited
2. Risk Assessment form and referral instructions
3. Sample medical records

Interviews:

1. Two medical and mental health staff
2. One case manager who conducts risk assessments

Findings:

115.81(a)(b)(c)

OPS.200.0005 outlines that when an inmate reveals at intake by their answers to risk assessment questions 7, 12, 17, or 18 that he or she has been a victim or perpetrator of sexual abuse, the inmate must be offered a follow-up visit with mental health staff. If the inmate accepts, the staff member will then check the appropriate referral boxes and provide the inmate with a PREA FOLLOW UP form. Staff will also assist the inmate with the form, if necessary, and send the letter to the psychology department through the institutional mail for the inmate to be seen within 14 days. Dr. Moore, Psychology, explained that she keeps a physical log of all who are referred to her department and also demonstrated how notes are placed in the electronic medical file case notes for those who are referred as a result of risk screenings. It appears to be a very efficient system for ensuring that inmates are seen by mental health upon acceptance of the offered visit.

115.81(d) Instructions on the risk assessment form also indicate that "Responses to the questions asked on the screening instrument are to be kept confidential and disseminated only to those individuals with a need to know. Staff are further instructed to "Follow your facility policy regarding dissemination. "

115.81(e)

During formal interviews with both medical and mental health staff, it was verified that health care and mental health care staff provide information about limits to confidentiality and informed consent in relation to reporting of sexual abuse in facilities and in the community, respectively. This auditor was able to view notations in the medical record that documented that informed consent and limits to confidentiality were provided during the mental health contact.

Based on the evidence provided, the facility has demonstrated compliance with this standard.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. Agency Directive OPS.200.0005 Inmate Sexual Misconduct Prohibited
2. Agency Directive OPS.050.0001 Sexual Misconduct
3. Wexford Health
4. Mercy Medical Center
5. Facility Investigations

Interviews:

1. Medical and Mental Health Staff
2. Security Staff and Non-Security Staff First Responders
3. Mercy Medical Center Nursing Supervisor ER

Findings:

115.82 (a)

Agency Sexual Assault Procedure Policy P-314 (b / c) states Wexford health will ensure that victims of sexual assault receive prompt and appropriate medical intervention. Victims of sexual assault will be referred to a community facility for examination and collection of evidence or examined in the facility by a qualified health staff member. During interview, medical staff indicated that inmates do receive timely and unimpeded access to emergency medical treatment as soon as possible. During the onsite review, the auditor observed inmates receiving treatment in the medical area.

115.82 (b)

Security and non security staff that reported as first responders knew the appropriate steps to take for an inmate that alleged sexual abuse including notifying medical and mental health practitioners. During an interview with security and non- security staff, staff stated they would call their supervisor, take the victim out of the are to make them safe, take the victim to medical, protect the evidence, protect the crime scene. During an interview with medical staff, the victim would be evaluated, injuries addressed and sent to the hospital for a forensic exam. During the onsite audit, there were no inmates available that reported a sexual abuse allegation that the auditor could interview to confirm the agency's practice with this provision.

115.82 (c)

Agency policy provides that inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. During interview, medical staff indicated that Inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. During the onsite audit, the was no inmates available that reported a sexual abuse allegation that the auditor could interview to confirm the agency's practice with this provision.

115.82 (d)

Agency Directive OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited outlines that

victims will be offered access to a medical forensics examination at no cost to the victim. During interviews, medical staff indicated that there is no cost for victim. During an interview, Mercy Medical Center Nursing supervisor indicated that SAFE exams are free to all victims.

Based on the evidence, the facility has demonstrated compliance with the standard.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. Agency Medical Evaluation Manual Chapter 13 Sexual Assault on an Inmate
2. Facility Investigations

Interviews:

1. Medical and mental health Staff

Findings:

115.83 (a) -1; (c) (f)-1; (g) -1; (h)-1

Agency Medical Evaluation Manual, Chapter 13 Sexual Assault on an Inmate, outlines that 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. Following a report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. During an interview, medical staff indicated victims would receive medical treatment to address injuries and be sent to the hospital for a SAFE examination, if applicable. During the onsite audit, there were no inmates available that reported a sexual abuse allegation that the auditor could interview to confirm the agency's practice with this provision.

