

PREA Facility Audit Report: Final

Name of Facility: Maryland Correctional Institution Hagerstown

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/31/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Debra D. Dawson	Date of Signature: 05/31/2021

AUDITOR INFORMATION	
Auditor name:	Dawson, Debra
Email:	dddawsonprofessionalaudits@gmail.com
Start Date of On-Site Audit:	04/14/2021
End Date of On-Site Audit:	04/16/2021

FACILITY INFORMATION	
Facility name:	Maryland Correctional Institution Hagerstown
Facility physical address:	18601 Roxbury Road, Hagerstown, Maryland - 21746
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Kelly Partlow
Email Address:	kelly.partlow@maryland.gov
Telephone Number:	240.420.1312

Warden/Jail Administrator/Sheriff/Director	
Name:	Gregory Werner
Email Address:	gregory.werner@maryland.gov
Telephone Number:	240-420-1300

Facility PREA Compliance Manager	
Name:	Kelly Partlow
Email Address:	kelly.partlow@maryland.gov
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Facility Health Service Administrator On-site	
Name:	Rebecca Barnhart
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Telephone Number:	240.420.1219

Facility Characteristics	
Designed facility capacity:	1300
Current population of facility:	926
Average daily population for the past 12 months:	750
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Males
Age range of population:	18 +
Facility security levels/inmate custody levels:	Pre Release, Minimum, Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	371
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	66
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	138

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

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

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

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Maryland Correctional Institution Complex (MCI-H) on-site was scheduled for April 14 – 16, 2021. The PREA Audit was coordinated through the Maryland Department of Public Safety and Correctional Services (DPSCS) and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor, Debra Dawson was assigned as the PREA Auditor. Ms. Margena Myrick was assigned as support staff to assist in conducting on-site interviews and tour of the facility. A line of communication was developed between the DPSCS PREA Coordinator Mr. David Wolinski, Assistant PREA Coordinator Funsho S. Oparinde and Ms. Dawson through phone calls and emails. It was determined the facility would utilize the Automatic On-line System (OAS) for the audit. Due to the size of the facility and inmate population the on-site visit was scheduled for three days.

Pre-Audit Process

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

A line of communication began between the auditor and the MCI-H PREA Compliance Manager Mrs. Kelly Partlow through emails and telephone calls on February 16, 2021, regarding the posting of the audit notice at a minimum of six weeks prior to the on-site visit and logistics of the audit process. The audit notice was confirmed as posted on February 24, 2021. Confirmation of the audit posting and access to viewing by the staff and inmate population was delivered through photographs via email with identified locations. The postings were well over the six-week requirement.

The PREA audit review period was determined for March 1, 2020 – March 1, 2021. The auditor utilized resources within the PREA Auditor Portal for submission to the MCI-H PCM for completion and return to the auditor. The forms included the PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms and PREA Audit Specialized Staff Identification Form. These forms allowed the auditor to select investigative files, staff personnel files, identify specialized staff, and identify inmates within the various targeted categories for interviews during the onsite visit of the audit.

The auditor reviewed the Department's website and observed the annual PREA reports dated 2015 – 2019, and the prior PREA Audit Report for MCI-H. The auditor contacted Just Detention International (JDI) regarding any PREA allegations submitted by the inmate population. JDI indicated the agency had not received any correspondence from an inmate at MCI-H during the 12-month review period.

The auditor, DPSCS PREA Coordinators and MCI-H PREA Compliance Manager communicated throughout the pre-audit process. However, although the auditor maintained a level of continued communication through emails, phone calls and conference calls with the DPSCS Coordinators and MCI-

H PCM, the auditor did not receive access to the review the OAS until one week prior to the on-site visit. However, the MCI-H did provide the auditor with the completed requested forms from the PREA Auditor Portal as requested in advance. The auditor utilized these forms to identify specialized staff, identify inmates within targeted groups, the selection of staff background checks, staff promotions, investigative files and to identify inmates who arrived during the review period for confirmation of PREA education within 30 days, initial risk assessment screenings completed within 72 hours and 30-day follow-ups upon their arrival date.

The auditor utilized inmate rosters to make a random selection of 44 inmates' PREA education, 72-hour initial risk screening and 30-day follow-up risk screenings that included inmates assigned to the main compound and Annex. There were no discrepancies noted in the PREA screening being conducted within 72 hours of the inmate's arrival by Intake Staff and the completion of the 30-day reassessments by Case Management Staff. The review confirmed 100% of the assessments were conducted timely. In addition to the 72-hour assessment being conducted on the day of the inmates' arrival, the 30-day risk reassessments were conducted prior to the 30th date (normally after 21 days) or on the 30th date, but not later than 30 days of the inmates' arrival. The staff assigned to conduct risk assessments demonstrated their knowledge, practice, and the procedure of conducting risk assessments in accordance with DPSCS policy and provisions of standard 115.41.

The auditor utilized rosters provided by the MCI-H PCM to select random personnel files for the 6 of the 12 new hires and 7 of the 26 selected for promotions during the review period. Background checks and self-evaluation PREA forms were reviewed.

Upon allowance to the OAS, the auditor was granted excess to the various links for to DPSCS Directives facility policies, inmate orientation handbook, training curriculums, organizational charts, background checks, confirmation of staff and inmate PREA education, DPSCS and facility policies in addition to PREA risk screenings, specialized training for investigators, medical and mental health, and a variety of other PREA related material for the 43 Standards. However, additional documentation would be required.

On-site visit

The on-site visit began on Wednesday, April 14, 2021, at approximately 8:00 a.m. An entrance meeting for an introduction and to discuss the audit process. The following were in attendance: DOJ PREA Auditor Debra Dawson; Margena Myrick PREA Auditor Support Staff; Warden Greg Werner; Assistant Warden Todd Hull; Laura Golliday Chief of Security; David Wolinski DPSCS PREA Coordinator; Funsho S. Oparinde DPSCS Assistant PREA Coordinator; Kelly Partlow MCI-H PREA Compliance (MCI-H PCM). The auditor requested the inmate count which was identified as 940. A request was also made to have available upon returning from the tour various inmate rosters, and staff rosters for a selection of staff and inmate interviews. A request for private offices to conduct the interviews was also made and identified. The auditor advised staff based on the inmate count, a minimum of 30 inmates to include (15 targeted and 15 random), was required to be interviewed while stating this amount will be exceeded. Inmates would be selected from each of the housing units with the exception for inmates currently on isolation and/or quarantine status due to COVID-19 for health safety reasons. It was decided that those inmates without restricted movement would be allowed to report the office area provided to the auditing team. Those inmates with restricted movement, such as segregation would be interviewed within those areas.

DPSCS facilities to include staff the inmate population was severely affected by COVID-19 beginning March 2020 through March 2021. Incoming inmate traffic was restricted, there were severe staff shortages in all departments in addition to non-security staff assigned to perform telework numerous days of each week. The Governor of Maryland declared a state emergency in response to COVID-19. He

outlined numerous guidelines, limitations, and restrictions throughout the State. Additionally, an Internal and External Inmate Movement During COVID-19 Standard Operating Procedures was issued on July 17, 2020. Inmates were and continue to place in a fourteen (14) quarantine status during the on-site visit. These quarantines requirements were an important step in controlling the spread of COVID throughout the DPSCS facilities. Inmates assigned in housing units identified as quarantine for COVID-19 was not selected for interviews due to medical health concerns.

Immediately following the entrance meeting, the auditing team was taken on a tour of the facility lead by Ms. Partlow MCI-H PCM, David Wolinski DPSCS PREA Coordinator and Funsho S. Oparinde DPSCS Assistant PREA Coordinator. Fifty-six buildings compose the MCI-H. This includes 22 inmate housing units. Due to the physical size of MCI-H, it was decided that the tour would conclude on the second day of on-site visit.

Fifty-six buildings compose the MCI-H. This includes 22 inmate housing units. There are 3 single cell housing units; 9 multiple occupancy cell housing units; 9 dormitory/open by housing unit and 104 segregation cells.

Thirty-seven buildings are utilized, and 19 buildings are condemned and/or no longer in use and are unauthorized for entry due to safety concerns. The identification of these buildings is noted in the facility characteristics.

The tour began with the Maryland Correctional Enterprises (MCE) due to the available of the Regional Manager currently on-site to lead the tour within his supervision of these departments. There are 26 MCE throughout the State of Maryland that operates various plants. Various MCE Plants at MCI- H consist of 131- Laundry Plant; 125 - Meat Plant; 122 -Upholstery; 124 - Metal Plant #1 and Metal Plant #2; Maintenance Shop. Inmates remain throughout the day at the MCE plants throughout their shifts and their lunch meals are delivered. The numbers of inmates previously assigned to these areas has decreased due to COVID-19.

Staff within their departments provided additional escort throughout while giving a briefing of the operation and assisting the auditing team in identifying the locations of mirrors and cameras throughout the facility that was strategically installed in a manner that provided monitoring ability. Inmates were observed working in various areas of the plants and was appropriately supervised by both DPSCS and MCE staff. Staff was observed and indicated during interviews they are continuously walking and monitoring the inmates within the factories. The number of inmates assigned to these areas have also been decreased since March 2020. PREA information was posted in on methods of how to report PREA allegations on various walls throughout. The PREA Hotline # 410-585-3177 was visible to the inmate population and staff complement.

The Metal Plant #1 is an open area with no mirrors. However, there are 16 cameras installed that provide complete coverage of the plant work area. There are 3 individual toilet stalls with full length shower curtains with a clear mesh at the top and bottom for security purposes. Privacy is awarded during usage by the shower curtain. PREA posters were added following the tour as there was no PREA education posted within the area. The auditor identified an inmate restroom in the metal plant 1 shop that the entrance door window allowed total viewing of inmates using the toilets and urinals. The auditor recommended the bottom section of the door window to be blacken out. This would allow continuing staffing monitoring of the area but would also allow inmates privacy during use of the toilets and urinal from staff of the opposite gender. The section of the entry door window was blackened within an hour of

being recommended on the first day of on-site visit.

The 131 Laundry Plant has 9 security cameras installed. Seventeen inmates are authorized to be assigned to one staff supervisor due to COVID-19. There are 3 individual toilets stalls with a barrier on each side for privacy. Services are provided to various non-profit organizations to include but not limited to various hospitals, children services, Universities, and community services. PREA posters were identified in the area on bulletin boards and walls. A gate secured access from unauthorized areas.

The Meat Plant 125 provide meat for other DPSCS facilities, hospitals, and various non-profit organizations. Thirty inmates were assigned and monitored by 4 supervisors. Sixteen cameras are strategically located in the plant. PREA posters were identified as posted on bulletin boards and walls. The auditor identified the entry door window of the community inmate restroom allowed viewing of inmates use of the restroom. The auditor recommended the lower section of the entry door to be darken out that would allow inmates privacy during their use of the toilets but continue to allow viewing inside the area. The identified recommendation was received, and the correction was completed with 1 hour of making the recommendation.

The 122 Upholstery shop previously maintained top sales in the State prior to COVID-19. There are 16 cameras that provide coverage throughout. Twenty-three inmates were assigned with 4 staff supervising the area. There are two separate inmate restroom areas within the plant. The toilets are in individual stalls and are equipped with privacy barriers.

The 124 Mental plant #2 employed 7 inmates and construct inmate beds and desk. PREA posters were identified in the area on bulletin boards and walls in the department.

PREA information was identified in the maintenance shops. One individual staff toilet with a full size is designated as the inmate restroom. Numerous shops are located on each side of the corridor to include electrical shop, plumbing, general maintenance, steam fixer, and ground crew. Inmates are maintained under direct supervision while assigned to these areas. The auditor observed all work areas with cages to include the entry door that allow total viewing in each of the department work cages.

Ground maintenance employees 1 staff and 4 inmates for the mowing detail. Inmates must enter the maintenance shop to for restroom usage. This is a small area and does not have cameras and/or mirrors. However, it is an open area with full viewing.

Although the video camera system is in the process of being upgraded, the Regional Mangers has current access to the monitoring of 14 cameras. This monitoring capability is only accessible to the Regional Manager and Headquarters.

The auditor identified the meat plant that employees many inmates as not having PREA information posted. PREA posters identifying the Department zero tolerance for sexual abuse, sexual harassment and how to report it was placed in areas accessible to the inmate population and staff within hours of being identified.