115.83 (b)

All inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit regarding the allegations of sexual assault, all follow-up testing related to Sexually Transmitted Infections (STI), HBV, RPR shall be reviewed with the inmate and any additional testing or treatment required. Within 5 business days, all of the PREA related post assault follow-up clinical activities for medical, and mental health care must be completed whether or not an off-site visit was indicated, including testing and prophylactic treatment for STI's. During an interview, medical staff indicated victims would receive medical treatment to address injuries, make referrals and sent to the hospital for a SAFE examination. During the onsite audit, there were no inmates available that reported a sexual abuse allegation that the auditor could interview to confirm the agency's practice with this provision.

115.83 (d) -1; (e) -1

The JCI facility does not house female inmates. A review of the agency website, pre-audit questionnaire provided by facility and onsite review confirmed that there are not female inmates at JCI. Therefore, this provision does not apply to JCI.

115.83 (c)

The facility stated that they do provide victims with medical and mental health services consistent with the community level of care. During an interview, medical staff indicated that facility nurses are licensed in the State of Maryland. During the onsite audit, there were no inmates available that reported a sexual abuse allegation that the auditor could interview to confirm the agency's practice with this provision.

115.83 (f)

There were no Inmate victims of sexual abuse that were offered tests for sexually transmitted infections as medically appropriate available at the time of the onsite audit. During interview, medical staff indicated that a victim would receive medical treatment to address injuries and be sent to the hospital for a SAFE examination. During the onsite audit, there were no inmates available that reported a sexual abuse allegation that the auditor could interview to confirm the agency's practice with this provision.

115.83 (h)

During an interview, mental health staff indicated they would provide a victim within 24 hours and alleged perpetrators within 60 days. During the onsite audit, there was no inmate available that reported a sexual abuse allegation that the auditor could interview to confirm the agency's practice with this provision.

Based on the evidence, the facility has demonstrated compliance with the standard.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy and Document Review:

1. OSPS.050.0030 Sexual Misconduct.pdf
2. OSPS.200.0004 Inmate sexual Conduct.pdf
3. DPSCS.020.0026.pdf
4. IIU.110.0008 Strip & Body Cavity Searches.pdf
5. IIU.110.0008 Strip & Body Cavity Searches.pdf
6. IIU.220.0002 Evidence Collection.pdf1.
7. DOC 110.0022 Reduction in Violence.
8. OSPS.020.0027 PREA Investigations - Tracking and Review
9. Sample of completed Sexual Abuse Incident Review form
10. Chart of PREA-related investigations conducted during audit period

Interviews:

1. Warden
2. PREA compliance manager
3. Two staff members on the Reduction in Violence (incident review) team

Please note, the first six documents listed were included on the PAQ and were reviewed. Unfortunately, they were not relevant to this standard. The seventh discusses the monthly reduction in violence meeting and was provided in the PAQ with 115.86(b). This meeting was established in 2007, prior to the PREA standards, so it does not address PREA incident reviews; but the agency determined that it was a good fit to include PREA incident reviews in this meeting as well. This is confirmed through interviews with incident review team members and the PREA Compliance Manager. This was also confirmed through the eighth document, which was not originally provided with this standard but was discovered by the auditor post-audit on the DPSCS website. The sample incident review form was provided upon request of the auditor, and the investigation chart was provided with the PAQ.

Findings:

115.86(a)(b)

During interviews with the Warden, PREA Compliance Manager, and two staff members on the Reduction in Violence (incident review) team, it was indicated that the facility conducts monthly meetings in accordance with the corrections division's Reduction in Violence policy. During this meeting, serious incidents, use of force, and PREA-related investigations are reviewed. One sample Sexual Abuse Incident Review form was provided as this was the only sexual abuse investigation during the audit period with a finding of unsubstantiated. The others were either unfounded or ongoing as indicated on the investigation chart. Post audit, this auditor inquired of the PREA compliance manager whether any of the investigations had closed in the last month in order to get a larger sample, but none had yet closed. There was only one investigation during the audit period that required an incident review, and that sample completed Sexual Abuse Incident Review form was provided, the ninth document. This incident review was completed within 30 days of the investigation closing.