In meeting the mandate of the DOJ PREA Working Group FAQ definition of a housing unit, MCI-H has a total of 22 housing units. Upon entering the housing units, the opposite gender announcement was made each time by the escorting staff. Logbooks were reviewed by the auditing team during the tour in all housing units and custody post assignments. Documentation of security supervisory rounds were noted in red ink daily on the three custody shifts by custody supervisors. Assigned staff confirmed there is no

specific time that supervisory staff conduct rounds, and they are only aware of their presence upon their entry. The logbook reviews also revealed the female staff documents their opposite gender announcement were made at the beginning of their shift and the time the announcement was made. The announcement includes advising housing unit inmates to remain appropriately dress. Upper-level management staff also conduct rounds in the housing units and these rounds are documented in the housing unit visitors' log. Signs were posted as a reminder for opposite staff gender to make announcements of their presence in all housing units.

The tour continued with visits to medical, education, recreation, mailroom, inmate basefile room, Dietary, infirmary, all control centers, mental health department, segregation to include protective custody, administrative segregation, and protective custody housing, Receiving and ID/Intake; Security Supervisor Offices; non-security office areas.

The auditor recommended a large mirror be installed in upper corner of the property room that would eliminate a blind spot from staff viewing from their location in other areas of the room. The mirror was installed on the second day of the on-site visit.

The dietary has reduced the number of inmates entering and rather than serving from two serving lines to one serving line. The meals are grab and go.

The MCI-H Annual Staffing Plan Review was forward to the Commissioner on October 27, 2020, and signed by the Facility Administrator and DPSCS PREA Coordinator on March 29, 2021. The Annual Staffing Plan Review addressed the eleven requirements as indicated the standard provision 115. 13 (c).

DPSCS policy directs staff would receive PREA bi-annually during in-service. PREA training was last provided during in-service in 2019. A computer-generated report supported staff completion of PREA training during the year of 2019. An interview with the facility Training Sergeant explained that due to COVID-19, there had been a delay in conducting in-service training. However, the facility is scheduled to begin conducting PREA training during in-service on July 1, 2021.

The PREA information posted throughout the MCI-H included the DPSCS zero-tolerance policy, methods of reporting, the inmates right to be free from sexual abuse, sexual harassment, and retaliation from reporting sexual abuse and sexual harassment. The PREA Hotline number was posted and/or stenciled on walls throughout the facility to include housing units, all department areas, inmate dining hall, education, Receiving and ID, dietary, corridors, visiting room, gym, medical, inmate and staff dining areas, mental health, commissary, Library, Chapel, and front entry. The PREA Hotline number was tested by the auditor with no discrepancies noted.

There were no discrepancies noted in the specialized training for the Intelligence and Investigative Division (IID) investigators who are sworn law enforcement officers and conduct both administrative and criminal investigations. Investigative files were presented to the auditor for review and appeared to thoroughly document the investigative process per the Department procedures and provisions of PREA standards.

The PAQ identified 2 reported allegations of sexual abuse and/or sexual harassment in where an administrative investigation was conducted during the review period of March 1, 2020 – March 1, 2021. The information provided was incorrect. There were 3 PREA investigations reported during the review period. However, an allegation of sexual abuse was uploaded within the provision that occurred at another DPSCS, but was reported upon the inmate's arrival at MCI-H.

There was 1 inmate-on-inmate sexual abuse allegation with an investigative finding of Unsubstantiated. The staff-on-inmate began as fraternization with an inmate and later included an investigation of possible staff-on-inmate sexual misconduct. The inmate refused to cooperate with the investigation. The case was determined as Unsubstantiated. Retaliation monitoring was not conducted nor required per Standard 115.67 due to the inmate did not report the allegation, he refused to cooperate during the investigation and did not express any safety concerns based on the investigation.

One staff-on-inmate sexual harassment investigation was determined as Unfounded.

A pending investigation alleging staff-on-inmate sexual abuse was reported on February 21, 2021. This case remained open during the on-site visit.

The auditor included in the review a PREA investigation that occurred since the facility's last PREA audit in December 2018. A Substantiated staff on-inmate investigation was referred for criminal prosecution by the investigating IID that was reported on December 8, 2019. The investigative findings included criminal charges of: Rape 2nd Degree CR 3 304; Harass: Course of Conduct CR 3 803; Assault 2nd Degree CR 3 203, and Correctional Inmate/Sex Offense CR 3 314 b2. The staff member identified as the aggressor plead guilty to Harassment in the court system on May 11, 2021. He was ordered to pay court fees and to serve 3 months unsupervised probation.

The facility failed to complete a sexual abuse incident review within 30 days of the completion of the staff-on-inmate sexual abuse case that was determined as Unsubstantiated. The discrepancy was discovered by the auditor during the pre-audit phase and discussed with the MCI-H PCM. Due the spread of COVID-19, facility staff received guidance not to hold any group meetings effective March 2020. Staff meetings resumed in April 2021, after identifying the discrepancy. The auditor advised the MCI-H that there were several methods in which the requirement of conducting a sexual assault incident review could have been met while making several recommendations for such.

A review of the previous Substantiated allegation of staff-on-inmate sexual abuse case confirmed staff awareness of policy and the requirement to complete a Sexual Assault Incident Review within 30 days of the completed investigation as it was conducted prior to COVID-19.

The investigative report was concluded on February 21, 2020. The Sexual Assault Incident Review was conducted on February 24, 2020. Therefore, the auditor determined it was not feasible to require the facility to submit to a corrective period.

There were zero incidents in where an inmate required and/or received a forensic examination by a SAFE/SANE or qualified medical examiner. MCI-H uses Meritus Health Center for all forensic examinations. The auditor conducted an interview with the Forensic Nurse Manager at the medical center regarding inmates being provided forensic examinations and access to a victim advocate. An interview was also conducted with the CASA Office Manager explained when a victim of sexual abuse reports to the medical center a victim advocate would also report and provide advocate services to the inmate.

The auditing team confirmed adequate staff supervision was provided throughout all shifts during the on-site visit. Confirmation of adequate staff supervision was based on a review of the staffing plan. Although COVID-19 has affected the operation of facility non-essential programs, there appeared to be no shortage of staff on those post assignments identified as critical. Vacate critical post are filled by correctional staff working overtime.

The auditing team was observant to the video monitoring, and mirrors installed throughout the facility that

allowed viewing of areas from a distance and the prevention of blind spots during staffing monitoring in housing units, program areas, hallways, finish kitchen areas, corridors, recreation, medical, and case management, that aided in the security of staff, inmate population and the prevention of sexual abuse. The auditing team also identified the mirrors within the housing units were not angled in a manner that allowed the observation into the inmate cells.

A tour into the master control center and other areas with video monitoring capabilities was conducted by the auditing team. The facility has 75 cameras which are strategically located throughout the facility and 4 additional cameras are scheduled for installing during the previous approved camera project. The camera project includes the addition of video cameras and an upgrade of the existing system. All existing cameras were identified and pointed out throughout the facility during the tour by the escorting staff and the auditing team. It was determined the video monitoring had been strategically installed in a manner that provided proper coverage of the housing units and over areas throughout the facility with the limited cameras. There was no camera footage that allowed a direct viewing into the inmate's cells, toilet areas, and/or shower areas.

The auditing team also identified all storage areas, janitor closets, program areas and offices not occupied were secured during the walk throughout.

At the completion of the tour for the day each day, the auditing team selected and begin and continued with staff and inmate interviews. Identified staff and inmates without restricted movement reported to the interview areas. Random security staff was selected from Post Assignment Worksheet covering the three shifts for interviews. The auditing team reported to the segregation to conduct interviews with those inmates assigned there. The auditing team hours of work was extended to accomplish interviews with the inmate population and staff on the various 3 shifts. Those staff interviewed included random staff, supervisory staff, security staff, non-security staff, contract staff and specialized staff. Volunteers had not returned to the facility during the on-site visit.

MCI-H workforce consisted of 444 employees during the on-site visit. These staff included 3 administrative personnel; 310 security personnel, 15 treatment personnel; 50 support personnel; 49 medical personnel. Security personnel are assigned to one of the three shifts: 12:00 a.m. – 8:00 a.m.; 8:00 a.m. – 4:00 p.m.; 4:00 p.m. – 12:00 p.m.

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

The auditing team conducted 29 random staff interviews and 23 specialized staff interviews. Random staff interviews included security staff from the various shifts of, a variety of non-security staff that included but not limited to maintenance staff, mailroom staff, dietary staff, Volunteer Activity Coordinator Secretary; transportation officers; grievance officer, training staff, Regional Manager for Maryland Correctional Enterprise (MCE); etc. Specialized staff was selected based on their position and their duty assignment. The 23 specialized staff interviews included: (1) Agency Head (1) Warden; (1) Assistant Director of Nurses (contract); (1) Mental Health Administrator; (1) IID Investigator; (1) Facility Investigator; (1) Human Resource Manager; (1) DPSCS PREA Coordinator; (1) MCI-H PREA Compliance Manager; (1) JUST Detention International Representative; (2) Intake Staff; (1) Incident Review Team Member; (1) Designated staff member charged with monitoring retaliation; (1) Staff assigned to segregation housing: (1) Forensic Nurse Coordinator (SAFE); (1) Agency Contract Administrator; (2) Intermediate or higher supervisors; (2) Staff who perform risk screening; (1) Traffic Officer; (1) Victim Advocate.

MCI-H reported a designated facility capacity as 1300. The average daily inmate population during the past 12 months of the audit was reported as 920. The inmate count on the first day of the on-site visit was 940. Therefore, 30 inmate interviews were required. The auditing team conducted 51 inmate interviews during the 3-day on-site visit. The audit notice was posted well in advance of the on-site visit; however, the auditor did not receive any correspondence from the inmate population throughout the audit process. There were no inmates housed at MCI-H during the on-site visit within the following targeted groups: youthful inmates; intersex; blind; lesbian; cognitive disabled and/or who were placed in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse. Current daily inmate rosters were utilized by the auditor for the selection of inmates for interviews. The auditing team conducted 35 random inmate interviews and 16 target group inmate interviews. The 16 inmates identified for the targeted group categories was selected based on their identified category. There were as the following: (2) Bi-sexual; (2) Limited English Proficient (LEP); (4) inmates who reported prior sexual victimization during risk screening; (1) physical disabled; (1) inmate who reported sexual abuse; (2) vision impaired; (3) Transgenders. There were (0) inmates placed in segregated housing for risk of sexual victimization /who allege to have suffered sexual abuse. MCI-H is a male facility only and does not house youthful offenders nor female inmates (lesbian). All inmates interviewed were aware of various ways to report allegations of sexual abuse and /or sexual harassment and most reference the PREA signage posted throughout the facility and in their housing units.

The vast majority of inmate acknowledged that the female staff announced their presence upon entering their housing units. No inmates identified any concern of being observed by the female staff while performing bodily functions to include showering, use of toilets, exchange of clothing and not doing a visual body search by male officers. Transgender inmates are issued approved and authorized search cards signed by the Warden that identified the gender of staff they request to conduct both frisk and visual searches.

Continuous PREA information to include the PREA hotline number was clear and neatly posted throughout on walls and bulletin boards in all areas in both English and Spanish. The PREA Hotline #410-585-3177 is stenciled on the walls throughout the facility accessible to the inmate and population. The PREA Hotline number posting is available for both staff and the inmate population and is connected to the Life Crisis Center (CASA). The auditor initiated a test call via the PREA Hotline with no discrepancies noted.

The auditor conducted an interview with the Office Manager at C.A.S A. regarding the available services to the inmate population in the reporting PREA allegations via the PREA Hotline. The Office Manager confirmed the availability of a victim advocate upon an inmate reporting to the local hospital for a forensic medical examination. Once the call is reported through the PREA Hotline #, the receptionist forwards the information to the DPSCS PREA Coordinator who then reports the information to the MCI-H PCM and/or on duty shift commander.

An exit briefing was conducted on Friday, April 16, 2021, with the following in attendance: Debra Dawson DOJ PREA Auditor; Margena Myrick PREA Auditor Support Staff; Warden Greg Werner; Assistant Warden Todd Hull; Laura Golliday Chief of Security; Funsho S. Oparinde DPSCS Assistant PREA Coordinator; Kelly Partlow MCI-H PREA Compliance (MCI-H PCM). The auditing team provided an overview of the pre-audit and on-site visit while acknowledging the essential staff members who assisted throughout the site visit. A discussion of the PREA auditor's general observations and preliminary findings, and the post-audit phase that included the timeliness for submitting the additional documentation was delivered to staff in attendance.

The DPSCS PREA Coordinators, PREA auditor and MCI-H PCM continued an open level of communication throughout the post-audit phase via phone calls and emails regarding additional required documentation in support of various standards provisions. Therefore, in addition to the information provided previously in the PAQ, the identified information was uploaded in the OAS supplemental throughout the post-audit phrase.

AUDIT FINDINGS

Facility Characteristics:

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

The Maryland Correctional Institution – Hagerstown is located at 18601 Roxbury Road, in Hagerstown, MD (MCI-H). The facility is designated as a male correctional facility with an inmate capacity rate of 1300. The average daily inmate population during the 12-month review period has range from 630 to 920 inmates due to COVID -19 and restrictions on incoming inmate movement. The age range of the inmate population is 18 years through 88. MCI-H does not house youthful offenders. The average length of inmate stay at the facility is 7.5 years and the inmate custody levels are pre-release, minimum and medium. Minimum security is assigned to maintain areas of the institution outside the security perimeter (fence).

The construction of the formerly known Maryland State Penal Farm, began in April 1932 and was completed in 1942. Due to overcrowding, the facility was expanded in the 1980s and 1990s to increase the capacity to house approximately 1,900 male inmates.

The MCI-H mission statement is identified as: It is the mission of MCI-H to protect society by confining sentenced offender in a prison environment that promotes a safe, secure, and human atmosphere, while providing work and programming opportunities that may assist the offender in his return to society as a productive member.

MCI-H is the 'hub' for Immigration and Customs Enforcement (ICE) deportation hearing and housing. Although interviews with the Warden and Assistant Warden indicated inmates only report to the facility for the hearing without a prolonged stay.

MCI-H employs approximately 422 Correctional Officers and Supervisors and 141 Support Staff to include Case Managers, Chaplains, Commissary Officers, Dietary Officers, Mail Room, Personnel, Maintenance Officer, Medical Staff, Psychologist, Secretarial and Administrative Staff, Social Workers, and Teachers. There is also a K-9 Unit on site that supports the five prisons in the Western Region.

Fifty-six buildings compose the MCI-H. This includes 22 inmate housing units. There are 3 single cell housing units; 9 multiple occupancy cell housing units; 9 dormitory/open by housing unit and 104 segregation cells.

Thirty-seven buildings are utilized, and 19 buildings are condemned and/or no longer in use and are unauthorized for entry due to safety concerns. The identification of these buildings is noted in the facility characteristics.

As the facility was constructed in 1942, numerous buildings are condemned and/or no longer in use. Thirty-seven buildings are being utilized and are identified as the following: Maryland Correctional Institution – Hagerstown- Main Building; Maryland Correctional Enterprises- Inmate Shops- Laundry; Grounds Maintenance ; Maintenance; Maryland Correctional Enterprises- Inmate Shops- Meat Plant; Maryland Correctional Enterprises- Inmate Shops-Upholstery; Maryland Correctional Enterprises- Inmate Shops-Metal 1; Maryland Correctional Enterprises- Inmate Shops- Metal 2; Western Programs

Development Center Building A- Housing Unit – Offices; Western Programs Development Center Building B- Housing Unit- Offices; Western Regional Correctional Care Center- Medical Facility by Staff with the Maryland Emergency Management Agency who are responsible for the building; Western Maryland Hiring Unit 1st Brick House- Offices; Personnel 2nd Brick House- Offices; Maintenance 3rd Brick House- Offices; Hagerstown Regional Commitment – Offices; K-9 1st Stone House on Right- Offices; Western Programs Development Center 420 Sallyport;; Medical Stone House 2nd Stone House on Right – Offices; Intelligence and Investigations Division 1st Stone House on Left- Offices; Intel Investigations 2nd Stone House on Left- Offices; Gym; Regional Maintenance- Offices; Welding Shop; Maryland Correctional Enterprises Warehouse; Central Warehouse; Central Kitchen; Power House; Front Sallyport; Antietam Tower 2; Tower 3; Rear Sallyport; Tower 5; Visiting Registration; Housing Unit Box.

Nineteen buildings are condemned and/or not being utilized. These building as identified as the following: North Dormitory – Housing Unit; Western Program Development Center Building C Housing Unit; Tower 7; Western Programs Development Center Support Building ; Tower 1; Tower 6; Block Building for Yard Lights; Kraut House below MCE Metal 2; 3 Flammable Buildings at Regional Maintenance; Hog Barn; Jowles Barnes; Jowles House; Fly Ash Barn; Old Stone Guard Shack in front of MCI-H; Yellow House by Roxbury Correctional Institution; North Dorm Box; Garages Behind Stone Houses; Garage Between Powerhouse and MCI-H; and Row of garages by MCE Recycling.

The main building consists of 4 floors with various departments and office space designated. The departments include medical, mailroom, base room with clerical staff, and nurse's station for pill-line. The education department is on the 4th floor.

The Receiving and ID Department has 4 holding cells with a 1 designated for conducting visual searches. The visual search cell with equipped with barriers that prevent observation by others during the search.

Although the facility was only equipped with 75 cameras with the exception of those cameras in the MCE plants, an enormous amount of security mirrors was strategically located throughout housing units, corridors, various department, recreation areas, stairwells, corners entrance areas that aided in the security of staff and the inmate population and prevention of sexual abuse/sexual harassment.

Cameras were angled in the housing units that provided coverage at the front and rear of the housing unit. The video monitoring did not include the inside of showers and or inmate cells.

The program areas to include education was within a corridor that allowed viewing in each room, office area and program through windows throughout. The program areas were on located on the left and right sides of the corridor.

Privacy is awarded to all inmates in the various housing units and work assignment areas that prevent the observation in the use of toilets and/showering/and/or performing bodily functions by staff of the opposite gender through the installation of various stationary barriers, shower curtains, full and/or partial doors.

Tier A-1= #78 has 1 shower unit with 6 shower heads located across from tier, 1 recreation hall/dayroom with 2 inmate phones located on the tier and 2 phones located in the recreation/dayroom.

Tier B-1= #80 has 1 shower unit with 6 shower heads located across from tier, 1 recreation hall/dayroom. This dayroom is shared with inmate assigned to C-1 tier. There are 2 inmate phones located on the tier and 4 phones located in the recreation/dayroom.

Tier C-1 = #80 has 1 shower unit with 6 shower heads located across from tier, 1 recreation

hall/dayroom. This dayroom is shared with inmate assigned to B-1 tier. There are 2 inmate phones located on the tier and 4 phones located in the recreation/dayroom.

Tier D-1= #80 has 1 shower unit with 6 shower heads located across from tier, 1 recreation hall/dayroom. There are 2 inmate phones located on the tier and 4 phones located in the recreation/dayroom.

Tier E-1= #78 has 1 shower unit with 6 shower heads located across from tier, 1 recreation hall/dayroom. There are 2 inmate phones located on the tier and 4 phones located in the recreation/dayroom.

Tier F-1= #80 has 1 shower unit with 6 shower heads located across from tier, 1 recreation hall/dayroom. This dayroom is shared with inmate assigned to G-1 tier. There are 2 inmate phones located on the tier and 4 phones located in the recreation/dayroom.

Tier G-1= #80 has 1 shower unit with 6 shower heads located across from tier, 1 recreation hall/dayroom. This dayroom is shared with inmate assigned to F-1 tier. There are 2 inmate phones located on the tier and 4 phones located in the recreation/dayroom.

Segregation Tier J-1=#40 has 2 separate individual showers located 1 at each end of tier. This unit has walk cages where inmates can attend recreation. One inmate phone is located at each end of the tier.

Tier D-2=#40 has 1 shower unit with 6 shower heads located across from tier, 1 recreation hall/dayroom. There are 2 inmate phones located on the tier and 2 located in the recreation/dayroom.

A-Annex=#24 has 1 shower unit with 3 shower heads located in the dorm. The unit has 1 dayroom. The 2 inmate phones are located in the dorm.

B-Annex=#26 has 1 shower unit with 3 shower heads located in the dorm. The unit has 1 dayroom. The 2 inmate phones are in the dorm.

C-Annex=#26 has 1 shower unit with 3 shower heads located in the dorm. The unit has 1 dayroom. The 2 inmate phones are in the dorm.

D-Annex=#26 has 1 shower unit with 3 shower heads located in the dorm. The unit has 1 dayroom. The 2 inmate phones are in the dorm.

E-Annex=#26 has 1 shower unit with 3 shower heads located in the dorm. The unit has 1 dayroom. The 2 inmate phones are in the dorm.

F-Annex=#26 has 1 shower unit with 3 shower heads located in the dorm. The unit has 1 dayroom. The 2 inmate phones are in the dorm.

G-Annex=#26 has 1 shower unit with 3 shower heads located in the dorm. The unit has 1 dayroom. The 2 inmate phones are in the dorm.

H-Annex=#26 has 1 shower unit with 3 shower heads located in the dorm. The unit has 1 dayroom. The 2 inmate phones are in the dorm.

The Protective Tier F-2=#40 has 1 shower with 6 shower heads located across from the tier. The one recreation hall/dayroom is shared with G-2 Housing Unit. Two inmate phones are located on the tier and 4 are in the dayroom/recreation hall.

The Protective Tier G-2=#80 has 1 shower with 6 shower heads located across from the tier. The one recreation hall/dayroom is shared with F-2 Housing Unit. Two inmate phones are located on the tier and

4 are in the dayroom/recreation hall.

The Protective Tier H-2=#80 has 1 shower with 6 shower heads located across from the tier. The one recreation hall/dayroom is shared with F-2 Housing Unit. Two inmate phones are located on the tier and 4 are in the dayroom/recreation hall.

The facility hospital= #17 has 2 individual showers available. A phone on wheels is available as needed and one phone is in location.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

It was determined by the auditor that MCI-H meets the mandate of all 43 Standards. There were no instances in which the facility exceeded and/or does not a standard. Although the auditor made recommendations for the addition of security mirrors in various locations, mirrors were installed within hours of the on-site.

Standards Exceeded = 0

Meet Standards = 45

Standards Not Met = 0

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

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

115.13, Supervision and monitoring - Meets Standard

115.14, Youthful inmates - Meets Standard

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

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

115.17, Hiring and promotion decisions- Meets Standard

115.18, Upgrades to facilities and technologies - Meets Standard

115.21, Evidence protocol and forensic medical examinations - Meets Standard

115.22, Evidence protocol and forensic medical examinations - Meets Standard

115.22, Policies to ensure referrals of allegations for investigations - Meets Standard

115.31, Employee training - Meets Standard

115.32, Volunteer and contractor training - Meets Standard

115.33, Inmate education - Meets Standard

115.34, Specialized training: Investigations - Meets Standard

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

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

115.42, Use of screening information - Meets Standard

115.43, Protective Custody - Meets Standard

115.51, Resident reporting - Meets Standard

115.52, Exhaustion of administrative remedies - Meets Standard

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

115.54, Third-party reporting- Meets Standard

115.61, Staff and agency reporting duties - Meets Standard

115.62, Agency protection duties - Meets Standard

115.63, Reporting to other confinement facilities - Meets Standard

115.64, Staff first responder duties - Meets Standard

115.65, Coordinated Response - Meets Standard

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

115.67, Agency protection against retaliation- Meets Standard

115.68, Post-allegation protective custody - Meets Standard

116.71, Criminal and administrative agency investigations - Meets Standard

115.72, Evidentiary standard for administrative investigations - Meets Standard

115.73, Reporting to inmates - Meets Standard

115.76, Disciplinary sanctions for staff - Meets Standard

115.77, Corrective action for contractors and volunteers - Meets Standard

115.78, Disciplinary sanctions for inmates - Meets Standard

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

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

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

115.86, Sexual abuse incident reviews - Meets Standard

115.87, Data collection - Meets Standard

115.88, Date review for corrective action - Meets Standard

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

115.401 Frequency and scope of audits - Meets Standard

115.403 Audit contents and findings - Meets Standard

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> 1. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 2. Facility Directive MCIH.020.0026 PREA 3. DPSCS 020.0026 PREA – Federal Standards Compliance 4. Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited 5. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 6. Maryland VAWA Forensic Compliance Guideline 7. MD COMAR 12.03.01.04 Inmate Rule Violation Summary 8. DPSCS Organizational Chart 9. MCI-H Organizational Chart 10. The Correctional Mental Health Solution <p>Interviews</p> <p>DPSCS Assistant PREA Coordinator</p> <p>MCI- H PCM</p> <p>115.11(a) DPSCS 020.0026 identify the Department does not tolerate sexual abuse or sexual harassment of an inmate. The Department requires an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge according to Department procedures for reporting employee misconduct or inmate rule violation.</p> <p>Facility Directive MCIH.020.0026 states the purpose of the Directive is to implement MCIH’s zero-tolerance approach to sexual misconduct, sexual abuse, and sexual harassment as defined in the Prison Rape Elimination Act DPSCSM.020.0026 (Manual), which establishes procedure for reporting, responding to, and resolving a complaint of sexual misconduct. It is also the facility’s policy to protect inmates and staff who report or cooperate with investigations of sexual abuse or sexual harassment from retaliation by other inmates or staff.</p> <p>MCIH shall ensure through implementation of the Directive that existing efforts and strategies to prevent, detect, and respond to allegations of sexual misconduct comply with the applicable federal standards established under the authority of the PREA of 2003.</p> <p>MCIH does not tolerate: “Staff on Inmate” or Inmate no Inmate” sexual misconduct; or (2) Consider actual or alleged consent as a defense to an allegation of sexual misconduct. (3) Discipline of an inmate for sexual contact with staff upon a finding the at the staff member</p>

consented to such contact.