115.86(c)

The completed incident review form indicates that the Warden, Acting Security Chief, Grievance (ARP) Coordinator, Psychology Supervisor, Warden Administrative Assistant, 3-11 Supervisor, 7-3 Supervisor and the Assistant Warden attended the meeting. It was confirmed during the interviews listed above that upper level staff participate in the monthly meetings.

115.86(d)

The incident review form lists categories of group dynamics as reminders to the meeting members to consider race, ethnicity, gender identity, gang affiliation, or "other" with a line to write in any other applicable category. It also includes space to record recommendations for changes to policy/practice and physical plant. The sample completed form provided included responses to these sections. OSPS.020.0027, Paragraph .05E, lists all of these categories to be considered during the review as possible factors, including involvement of LGBTI inmates.

115.86(e) The incident review form also includes space to indicate that recommendations will be implemented or not implemented (and why not), as well as a space for the completion date of implemented recommendations. These were all completed on the sample form provided.

Based on the documentary and interview evidence listed, the facility is found compliant with this standard.

115.87 Data collection

Auditor Overall Determination: Audited at Agency Level

Auditor Discussion

115.88 Data review for corrective action

Auditor Overall Determination: Audited at Agency Level

Auditor Discussion

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Audited at Agency Level

Auditor Discussion

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

Findings:

115.401 (h)

The auditor did have full access to observe the Jessup Correctional Institution (JCI) facility. The auditor spent five days inside the JCI during the onsite audit from March 5, 2018 to March 9, 2018.

115.401 (i)

The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information at JCI. Documents were requested during the Pre-Audit Phase, Onsite Audit phase and Post Audit Phase. Auditors were also able to conduct interview post audit as the time allowed during the week did not allow some random and specialized interviews to occur.

115.401 (m)

The auditor was permitted to conduct private interviews with inmates, residents, and detainees. Interviews were conducted in a secure location outside the shift commanders offices, in the hospital TV room, and in the housing unit dayroom.

115.401 (n)

Inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor received one letter on February 06, 2018 pre-audit and four letters on April 6, 2018 post audit.

Based on the evidence, the facility has demonstrated compliance with this standard.

115.403 Audit contents and findings

Auditor Overall Determination: Audited at Agency Level

Auditor Discussion

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 (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 OR the response to 115.12(a)-1 is "NO".) yes

115.13 (a) Supervision and monitoring

Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video yes

monitoring, to protect inmates against sexual abuse?

Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? yes

Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ? yes

115.13 (b) Supervision and monitoring

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

115.13 (c) Supervision and monitoring

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? yes

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? yes

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? yes

115.13 (d) Supervision and monitoring

Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? yes

Is this policy and practice implemented for night shifts as well as day shifts? yes

Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? yes

115.14 (a) Youthful inmates

Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) na

115.14 (b) Youthful inmates

In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) na

In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) na

115.14 (c) Youthful inmates

Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) na

Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) na

Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) na

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

Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? yes

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

Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) 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 here for facilities with less than 50 inmates before August 20,2017.) 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? no

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

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

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

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

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

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

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

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

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

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

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

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all

aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.17 (a) Hiring and promotion decisions

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

115.17 (b) Hiring and promotion decisions

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

yes

115.17 (c) Hiring and promotion decisions

Before hiring new employees who may have contact with inmates, does the agency: perform a criminal background records check? yes

Before hiring new employees who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? yes

115.17 (d) Hiring and promotion decisions

Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? yes

115.17 (e) Hiring and promotion decisions

Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? yes

115.17 (f) Hiring and promotion decisions

Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? yes

Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? yes

Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? yes

115.17 (g) Hiring and promotion decisions

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

115.17 (h) Hiring and promotion decisions

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

115.18 (a) Upgrades to facilities and technologies

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

115.18 (b) Upgrades to facilities and technologies

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

115.21 (a) Evidence protocol and forensic medical examinations

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

115.21 (b) Evidence protocol and forensic medical examinations

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

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

115.21 (c) Evidence protocol and forensic medical examinations

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

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

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

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

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	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 such publication 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 such education?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d) Inmate education

Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? yes

Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? yes

Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? yes

Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? yes

Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? yes

115.33 (e) Inmate education

Does the agency maintain documentation of inmate participation in these education sessions? yes

115.33 (f) Inmate education

In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? yes

115.34 (a) Specialized training: Investigations

In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received 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? 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? 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? yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? 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.)	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?	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?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	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, when 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, when 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, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a: Referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Request?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i) Screening for risk of victimization and abusiveness

Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? yes

115.42 (a) Use of screening information

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

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

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

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

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

115.42 (b) Use of screening information

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

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

115.42 (g) Use of screening information

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? 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? 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? 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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? yes

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? yes

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? yes

115.43 (c) Protective Custody

Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? yes

Does such an assignment not ordinarily exceed a period of 30 days? yes

115.43 (d) Protective Custody

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? yes

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

115.43 (e)	Protective Custody	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
		Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
		Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
		Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
		Does that private entity or office allow the inmate to remain anonymous upon request?	yes
		Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	no

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? no

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

115.53 (b) Inmate access to outside confidential support services

Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? yes

115.53 (c) Inmate access to outside confidential support services

Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? yes

Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? yes

115.54 (a) Third-party reporting

Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? yes

Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? yes

115.61 (a) Staff and agency reporting duties

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

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

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

115.61 (b) Staff and agency reporting duties

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

115.61 (c) Staff and agency reporting duties

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

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

115.61 (d) Staff and agency reporting duties

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

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

115.64 (a) Staff first responder duties

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

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

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

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

115.64 (b) Staff first responder duties

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

115.65 (a) Coordinated response

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

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

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

115.67 (a) Agency protection against retaliation

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

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

115.67 (b) Agency protection against retaliation

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

115.67 (c) Agency protection against retaliation

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

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

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

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

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

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

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

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

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

115.67 (d) Agency protection against retaliation

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

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

- 115.71 (d) Criminal and administrative agency investigations**
- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? yes
- 115.71 (e) Criminal and administrative agency investigations**
- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? yes
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? yes
- 115.71 (f) Criminal and administrative agency investigations**
- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? yes
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? yes
- 115.71 (g) Criminal and administrative agency investigations**
- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? yes
- 115.71 (h) Criminal and administrative agency investigations**
- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? yes

- 115.71 (i) Criminal and administrative agency investigations**
- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? yes
- 115.71 (j) Criminal and administrative agency investigations**
- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? yes
- 115.71 (l) Criminal and administrative agency investigations**
- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) na
- 115.72 (a) Evidentiary standard for administrative investigations**
- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? yes
- 115.73 (a) Reporting to inmates**
- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? yes
- 115.73 (b) Reporting to inmates**
- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) na

115.73 (c) Reporting to inmates

Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? yes

Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? yes

Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? yes

Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? yes

115.73 (d) Reporting to inmates

Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? yes

Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? yes

115.73 (e)	Reporting to inmates	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
		Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
 115.77 (b)	 Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
 115.78 (a)	 Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
 115.78 (b)	 Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
 115.78 (c)	 Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

- 115.78 (d) Disciplinary sanctions for inmates**
- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? yes
- 115.78 (e) Disciplinary sanctions for inmates**
- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? yes
- 115.78 (f) Disciplinary sanctions for inmates**
- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? yes
- 115.78 (g) Disciplinary sanctions for inmates**
- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) yes
- 115.81 (a) Medical and mental health screenings; history of sexual abuse**
- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? yes

115.81 (b) Medical and mental health screenings; history of sexual abuse

If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

yes

115.81 (c) Medical and mental health screenings; history of sexual abuse

If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?

yes

115.81 (d) Medical and mental health screenings; history of sexual abuse

Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?

yes

115.81 (e) Medical and mental health screenings; history of sexual abuse

Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?

yes

115.82 (a) Access to emergency medical and mental health services

Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?

yes

115.82 (b) Access to emergency medical and mental health services

If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? yes

Do security staff first responders immediately notify the appropriate medical and mental health practitioners? yes

115.82 (c) Access to emergency medical and mental health services

Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? yes

115.82 (d) Access to emergency medical and mental health services

Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? yes

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

Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? yes

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

Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? yes

115.83 (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

115.401 (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