MCIH is committed to: (1) Protecting inmates from sexual abuse; (2) Protecting staff and inmates from retaliation from the perpetrator or others, beginning when the allegations is made until the threat has passed as determined through the investigation process; (3) Protecting staff and inmates by ensuring that information obtained through the investigation is only shared with staff who are involved in the investigation or case management of the involved parties; (4) Using the least restricted level of segregation until the investigation is complete; (5) Protecting the victims regarding incidents of Substantiated or Unsubstantiated staff-on-inmate sexual misconduct or sexual harassment; and (6) Thoroughly investigating staff sexual abuse regardless of whether the alleged perpetrator is terminated or resigns.

A copy of the Maryland VAWA Forensic Compliance Guideline which is endorsed by the Governor's Office of Crime Control and Prevention, Maryland coalition Against Sexual Assault (MCASA); Maryland Chief of Police Association, Maryland States' Attorneys Association, and State of Maryland Sheriffs' Association include resources of the overview of Maryland Law Regarding Mandatory Reporting of Sexual Assault/Abuses.

The Correctional Mental Health Solutions policy identify MHM Services supports DPSCS in its zero-tolerance relating to nonconsensual acts, offender on offender sexual abuse, sexual misconduct, and staff sexual harassment in accordance with the standards set forth in the PREA of 2003.

Criminal Law Title 3 Other Crimes Against the Person Subtitle 3. Sexual Crimes MD Criminal Law Code Ann. (§ 3-34(2013) E 3-3214 identifies a crime is committed upon sexual conduct between correctional of Department of Juvenile Services employee and inmate or confined child.

MD COMAR 12.03.01.04 Inmate Rule Violation Summary identified- any manner, arrand, commit, perform, or engage in a sex act or sexual conduct to be a violation of inmate disciplinary code 117.

DPSCS. 020.0026 Prison Rape Elimination Act-Federal Standards Compliance section .03 states, "The Department does not tolerate sexual abuse or sexual harassment of an inmate." The Directive clearly outline the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in the Department facilities.

Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited section .03 B. states "the Department shall ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual misconduct comply with applicable federal standards (28 CFR Part 115.11 - August 20, 2012) established under the authority of the Prison Rape elimination Act (PREA) of 2003 (P.L. 108 -79). The Directive identify sanctions to be imposed on staff who participate in outlined prohibited acts regarding the zero-tolerance consistent with PREA standards include up to termination. Sanctions for those that have participated in prohibited behaviors in the facility is outlined in the Directive.

Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited contains information on inmate discipline in addition to the inmate rule book identifies the inmate rule violation 117 - as any manner, arrange, commit, perform, or engage in a sex act or sexual conduct. Inmates who are determined by the IID Investigator to have committed the criminal

act of sexual misconduct to another inmate and or staff will be prosecuted.

115.11(b) In accordance with a review of the DPSCS organizational chart, the Department has designated an upper-level Special Assistant who reports directly to the Deputy Secretary of Operations as the DPSCS PREA Coordinator. An Assistant DPSCS PREA Coordinator is also employed to assist the DPSCS PREA Coordinator in overseeing the agency's efforts regarding PREA in all its facilities. The Assistant DPSCS reports directly to the DPSCS PREA Coordinator. The auditor interviewed the DPSCS PREA Coordinator who confirmed he absolutely has sufficient time and authority to develop, implement, and oversight of the Department's efforts to comply with the PREA standards in all its facilities. The addition of an Assistant PREA Coordinator has increased the ability to perform such duties. He added there are 21 PREA PCM with one being assigned at each of the Department's facilities. He and his assistant provide assistance to the facility PCM weekly by forwarding a PREA Tip for the Week, the best practice of various standards, changes due to and revised policy, review of all facilities PREA allegation reports, providing various training opportunities, communicating via telephone and forwarding remainders to the PCM of the notification of findings to the alleged victim at the conclusion of the investigation as several methods of interacting with the facilities PCM.

115.11(c) A memorandum submitted by the Warden identified Ms. Kelly Partlow as the facility's designated PREA Compliance Manager. The facility's organizational chart identify staff in the position of PCM reports directly to the Assistant Warden, Chief of Security and Warden. The auditor interviewed the PCM and confirmed she has sufficient time to complete her duties as the PCM. She added, her chain of command is the Chief of Security, Assistant Warden and Warden and each are open to meeting with her to discuss any areas of concern and immediately provide needed corrections.

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

115.12	Contracting with other entities for the confinement of inmates
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 890 360">Evidence Reviewed, (documents, and interviews)</p> <ol style="list-style-type: none"> <li data-bbox="252 400 911 434">1. MCIH Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 474 1034 508">2. Contract DPSCS Q00B9400025 for Pre-Release Services <li data-bbox="252 548 770 582">3. PREA audit reports of Threshold, Inc. <li data-bbox="252 622 643 656">4. Interview with the following: <ol style="list-style-type: none"> <li data-bbox="252 696 970 730">a. DPSCS PREA Coordinator/ Agency Contract Monitor <p data-bbox="252 770 1469 1144">The DPSCS has entered into one contract for the confinement of inmates. The contract is with Threshold, Inc. for pre-release services. Threshold Inc. is a private non-profit agency incorporated under the Laws of the State of Maryland to provide community-based treatment and work release services for persons incarcerated in the State Prison System. A copy of the contract was provided for review and contained language that the facility is to comply with the requirements of the Prison Rape Elimination Act. In compliance with laws – the contract states “It shall fully comply with the standards set forth in the Prison Rape Elimination Act 2003 PREA Audit Act of 2003, and with all applicable regulations issued by the U.S. Department of Justice.”</p> <p data-bbox="252 1184 1437 1346">The auditor also reviewed the 2015 and 2018 PREA reports for Threshold on the DPSCS website @ Maryland.gov. MCIH does not contract for the confinement of inmates. Interview with the DPSCS PREA Coordinator indicated the agency does monitor compliance with the contract and he serves as the Agency Contract Monitor for this contract.</p> <p data-bbox="252 1386 1469 1682">An interview with the Agency Contract Monitor/DPSCS PREA Coordinator, indicated due to results of COVID-19, the facility has not been operated in several months. Currently there are no staff assigned nor inmates assigned to the facility. Residents were released as scheduled, placed on home detention as applicable and/or returned to DPSCS facilities. The latest contract was renewed in September 2020. However, the facility remains vacate of staff and residents at the completion of this report and an unknown date of return remain due to the current ongoing status of COVID-19.</p> <p data-bbox="252 1722 1278 1794">Based on the review of the contract, audit reports and interview, the facility has demonstrated compliance with all provisions of this Standard.</p>

115.13	Supervision and monitoring
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1007 360">Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol data-bbox="252 400 1374 1285" style="list-style-type: none"> <li data-bbox="252 400 911 434">1.MCIH Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 474 1374 553">2. DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management <li data-bbox="252 593 1075 627">3. DPSCS Staffing Analysis and Overtime Management Manual <li data-bbox="252 667 983 701">4.. MCIH Staffing Plan Summary of Authorized Positions <li data-bbox="252 741 655 775">5. Log of unannounced rounds <li data-bbox="252 815 735 848">6. MCIH Staffing Plan Annual Review <li data-bbox="252 889 735 922">7. MCIH.010.0005 Unit Management <li data-bbox="252 963 932 996">8. MCIH.110.0021 Programs Inspections and Audits <li data-bbox="252 1037 616 1070">9. Observation while on-site <li data-bbox="252 1111 504 1144">10. Interviews with: <ol data-bbox="252 1184 1270 1285" style="list-style-type: none"> <li data-bbox="252 1184 389 1218">a. Warden <li data-bbox="252 1258 1270 1285">b. Intermediate or Higher-Level Staff (Unit Mangers, Correctional Supervisors) <p data-bbox="252 1326 1485 1874">115.13(a) Directive OPS.115.0001 states the requirements of a facility staffing plan. The requirements contain the eleven requirements stated in this provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels and requirements and the documentation of any deviations to these requirements. Per the PAQ, since the last PREA audit, the average daily number of inmates at MCI-H was 750 inmates. The average daily population of inmates increased in October 2020. The average daily number of inmates on which the staffing plan was predicated for was 1110. A memorandum was submitted by the DPSCS Commissioner to the MCIH Warden on October 27, 2020 approving changes for the Fiscal Year (FY) 2021 Annual Review MCI-H Staffing Plan. A FY2021 Staffing Plan was reviewed at the facility level on March 19, 2021 and noted by signature of the Facility Representative and DPSCS PREA Coordinator. The Maryland Correctional Facility Hagerstown Staffing Plan addresses the eleven numerated requirements as indicated in this provision.</p> <p data-bbox="252 1915 1458 2157">Interviews with the Warden and MCI-H PCM indicated the facility does develop and comply with a staffing plan as outlined in The Staffing Analysis and Overtime Management Manual. Per an interview with the Warden, staff are assigned to various post assignments to monitor inmates and roving officers are assigned to provide additional supervisory coverage. A request has been submitted for an additional installation of 4 cameras on the yard which funding and approval remained pending during the interview. There are 15 security staff that</p>

include Lieutenants and above assigned during the day shift, 10 are assigned during the evening shift and 9 area assigned during the overnight shift. Although a Security Threat Group (STG) Lieutenant is posted at the facility, they are not included in the staff complement as they are assigned to the Central Office.

115.13(b) Directive OPS.115.0001 states the requirements of a facility staffing plan. The Overtime Manual provides guidance regarding minimum operational staffing levels and requirements for documenting any deviations with these requirements. The facility staffing plan is developed with these requirements in mind and a daily Post Assignment Worksheet (PAW) is developed to deploy staff in accordance with the stated staffing plan. The PAW identifies positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. A review of selected daily PAW for each month was reviewed and no deviations were noted in post assignments that were equivalent to the facility being non-compliance of the Staffing Plan.

The Warden stated during an interview, he reviews the Post Assignment Worksheet (PAW) daily for each shift and security supervisory staff are required to document any collapsed post on the PAW. All vacated posted are required to be justified on the PAW. There have not been any instances of non-compliance with the Staffing Plan during the 12-month review period. The reassignment of collapsible post and/or overtime is always authorized to ensure proper security coverage is maintained that meets that Staffing Plan.

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

115.13(c) Directive OPS.115.0001 states, "At least annually, or on an as needed basis, consulting with the Department PREA Coordinator to review, assess, determine, and document if adjustments are necessary to the facility's: (a) Staffing plan based on topics identified under §.05C(2)(d) of this directive; (b) Use and deployment of video monitoring system and other surveillance technology; and (c) Resources available to commit to ensure compliance with the established staffing plan." The staffing plan review is documented on an agency-wide standardized form. MCI-H provided a copy of the Staffing Plan Review dated March 19, 2021 signed by the MCI-H Facility Administrator and the DPSCS PREA Coordinator. However, the Facility's Annual Review of the Staffing Plan was documented as forwarded to the Commissioner on October 27, 2020. The Staffing Plan Review form considers all the criteria required for a staffing plan review as required in this Standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility administrator and agency wide coordinator. The review documented no adjustments to the plan was recommended.

115.13(d) Directive OPS.050.0001 states "Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: (i) Randomly on all shifts; (ii) Except when necessary to prevent prohibited cross gender viewing of an inmate or as part of a legitimate facility operation, unannounced in order to prohibit staff from alerting other staff that the rounds are being conducted; and (iii) At a frequency established by the managing official" regarding the conduct of unannounced rounds. MCIH.010.0005 states the rounds will be unannounced, and staff is strictly prohibited

from making proclamations, that supervisors are conducting rounds by any communication means.

MCIH.1100.0021 is the policy of the Division of Correction that program inspections and audits will be conducted to address all aspects of institutional security, safety, services, housing, case management, and administrative functions. This policy identify supervisor inspections as shift commander shall ensure supervisory staff conducts daily security rounds of living and activity areas to ensure proper security and control procedures are being followed. It shall be their responsibility to observe and record unusual events or activities and take appropriate action. Special attention shall be given inmates who show suicidal, violent, bizarre or unusual behavior or breaches of security. Supervisor's security rounds shall be documented in red ink daily on each shift in each post logbook. The rounds will be unannounced, and staff is strictly prohibited from making proclamations that supervisors are conducting rounds by any communication means. The rounds shall be conducted in a manner to identify security, safety, facility staffing, personnel, dietary, medical, housekeeping, maintenance, physical plant, programming, services, and logistical issues. The rounds shall also identity violations of PREA, as it pertains to sexual misconduct by staff and /or inmates. Violations shall be reported, processed and investigated in accordance with OPS.2000.005 (Inmate on Inmate Sexual Conduct – Prohibited); OPS. 050.0001 (Sexual Misconduct – Prohibited) and applicable Federal PREA standards. The policy also identifies the responsibility of the Warden, Assistant Warden, Chief of Security and designated department heads to visit the institution living and activity area at least weekly to encourage informal contact with staff and inmates. The rounds shall also be unannounced, and staff are strictly prohibited from proclamations that the Warden, Assistant Warden, Chief of Security is conducting rounds by any communication means. The rounds shall also identify violations of PREA, as it pertains to sexual misconduct by staff and /or inmates. Violation shall be reported, processed and investigated in accordance with the aforementioned policies.

During the pre-audit process, the auditor submitted a request to the MCI-H PCM identifying the weeks for both even and odd months of logbook entries for documentation of completed unannounced rounds made in all housing units. Additionally, the auditor reviewed logbooks during the on-site visit for confirmation of unannounced being conducted regularly and documented in red ink. Documented rounds were completed in all areas on all shifts however, they were observed not consistently conducted during the 12:00 a.m. – 8: 00 a.m. as the two remaining shifts of 8:00 a.m. – 4:00 p.m. and 4:00 – 1200 a.m.

MCIH.010.0005 identify the responsibilities of Unit Mangers in conjunctions with other supervisory staff to conduct daily security rounds of living and activity areas to ensure proper security and rounds of living and activity areas to ensure proper security and control procedures are being followed. These rounds are to be documented in red ink for each shift in each post logbook. In conjunction with other supervisory staff the rounds are to be unannounced, and staff are strictly prohibited from making proclamation that they are being conducted by any communication means. These rounds shall also identity violation f of PREA as it pertains to sexual misconduct by staff or inmates. Such violations detected are to be reported, processed, and investigated in accordance with the above referenced policies.

Interviews with intermediate or higher levels staff indicated unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted each shift by security supervisory staff and at least weekly by upper-management staff.

Review of various logbooks in all housing units confirmed supervisory shift conduct rounds during each shift and document such rounds in red ink. Upper-level management staff document their rounds in the visitor's logbook. These rounds were noted throughout the facility. Security supervisory staff indicated they do not complete their rounds in one setting, and they are not conducted in a pattern that allow other to become aware of their anticipated arrival.

The DPSCS and MCIH has developed numerous policies that outlines the responsibilities of intermediate, mid-level and higher management staff to conduct daily, and/or weekly rounds in which all rounds are documented, and the confirmation of completion are reviewed by other supervisory staff. The submission of the random selected monthly/daily documentation of rounds and random daily review of logbooks during the on-site visit, the MCIH has demonstrated their success in meeting the provisions of this standard.

Based on the review of the contract, audit reports and interview, the facility has demonstrated compliance with all provisions of this Standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. MCIH Completed Pre-Audit Questionnaire (PAQ)</p> <p>2. Observation during onsite visit</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> a. Warden b. DPSCS PREA Coordinator c. Inmate population d. Specialize and random staff <p>Interviews with the Warden, MCI-H PCM and DPSCS PREA Coordinator indicated MCI-H does not house youthful offenders (under the age of 18) at MCI-H. Offenders under the age of 18 years old are designated to the DPSCS Youth Detention Center located at 926 Greenmount Avenue Baltimore, Maryland 21202. At midnight on the day of the offender's 18th birthday, they are transferred at this time to an adult facility. If transportation cannot be made for the midnight hour, the offender will be removed from the general population and housed alone in the medical department until transported. Observation during the on-site visit and interviews with staff and random inmate population revealed their unawareness of any inmates housed at MCI-H under the age of 18 years old.</p> <p>Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCI-H Completed Pre-Audit Questionnaire (PAQ) 3. Executive Directive OPS.200.0006 Assessment for Risk of Victimization 4. DPSCS Executive Directive OPS.110.0047 Personal Search Protocols-Inmates 5. The Maryland Police and Correctional Training Commissions Lesson Plan Title LGBTI 6. The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices 7. DPSCS Search exception cards 8. MCIH 020.0026 9. Observation while on-site 10. Opposite Gender Announcement Stop Sign 11. Interviews with: <ol style="list-style-type: none"> a. MCI-H PCM b. Random Selected staff c. Random and Transgender Inmates d. Training staff <p>115.15(a) The Maryland Police and Correctional Training Commissions Lesson Plan Title LGBTI and The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices states male inmates may be searched by both male and female staff however a female staff person may not touch the genital area of the male inmate. If there is reason to believe that the inmate to be searched is transgender or intersex, a frisk search is to be conducted by a female staff member.</p> <p>Directive OPS.110.0047, states that an inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer. Section .05F(3)(b) states that when circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. Section .05H(2) states, "Only a certified medical professional may</p>

perform a body cavity search of an inmate and only the certified medical professional and the inmate being searched may be present during the procedure. Executive Directive OPS. 110.0047 indicates if search and detection equipment indicate that suspected contraband has been ingested or inserted within the inmate's body, the inmate will be strip searched in accordance with the provisions of the directive that includes placing the inmate in a single dry cell or room until such time as the inmate has excreted or disgorged the contraband in accordance with the dry cell procedures status or transported to an off-site medical facility for a body cavity search in accordance. Therefore, a body cavity check will not be conducted at the facility.

Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. Interviews with the inmate population did not reference any cross-gender searches and/or negative concerns while showering, performing bodily functions, dressing, etc. In accordance with the MCI-H PAQ, interviews the MCI-H PCM, random staff interviews and inmate population, there were zero cross-gender visual strip and/or zero cross-gender visual body cavity searches at MCI-H during the 12-month review period.

115.15(b) Directive OPS.110.0047, Section .05E(3)(a) and(c) states, "(a) Except under provisions of §.05E(3)(c) of this directive, a frisk search of a female inmate shall be conducted by female correctional officer. (c) A managing official or a designee may, based on exigent circumstances, authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate." Discussion with staff and on-site observations verified that MCH-H is designated as a male only facility.

115.15(c) The facility reported the facility policy does not require that all cross-gender strip searches and cross-gender visual body cavity searches be documented. However, this statement is incorrect and was inserted due to a misunderstanding of the question. Directive OPS.110.0047, Visual body cavities checks are not conducted at DPSCS facilities. The inmate would be placed on dry cell observation and/or transported to a licensed medical facility. Section .05F(6)(b) each inmate search is (a) Documented on forms approved by the Deputy Secretary of Operations, or designee; Each Correctional Officer is responsible for compliance with the procedures established in the directive. Correctional Officers shall be the same sex as the inmate being searched, unless the inmate presents a Personal Search Exception card which specifies a different protocol for the search being performed. Section E. Unless a Personal Search Exception Card has been granted by the Warden, an inmate will be searched in accordance with the policies applicable to searches of the gender associate with the institution or housing assignment in which the inmate is assigned. The inmate is responsible to carry the Personal Search Exception card at all times and to present this card to the correctional officer prior to the start of a personal search. A male inmate search may be conducted by either a male or female correctional officer provided that a female officer does not touch the genital area of the inmate being searched. Female inmate shall be conducted by a female e correctional officer. MCI-H only houses male inmates. Therefore, cross gender pat down searches of female inmates does not apply. The facility reported 0 cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12-month review period. Thus, there are no written reports or incidents of cross-gender strip searches or cross-gender body cavity searches as there have not been any occurrences of such.

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

Facility Directive MCIH.020.0026 states, Inmates of the opposite gender are viewed in the stage of complete or partial undress only in exigent circumstances, or incidental to routine cell checks; never for the sole purpose of determining genital status. Staff of the opposite sex shall announce their presence when entering the wing and ensures other staff does as well. Signage of "Opposite Gender Must Announce Their Presence When Entering." This signage is located in each foyer upon entering housing units and on each tier as a reminder to opposite gender (female) staff prior to entering. Transgender and intersex inmates shall be offered the opportunity to shower separately from other inmates. Interviews were conducted with 3 inmates identified as transgender and each inmate stated they are given the opportunity to shower at separate times from other inmates within the housing unit. All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status.

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

Housing unit camera coverage was noted as not having the ability to see into the inmate cells nor the showers in the various housing units.

The Annex is identified as a dormitory style living. The inmate restroom areas are within the common area but does not allow viewing without entering. However, the toilets and showers are in individual stalls and privacy is awarded by shower curtains.

Overall inmates' interviews indicated that opposite gender staff announce their presence when entering a housing unit. This practice was also observed by the auditor and support staff during the on-site tour. Inmates indicated there were no instances in where they were observed by staff of the opposite gender during visual searches, showering, change of clothes and/or while performing bodily functions. Random staff interviews indicated that opposite gender staff announcements are made prior to entering the housing units.

115.15(e) Directive OPS.110.0047, Section .05F(3)(a) regarding strip searches of transgender and intersex inmate's states, "A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate's genital status." If an inmate's status is unknown, it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. Facility Directive MCIH.020.0026 indicates transgender strip searches are documented and performed in accordance with the proper directives pertaining to search as stated indicated previous in OPS 110.0047, Personal Search Protocol-Inmates. Interviews were conducted with 3 inmates who were identified as transgender. Each stated they carry the Personal Search Exception card and their searches are conducted by female staff.

115.15(f) The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and

Scanning Devices is provided to staff during the pre-service and in-service training. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The training includes instructing staff on conducting transgender and intersex inmate pat-down searches in a professional and respectful manner by female staff. The Pre-Audit Questionnaire noted 100% of staff have receive training on conducting cross-gender pat down searches. The term "Frisk Search" is defined as a search not requiring the removal of all clothing. It is conducted by running your hands across clothing to detect hidden objects." Policy notes that frisk searches may be conducted by females on males, but it is not permissible for female staff to search the groin area of male inmates. Likewise, policy also states, "Males shall not conduct searches of females" except during exigent circumstances a managing official or a designee may authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate. Strip searches are performed exclusively by two staff of the same gender this including a provision for transgender or intersex inmates who prefer to be searched by a specific gender of staff. Directive OPS.110.0047, Section.05F(3)(b) states, "When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search." Section .05F(3) speaks to searches of transgender and intersex inmates stating, "The inmate is responsible for carrying the Search Exception Card at all times and shall present the card to the correctional officer prior to the start of a personal search. Failure to present the card may result in the inmate being searched in accordance with the gender associated with the institution." Random staff interviews indicate they received training regarding cross gender, transgender, and intersex search procedures. Current day rosters indicated 8 inmates identified as transgender housed at the MCI- H. Three of these inmates were randomly selected for interviews. Each were issued a search exception card that identifies their choice of being searched by female staff and stated they have not been required to submit to a frisk search and/or visual body search by a male staff member.

An interview with the Training Sergeant indicated staff receive initial training on conducting searches of inmates during pre-service in addition to in-service. A Power Point Presentation is used as part of the lesson plan. The training includes conducting pat search and strip searches to include transgender inmates. In addition to classroom lecture, staff must complete a practical exercise. Because of COVID-19, training was suspended as of March 2020 and has recently resumed on March 29, 2021 to complete 2020 non-custody training with a limit of 11 students that does not include search training. He stated training for 2021 is scheduled to begin on July 1, 2021.

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

115.16 Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy
3. DPSCS Executive Directive OSPS.050.0011 American with Disabilities Act of 1990, Titles I and II
4. DPSCS Executive Directive O.E.O.020.0032 Limited English Proficiency (LEP) Policy
6. Correction Entrance Level Training title "Special Management Issues Corrections."
5. PREA Brochure - Spanish
6. Observation while on-site
7. Interviews with:
 - a. Agency Head/Designee
 - b. Random staff
 - d. Staff who provided translation services
 - c. Inmates
 - d. Screening Staff/Intake

115.16(a)(b) Agency policy OSPS.050.0011 and OEO.020.0032 requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP). Agency policy also requires the head of the facility (or designee) that is responsible for the custody and security of an inmate shall ensure that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates. DPSCS has a contract with Ad Astra for all their interpreter needs. Ad Astra services are available in-person, or via phone call and email. They also provide services for the hearing impaired. Part of the intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This brochure covers the zero-tolerance policy and reporting information and is available in both English and Spanish. At orientation inmates are provided a copy of the Inmate Handbook that covers the agency's zero-tolerance policy. Additionally, inmates also participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. All PREA posters, PREA Orientation packets, inmate handbooks, to include information for

outside resources to report PREA allegations are available in English and Spanish as they are the most common languages spoken. Staff identified upon the arrival of an inmate that speaks a language other than English and Spanish, services would be provide through the Ad Astra, or an available staff translator. Sign language services are available through Statewide Visual Communication Services. Staff were aware of flyers that provide instructions for use of Ad Astra language line that include contacting their supervisor if translation services are needed.

In addition to providing appropriate translation services for those inmates identified as LEP, the agency also provides a training to staff during the Correction Entrance Level Training title "Special Management Issues Corrections." The training performance objectives include (1) identity the processes for managing inmates with special needs; (2) Identify the issues surrounding the management of inmates with physical challenges; (3) Identify the issues surrounding management to transgender inmates; (5) Identity the issues created by sexual behavior in the correctional setting; (6) Identity the issues created by homosexual behavior in the correctional setting; (7) Identity the process for managing sexual predators. Students are tested on the course and are required to receive a passing score of 75% or better.

An interview with the Agency Head Designee indicated the Department employees an ADA Coordinator is assigned at each DPSCS facility and an ADA Coordinator in the Central Office has oversight of efforts of all facilities while serving as the Subject Matter Expert for the Agency. Documents are translated into the language spoken by various inmates (mostly Spanish). The Department has established a contract with Ad Astra for all their interpreter needs. Services are also available for inmates who are deaf. Documents are printed in large print for vision impaired inmates. Inmates identified as deaf have access to electronic message boards and are assigned appropriate cellmates after proper screening. Deaf inmates are issued devices that alert them of various activities. However, MCI-H does not house inmates with disabilities that required additional services. There no inmates assigned at MCI-H during the on-site visit identified as cognitive disabled, hearing impaired and/or blind.

The following inmates with disabilities were interviewed by the auditing team: (1) physical disabled; (2) LEP; (2) vision impaired (glasses). The inmates identified as physical disabled and vision impaired confirmed they were provided PREA education and continuously PREA material in formats that they could/can understand. The auditor utilized a staff member to translate during the interview process with the 2 inmates who were LEP (Spanish) with limited English. Both inmates stated they had not received any information and/or inmate handbook in their language of Spanish language that allowed them to understand PREA education. The two LEP Spanish speaking inmates did state they were able to understand the PREA posters throughout the facility in their Spanish language. Both inmates received an institution inmate handbook and other institution documentation to include PREA education in their Spanish language during the on-site visit by the MCI-H PCM.

115.16(c) Directive OPS.050.0001 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Directive OPS.200.0005 states, "Except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation, inmate interpreters, inmate readers, or other inmates."

These policies provide guidance in the practice regarding the use of inmate interpreters. During interviews, staff identified 1 staff member they requested to provide translation services. Staff also spoke of the available language line to be used by supervisory staff as needed. The auditor requested confirmation of documentation of staff use of translation services, however none was available. The auditor made a recommended that staff-maintained documentation when any translation services are provided to the inmate population to include for PREA education. Per the PAQ, and staff who conduct risk screening indicated there were no instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

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

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance
3. Criminal History Records Check – Non-Mandate Employees ADM.050.0041
4. PREA Questions for Polygraph.pdf
5. PREA DBM DPSCS JOBAPS Application Form
6. COMAR 12.10.01.05 Correctional Training Commission
7. Employment reference check form.pdf
8. COMAR 17.04.03.10 Employment Background Checks
9. Letter submitted by Assistant Secretary/Chief of Staff
10. Code of Maryland COMAR 12.15.01.19 State Rap Back Program
11. Code of Maryland COMAR 17.04.14.10
12. DPSCS PREA Interview/Hiring Process guide
13. DPSCS Interview form – Correctional Applicant
14. Hiring and Promotional Records
15. Criminal History Background Records Check Documentation
16. Interview with:
 - a. Human Resource Manager

115.17(a) Directive DPSCS.020.0026, section .05F(1) regarding the Human Resources Services Division (HRSD) states, “shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B(3) of this directive. (2) The HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with to a service

provider if the individual may have contact with an inmate. (3) Before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse. (c) Before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background record check of the contractor's employees who may have contact with an inmate.

Criminal History Records Check – Non-Mandate Employees ADM.050.0041 identifies the Department responsibility and procedure as (a) A hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history record check is performed in order to determine the existence of criminal convictions that may specifically impact performance as an employee. (B) A hiring authority shall ensure that a criminal history record check is performed for a mandated employee as required under COMAR 12.10.01.05 (C) A hiring authority shall ensure that a criminal history records check is performed for a non-mandated employee as follows: (1) At a minimum, the hiring authority shall ensure that a State and federal criminal history records check is conducted based on the individual's full name and date of birth. (2) A hiring authority may conduct a State and federal criminal history records check based on fingerprint identification if the hiring authority has reason to believe that the name and date of birth criminal history records check may not reflect the individual's complete criminal history. (D) The criminal conviction information discovered as the result of a criminal history records check under this directive shall be used in conjunction with other information available as part of the hiring process to determine the individual's suitability for employment with the Department.

The MCI-H PCM presented a letter submitted to the Assistant Secretary/Chief of Staff DPSCS Correctional on August 18, 2014 by the Executive Director of office of Personnel Services and Benefits acknowledging the Office of Personnel Services and Benefits approval to not hire and/or promote employees with a "sexual abuse" criminal history if the person may have contact with inmates. The letter also spoke on the obligation to meet the provision of conducting criminal background checks on all agency employees at a minimum every 5 years on basis that any DPSCS employee could potentially come into contact with inmates. Lastly the approval for the request to make all DPSCS positions for which the conviction question can be asked on the application was approved while prohibiting the hiring of individuals with certain criminal convictions.

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

credit check; Interview with Background Investigator; reference checks with neighbors and others known by the applicant and more. Polygraph test for new hire applicants is completed at the Central Hiring Unit.

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

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

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

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

COMAR 17.04.03.10 Employment Background Checks indicates the appointing authority shall determine the necessity of investigation the background of an eligible individual for purposes of verification of suitability for employment. When appropriate and job-related, areas of investigation may include but are limited to employment history, academic credentials, military records, criminal conviction records, and personal references.

(2) In conducting the background investigation, the appointing authority shall (a) Provide written notification to the eligible individual that (a) a background investigation may be conducted, and (ii) Consequences for fraudulent or false information may include but are not limited to nonrenewal, decertification, termination of employment in situation where employment has begun, notification to the Secretary, and criminal prosecution: (b) Obtain a release of information from signed by the eligible individual' (c) Take any other appropriate action appropriate. Human resources staff reported that the centralized hiring unit performs all administrative and criminal background checks and efforts to contact all prior institutional employers of new employees.

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

The PAQ identified 36 new hires during the 12-month period, however this number was later determined as incorrect. Per the MCI-H PCM and Human Resource Staff there were 12 new hires and 26 staff promotions during the 12-month review period. The auditor randomly selected 6 of the 12 new hires files for confirmation of completed background checks prior to hiring. The review confirmed a thorough background investigation check was completed for each of the 6 selected staff prior to the applicant being offered the position. Records indicated that applicants were asked about behavior described in 115.17(a) (1-3). Documentation indicates that all applicants were asked again during a polygraph examination. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who do not meet the requirements of this provision.

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

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

115.17(e) Directive DPSCS.020.0026, section .05I states, "For each subordinate employee

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

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

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

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

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

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

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed, (documents, and interviews)

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)

2. Observation

3. Interviews with:

a. Agency Head Designee

b. Warden

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

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

Per an interview with the Warden, he submitted a request for 4 additional cameras to be installed on the yard to offer additional protection from inmate sexual abuse. However, funding, and final approval remained pending during the on-site visit.

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

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review)

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
3. DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses
4. DPSCS Internal Investigative Unit Procedures A01.A.09.006.001/IIU.220.002 titled Evidence and Personal Property Collection, Storage, and Disposition
5. MCASA Website and CASA Website
6. National Protocol Overview, Protocol Adaptation
7. COMAR 10.12.03 Patient Care
8. SAFE Program, SANE Resources
9. COMAR 10.27.21 Forensic Examination Qualifications
10. Investigation Files
11. Interviews with:
 - a. IID Investigator
 - b. Warden
 - c. Meritus Health Center Forensic Nurse Manager
 - d. Random Staff

115.21 (a) Confirmation of the DPSCS responsibility to meet the requirements of this standard is outlined in the IIU.110.0011 that states the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sexual related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. Per an interview with a IIU Investigator, DPSCS PREA Coordinator, and Agency Head Designee, detectives with the IIU are sworn law enforcement officers by the Attorney General in Baltimore and are authorized under Maryland law to conduct both administrative and criminal investigations. These investigators are assigned to the Internal Investigative Unit/Division. All reported PREA allegations are initially

identified as criminal. However, upon the conclusion that no criminal acts committed, and/or the victim elect to not pursue criminal prosecution, the investigative case is closed as an administrative case. All investigations criminal or administrative are tracked and conducted by and IIU.

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

115.21(b) The protocol was adapted from and/or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. MCI-H does not house youth offenders under the age of 18 years old. However, the protocol is developmentally appropriate for youth. The Maryland Violence Against Women Act (VAWA) 2005 reauthorization mandates that States certify that they meet the forensic requirements, it does not articulate to States the method of compliance. As a result, the Governor's Office of Crime Control and Prevention (GOCCP) in close partnership with the Maryland Coalition Against Sexual Assault (MCASA) convened a statewide workgroup and hosted a series of stakeholder meetings comprised of law enforcement professionals, prosecutors, victim advocates and forensic nurse examiners in order to develop statewide recommendations regarding the local jurisdictional implementation of VAWA compliance forensic exam policies and protocols in Maryland. Guidance for compliance has been developed to walk stakeholders through the process thereby ensuring their collective success. Comprehensive steps are outlined in the Maryland VAWA Forensic Compliance Guidelines. The Agency provided a copy of the Revised OSPS. 200.0004 Inmate on Inmate Sexual Conduct Prohibited dated November 13, 2015, the National Protocol "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," "overview and the Protocol Conformity.

115.21(c) The PAQ identified the number of exams performed by a qualified medical practitioner during the past 12 months as 2 inmates. However, this number is incorrect and was a misunderstanding of the requested information. The MCI-H documented the number of inmates who were seen by facility medical staff not in the manner of conducting a forensic medical examination. There were zero inmate who receive forensic medical examination via SANE or SAFE and/or qualified medical staff.

Executive Directive Number: OPS.050.0001 stated If medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by (i) A Sexual Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); (iii) If after documented attempts to provide a SANE or SAFE are

unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examination. MCI-H uses Meritus Health Center for all forensic examinations. The auditor conducted an interview with the Forensic Nurse Manager at the medical center regarding inmates being provided forensic examinations and access to a victim advocate. She explained the medical center does not have a SANE/SAFE at the hospital 24/7. However, she explained once the Charge Nurse on duty make notification to the SANE, who is required to report to the medical center within one hour. Duval notification and respond are required to the SANE and CASA for the services of a Victim Advocate. Hospitals with SAFE Programs have specially trained Forensic Nurse Examiners (FNE) or physicians available to provide both medical attention and evidence collection services. Medical care provided during SAFE includes acute injury care and medication for the prevention of sexual transmitted infections (STIs), and HIV. MCI-H does not house female inmates, therefore medication for the prevention of pregnancy was not applicable. All services and medical care, including HIV prevention medication (nPEP), provided during a SAFE are free of cost.

COMAR 10.12.03 – Patient Care lists the requirements of the DPSCS to provide inmates who have suffered sexual assault. The victim shall be considered an emergency patient with special needs. The victim shall be taken immediately to a quiet private area where tests and examinations will be performed to the victim. The PAQ, interview with the MCI-H PCM and review of PREA reported allegations to include beyond the 12-month review period, revealed there were no reported allegations of sexual abuse that resulted in the completion of a forensic medical examination by a SANE/SAFE and/or qualified medical staff. Therefore, there was no inmates for interview.

115.21(d) DPSCS has a paid contract with the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. However, the DPSCS PREA Coordinator and DPSCS Assistant PREA Coordinator are in the developmental stage in developing procedures and practices to be utilized in providing some of the services to and within the various State facilities. It was determined the two agencies began the services through a Memorandum of Understanding (MOU) with the Western part of Maryland prior to continuing throughout the DPSCS. The purpose of the MOU is to assure a unified effort between the entities involved to provide victim-inmates with confidential emotional support, crisis intervention, information and referrals related to sexual violence as required by PREA stand 28 C.F.R. 115.21 and 115.53. A copy of the draft MOU was presented to the auditor for review.

During the orientation process, inmates receive a PREA Intake & Reception Sheet. Inmate access to a variety of outside confidential support services noted on this informational sheet. CASA, Inc. located at 116 West Baltimore Street Hagerstown, MD 21740 Tel: (31) 739-4990; Hotline (301) 739-8975 is available service that is utilized by the inmate population. The auditor contacted CASA and conducted an interview with the Officer Manager and was advised DPSCS and CASA, Inc has an agreement to accept phone calls from victims of sexual abuse and victim advocate services are also available upon request. Advocacy services include, but are not limited to, accompaniment during the exam, safety planning, and referrals for long-term services. MCI-H uses Meritus Health Center for all forensic examinations.

An interview with the Office Manager at CASA explained when an inmate reports to the medical center who has reported being sexually assaulted, the assigned SANE will notify Shelter staff of the occurrence reported. A victim advocate would then report to the medical

center and provide advocate services to the inmate. The victim advocates have received proper training to serve in the capacity of a victim advocate to meet with clients. She continued in stating the agency and the DPSCS have established an agreement to provide these services to the inmate population. She added because of COVID-19, follow-up services would be offered to the victim through zoom or via phone rather than entering the correctional facilities.

The PAQ indicates that there have been 0 forensic exams performed during the review period and identified two inmates receiving medical treatment by facility staff upon reporting their PREA allegation. One inmate reported sexual abuse and one inmate reported sexual harassment during the review period, however neither inmate required a forensic medical examination. However, upon the auditor's awareness of pending criminal charges involving staff on inmate sexual misconduct in addition to numerous other criminal charges committed since the previous PREA audit, the auditor included this criminal case in the audit report. Information regarding this criminal case is discussed further in the audit report.

MCI-H has a designated staff member appointed by the Warden to serve as a victim advocate. The staff's member is a Licensed Certified Social Worker – Clinical and completed MCASA's Sexual Assault Victim Advocate Fundamentals Training on-line course presented by MASCA. An interview was conducted with the facility's victim advocate who expressed upon her notification of an inmate's report of sexual abuse that included a forensic medical examination, she would meet with the inmate upon his return to the facility and continue with follow-up services as needed. She continued in stating she would provide the inmate on methods on how to make additional request as needed to contact with her between sessions as needed. She concluded in stating; she has not been utilized as a victim advocate within the past few years but was aware of her responsibilities as such.

The inmate who alleged sexual abuse during the review period was no longer housed at MCI-H during the on-site visit for interview. However, a forensic medical examination was not applicable for his case as penetration was not alleged by the victim. The previous sexual misconduct allegation reported on December 8, 2019, without a specific date of occurrence. However, the investigative report did include various occurrences 5 weeks prior to being reported. Sexual abuse of an inmate was revealed during the investigation process of numerous staff violations of DPSCS policies. The victim indicated he does not recall being offered a victim advocate during and/or after the investigation.

115.21 (e) Executive Directive OPS.050.0001 states if requested by the victim and the services are reasonably available, have one of the following accompany, for the purpose of support, the victim through the forensic examination and interrogation interview: (i) A qualified victim advocate; (ii) A Department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault an forensic examination issues and has been appropriately screened and determined to be competent to serve in this role: or (iii) A non-Department community based organization representative who meets the criteria for a Department employee established under §.05G(3)(b)(ii) of this directive (e). It was determined that two inmates reported sexual abuse during the review period of March 1, 2020 – March 1, 2021. These allegations did not include penetration. The auditor included an investigation that include sexual misconduct reported since the last PREA audit in 2018 on December 8, 2019. Although oral penetration was alleged, the allowable time to for the collection of DNA and/or physical evidence had expired. Therefore, zero inmates who reported

sexual abuse received a forensic medical examination. Only one inmate who reported sexual abuse was housed at the facility during the on-site visit for interview. He stated he did not request a victim advocate.

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

115.21 (g) Not applicable

115.21(h) An interview with the Officer Manager at CASA, indicated a Victim Advocate is available to provide services to the inmate population upon notification. Additionally, MCI-H has a designated staff member appointed by the Warden to serve as a victim advocate. The staff's member is a Licensed Certified Social Worker – Clinical and completed MCASA's Sexual Assault Victim Advocate Fundamentals Training on-line course presented by MASCA. An interview with the assigned facility victim advocate confirmed her availability and training to serve in the role as needed. She stated her serves has not been requested recently.

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

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence reviewed to include documents and interviews.

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

115.22 115.22(a) Directive IIU.110.0011, section .03 states, “The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.” Directive OPS.050.0001 and Directive OPS.200.0005 states, “An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct.” The agency head reported that every allegation of sexual abuse or sexual harassment goes through IID. All investigations criminal or administrative are tracked by the facility and IID. The PAQ identified 2 reported allegations of sexual abuse and/or sexual harassment in where an administrative investigation was conducted during the review period of March 1, 2020 – March 1, 2021. The information provided was incorrect.

There were 3 PREA investigations reported during the review period. However, an allegation of sexual abuse was uploaded within the provision that occurred at another DPSCS, but was reported upon the inmate’s arrival at MCI-H.

There were 1 inmate-on-inmate sexual abuse allegation with an investigative finding of Unsubstantiated. One staff investigation that begin as fraternization and later included an investigation of possible staff-on-inmate sexual misconduct. The inmate refused to cooperate with the investigation. The case was determined as Unsubstantiated.

One staff-on-inmate sexual harassment investigation was determined as Unfounded.

The facility's 4th PREA allegation was reported as a staff-on-inmate sexual abuse on February 21, 2021. The investigation remained pending throughout the post audit phase.

The auditor included in the review a PREA investigation that occurred since the facility's last PREA audit in December 2018. A Substantiated staff on-inmate investigation was referred for criminal prosecution by the investigating IID that was reported on December 8, 2019. The investigative findings included criminal charges of: Rape 2nd Degree CR 3 304; Harass: Course of Conduct CR 3 803; Assault 2nd Degree CR 3 203, and Correctional Inmate/Sex Offense CR 3 314 b2. The staff member identified as the aggressor plead guilty to Harassment in the court system on May 11, 2021. He was ordered to pay court fees and to serve 3 months unsupervised probation.

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

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

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

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

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

Information on how the public can report sexual abuse and /or sexual harassment allegations

is located on the Agency's website at <https://dpsscs.maryland.gov/agencies/iid.shtml>. The website notes: "The Intelligence and Investigative Division conducts criminal and administrative investigations into allegations of serious misconduct within the Department of Public Safety and Correctional Services. In addition to conducting investigations within statutory authority, the agency is the department's liaison with allied federal, state, and local law enforcement agencies, providing investigative services and support. The contact information is noted as Intelligence and Investigative Division Main number: 410-724-5720; Complaint Phone Number: 410-724-5742 at P.O. Box 418 8520 Corridor Road Suite H Savage, Maryland 20763.

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence reviewed to include documents and interviews.

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

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

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

An electronic generated copy of 2019 training for all non-security and security staff was provided that confirmed staff completed the required PREA training. Random staff interviews indicated PREA training is provided bi-annually during Day 2 during in-service training. The

training department tracks staff progress via computer-generated spreadsheet to ensure completion of training. Furthermore, anyone who did not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline. 100% (29) of the random staff interviewed reported that in-service training contains all the information required by this provision. Although several staff reported they received PREA during the year of 2020, they were mistaken as the latest PREA training was conducted during in-service in 2019.

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

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

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

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

115.31(d) The review of numerous DPSCS PREA Lesson Plans require the staff member to submit to testing upon the completion of training requiring a minimum score of 75%.

Completion of staff PREA training was presented through electronic verification noting the PREA course code and staff who completed it.

An interview was conducted with the Training Sergeant who is responsible for assisting in conducting new hire and in-service training for all staff. He stated every two years the Department conducts PREA training during the in-service. He added the latest PREA training was conducted in 2019. He added due to the effects of COVID-19 on the facility staff and inmate population, the continuation of in-service training ceased in March 2020. Group sessions were prohibited effective March 2020 through March 28, 2021. In-service training resumed on March 29, 2021, for the completion training previously scheduled. However, PREA training is scheduled to resume on July 1, 2021. The training will include PREA, Security, Custody and Control and LGBTI in addition to conducting frisk and visual searches.

During the pre-audit phase, a signature sheet was provided demonstrating all security from the 3 assigned shifts acknowledging "I understand that I am responsible for the annual review of all MCI-H Post Orders." An additional form stating "PREA" was forwarded to all non-security staff for signatures. Although these forms were presented in an effort to support staff's receipt of refresher PREA training in 2021, it did not meet the provision of receiving PREA training. There was no educational material such as a Lesson Plan, PREA pamphlets, and/or other PREA literature presented that supported staff received refresher PREA training.

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

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. MDI-H Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPSP.050.0001 Sexual Misconduct
3. MCI-H Lesson Plan for Volunteers and Contractors for PREA
4. DPSCS Volunteer Services Orientation Manual
5. DPSCS Volunteer Guide
6. Certification of PREA Training for Contractors and Volunteers
7. DPSCS A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders for Volunteer and Contractor
8. DPSCS Website
9. Security Briefing & PREA
10. Interviews with:
 - a. MCI-H PCM
 - c. Medical and Mental Health Contractors

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

acknowledged of receipt for the booklet with their signature.

Volunteers complete an application to become a volunteer on-line through the DPSCS website. The auditor verified an informative page on the DPSCS website specifically for volunteers, with contacts for further information as well as other convenient links. The Volunteer Orientation Manual on the DPSCS website provide training material to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per the Department policy and procedures. The DPSCS .020.0026, Prison Rape Elimination Act Federal Standards Compliance and OSPS. 050.0001 Sexual Misconduct - Prohibited are included for review on the under-Volunteer Forms: Additional Material. Per an interview with the Volunteer Secretary assigned to the Volunteer Activity Coordinator she provides training to all volunteers. The most recent training session was in 2019 due to COVID-19. The refresher training presented by the Volunteer Activity Coordinator is conducted throughout every year and is based on the initial training period provided to the volunteers and recertification of the volunteer. The volunteers are given training material in literature and lecture format during the in-person training sessions. All required paperwork is completed during the training sessions while ensuring the volunteers understanding of the DPSCS zero tolerance of sexual abuse and sexual harassment in addition to how to report it. She concluded in stating, the last entry date of volunteers into the facility was March 18, 2020 prior to the on-site visit.

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

Each volunteer is issued a Volunteer Agreement and Acknowledgement of Orientation form and acknowledge receipt of the following: DPSCS Orientation Video; Volunteer's Orientation Guidebook; DPSCS PREA Brochure. Volunteers also acknowledge receipt oof the PREA Acknowledgement form.

As of the on-site visit to MCI-H, volunteers have not been allowed to enter the facility since March 2020 due to COVID-19. However, 115 volunteers were identified as active prior to the entry restriction due to COVID-19. The auditor identified a random selection of 32 volunteers for confirmation of PREA training. There were no discrepancies noted in the selected volunteers PREA training.

Medical and mental health contract staff receive PREA training through both DPSCS and their contract agency, CORIZON and/or Centurion as applicable. Interviews conducted with medical, mental health contract staff confirmed their receipt of PREA training. Permanent contract staff such as medical and medical health who has direct contact with the inmate population attend the Non-Academy Pre-service Orientation training for new employees in addition to bi-annual in-service training. The Assistant Director of Nursing indicated staff attend PREA training before contract with the inmate after the hiring process and during in-service through Learning Management System – CORIZON (contracting agency) University on -line training. Those interviewed stated they were notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report it. Each stated they would report to a security supervisor and their immediate supervisor. Rosters confirming the receipt of PREA training for all medical and mental health were presented for review. However, it was uploaded in conjunction with standard 115. 35 specialized training for medical and mental

health.

There are 6 Keefe contract workers approved for entry and have completed PREA training. Copies of their completed PREA training was presented for review. The Keefe workers do not have direct contact with the inmate population. These workers are escorted and always remain with DPSCS security staff.

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

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

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

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
3. DPSCS Executive Directive OPS.020.0032 LEP Policy
4. PREA Hotline signs (English and Spanish)
5. MCI-H Inmate handbook
6. Inmate PREA Orientation Receipt
7. Observation on site
8. Interviews with:
 - a. MCI-H PCM
 - b. Intake Staff
 - c. Case Management Staff
 - d. Random inmates

115.33(a)(b) (c) The PAQ and an interview the MCI-H PCM identified 926 inmates arrived at the facility within the 12-month review period and remained beyond 30 days as MCI-H is a time building facility. Executive Directive OPS.050.0001 states that Receiving and ID departments are responsible for providing inmate orientation. Under this directive, they shall ensure that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate-on-inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation. This information shall be inclusion in the facility's inmate orientation paperwork, and if applicable the facility's inmate handbook.

Per interviews with 2 Receiving and ID Officers (Intake Staff), each stated they provide the inmates the PREA education within hours of their arrival at the facility on the day of their arrival. Intake staff continued in identifying the PREA Hotline and PREA posters on the walls and bulletin boards are pointed out as reference during the in processing of the arriving inmates and PREA risk assessments.

MCIH.ID.020.0026 indicates the Case Management is responsible to ensure inmates receive comprehensive PREA education (in a language or format this is accessible to inmates). PREA education is documented by an inmate's review and signature of MCIH.020.0026 Appendix 4 or 4a (Spanish format), PREA Orientation Acknowledgement form; and MCIH.020.0026, Appendix 5, PREA Training Acknowledgement form, that are attached to the directive within

30-days of transfer to the MCIH. PREA information is readily and continually visible throughout the facility in various forms such as: signs, posters, brochures, videos, and the Inmate Handbook.

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

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

115.33(d) The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Directive OPS.050.0001 section .05C(5) states, "Procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under §.05E(4) of this directive." When necessary, telephone interpretation services are needed, the available services are through the Language Line. The auditing team conducted interviews with 2 inmates identified as LEP (Spanish) using a staff interpreter. The inmates identified they were able to read the PREA information posted throughout the facility in their Spanish language, but they had not received an inmate handbook in the Spanish language. These two inmates received the facility handbooks in their language during the on-site visit. Although the auditor interviewed 2 inmates with vision impairment, they impaired to the extent of being blind and were able to read and understand the PREA information presented to them and posted. There were no inmates at MCI-H with disabilities that included, blind, deaf, or cognitive disabled during the on-site visit.

MCIH.ID.020.0026 indicates PREA information is readily and continually visible throughout the facility in various forms such as: signs, posters, brochures, videos, and the Inmate Handbook. The auditing team observed numerous and variety of PREA posters on walls and bulletin boards throughout every department, and all inmate housing units, program areas and work assignments in both English and Spanish. The PREA Hotline # is also and stenciled on the walls in both Spanish and English.

115.33 (e) The auditor requested a random selection of 44 inmates' documentation of PREA education. All inmates requested, acknowledged receipt of PREA education through watching a video on the facility channel 22. They also acknowledged receiving an orientation packet that included material such as the DPSCS PREA and Sexual Assault Awareness brochure and a copy of the Intake and Reception Sheet. The PREA brochure, inmate handbook, and Intake and Reception are informative on various ways to report PREA allegations: talk to any staff

member that you feel comfortable with. This can be a correctional officer, teacher, nurse, chaplain – ANYONE. Report the incident to the PREA Hotline at the toll-free number (410) 585-3177 while giving instruction son doing do. Inmates are also informed they may report the incident through the Administrative Remedy Process (ARP).

115.33 (f) PREA information was observed to be readily available to the inmate population throughout the facility. A massive amount of PREA education was posted throughout the facility on all walls, bulletin boards, gym/multipurpose rooms, barbershop, departmental staff offices, inmates housing units, medical, mental health, Case Management, Receiving and ID, religious services, visiting room, education department, library, food service, Maryland Correctional Enterprise (MCE) factories. The PREA education was presented in both English and Spanish. The PREA Hotline number was posted and stenciled on housing unit walls, program areas and throughout the facility and Annex in large font that was easily identified. The following signage was posted in the medical department “Sexual Abuse is not part of your sentence. Don’t be a victim Report Sexual Abuse. Inmates can report sexual assault by telling any staff person or call the PREA Hotline #410-585-3177.

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

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. IIU Orientation
2. OSPS.200.0004 Inmate Sexual Misconduct
3. OSPS.050.0030 Sexual Conduct
4. MD Correctional Services Article 10-701
5. Police Entry Level Objectives

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

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

Training.

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

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

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. CORIZON Health Site Orientation
2. Nursing Encounter Tools Support Document PREA Recommended Interventions
3. CORIZON General Health Services Policy and Procedures
4. DPSCS Directive Number 020.0026 PREA – Federal Standards Compliance
5. PREA- CHSSO eLearning Module
6. Interviews
 - a. Training Staff
 - b. Medical and Mental Health

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

Additional training is provided through Centurion referencing a PREA overview consisting of 57 pages with the learning objectives: (1) Increase understanding of the goals of PREA; (2) Review general expectation of PREA National Standards; (3) Review expectations of PREA National Standards for medical and mental health staff and (4) Encourage familiarity with local policies related to PREA and responsibilities under the policies. Confidentiality with the learning objectives of: Confidentiality in Correctional Healthcare; HIPAA and PREA Requirements. Medical and some mental health staff are contract employees who must

complete the agency's PREA training and specialized training received from the contractor (CORIZON or Centurion). The training curriculums for both Medical and Mental Health Training Presentations was reviewed. This training is lecture based accompanied by a slide presentation and followed by a test.

Interviews were conducted with the Assistant Director of Nursing and the Mental Health Supervisor. There were 44 medical staff and 3 mental health staff assigned at MCI-H during the on-site visit. Training rosters and certificates document all staff received the specialized training in addition to PREA training required by all DPSCS staff in 2019. Specialized training is completed before staff are allowed to have contact with the inmate population. PREA Specialized training is conducted through literature, educational material and on-line yearly as needed.

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

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

115.35(d) Directive OPS.050.0001, section .04B(6) defines "employee" as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C(1) states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;" with regard to contractor training. As indicated in the provisions above all mental health and medical staff completed PREA training throughout 2019. Due to COVID-19, there has been a delay in conducting in-service PREA training for 2021. The training is scheduled to resume on July 1, 2021 with smaller class sizes.

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

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Directive OPS.200.0006

2. MCIH.020.0023 PREA Federal Standards Compliance

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

MCIH lists the responsibilities of Case Management staff to conduct the inmate's risk level reassessed within 30-dyas of transfer to MCI-H for additional information which may occur since the inmate's initial intake screening. An inmate's risk level can be reassessed any time during incarceration and when new relevant information becomes available.

The PAQ identified 650 inmates reported to the facility who stayed was 72 hours or more to include 30 days or more during the review period of March 1, 2020 – March 1, 2021, and all inmates received risk assessments upon their arrival. MCI-H is a time building facility. The Intake Officers are responsible for conducting the initial 72-hour risk screening assessments of all newly arriving inmates and the Case Managers are responsible for conducting the 30-day risk assessments. Interviews were conducted with Receiving and ID Staff and Case Managers who are assigned to conduct the inmate's risk assessments indicated the inmate received the initial risk assessment on the day of arrival to the facility. The Intake area is manned 7 days a week to process incoming and outgoing inmate traffic. The Case Managers identified when numerous inmate's arrival at once, the Case Mangers provide assistance to the Intake Staff in conducting the initial risk assessment on the day of arrival. The Receiving and ID Staff and Case Managers are responsible for ensuring the screening instrument is used to objectively assess an inmate's risk of victimization and/or an inmate being sexually abusive. The Receiving and ID Staff and Case Managers indicated the PREA Intake Screening is the one form utilized to conduct screening for the risk of sexual victimization and risk of sexually

abusing other inmates. Inmates are scored on their responses and are identified as at risk of victimization and/or risk of abusiveness and/or neutral.

Inmates provided various responses to the questions of being asked the following questions upon their arrival if they were asked whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify with being gay, lesbian, or bisexual, and whether they thought they might be in danger of sexual abuse at the facility? Responses range from yes, maybe I don't recall, I think so, no I don't remember being asked, no I wasn't asked, and I was asked by medical. However, during further interview, most inmates acknowledged they were asked the questions related to the PREA Intake Screening form.

115.41(c) (d) Directive OPS.200.0006, section .05A requires the implementation of a screening instrument and cites the criteria utilized to perform the risk assessment. The PREA Intake Screening form is the agency-approved standardized screening instrument.

At the pre-audit phase, the auditor requested a roster of all inmates who arrived at MCI-H during the review period. The auditor randomly selected 44 inmates risk assessment for review from March 1, 2020 through March 1, 2021. All risk assessments were conducted using an objective screening instrument. The PREA Intake Screening form is a one-page form that assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12 separate questions to determine a detainee being at risk of victimization factors and 6 additional questions to determine an inmate's risk of abusiveness factors. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the detainee history during the initial screening. The Department does not include a question of "whether the inmate is detained solely for immigration services," as the DPSCS does not house inmates solely for civil immigration purposes.

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

115.41(e) The PREA Intake Screening factors considered in the risk of abusiveness category include prior acts of sexual abuse, history of violent crimes including pending charges and current charge, prior convictions for violent offenses and a history of prior institutional violence or sexual misconduct. The instrument also considers a history of violent crimes pending and current charges and a history of domestic violence as a perpetrator including pending and current charges for sexual misconduct. Staff who conduct risk screening identified these factors are part of the PREA Intake Screening for both the initial risk screening assessment and 30day follow-up risk screening assessment. A review of the PREA Intake Screening form revealed it does consider all the criteria required by this provision.

115.41(f) Directive OPS.200.0006, section .05B (2) and MCIH.ID.020.0026 require case management staff to re-assess each inmate within 30 days of the inmate's arrival at the

facility. The auditor requested a roster noting the arrival date of all inmates during the 12-month review. The auditor randomly selected 44 inmates for review of their initial PREA Intake Screening and 30-day follow-up PREA Intake Screening. There were zero discrepancies noted in the completion of the inmates receiving the initial PREA Intake Screening and/or the 30-day follow-up. The Case Managers are assigned to specific housing units and have a specific caseload of inmates. An interview with a Case Manager identified there was no set period of when the 30-day reassessments are conducted but they are not conducted later than 30-days of the inmate's initial assessment. An interview with the Case Manager Supervisor identified prior to COVID-19, the reassessments were required to be conducted between 20 – 24 days after the inmate initial assessment. However, during the heavy impact of COVID -19 on the institution staff and inmate population, staff altered their days at the facility and conducted telework. Therefore, the reassessments requirement was changed from 25 – 28 days after the inmate's initial assessment. A random selection of 44 inmates initial and 30 -day reassessment confirmed all reassessments were documented as complete not sooner than 11 days and always prior to 30 days of the inmate's initial risk assessment. Some but not all inmates interviewed recalled being asked questions from the PREA Risk Screening during the reassessment by Case Managers. However, the staff assigned to conduct risk assessments demonstrated their knowledge, practice, and the procedure of conducting risk assessments in accordance with DPSCS and provisions of this standard through the documentation of the 30-day reassessments being completed timely.

115.41(g) Directive OPS.200.0006, section .05B (4) requires case management staff to reassess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. MCI-H. ID. 020.0026 states the Case Managers are responsible to ensure an inmates' risk level reassessed at any time during his incarceration and when new relevant information becomes available. The PREA Intake Screening form is utilized to conduct all re-assessment. Interviews with a Case Manager Supervisor and the Case Manager who are assigned to conduct the 30-day reassessments indicated an inmate risk level will be reassess when warranted due to a referral, request, incident of sexual abuse or receipt of additional. Their responses coincided with the requirements for screening for risk of victimization/abusiveness outlined in OPS.200.0006.

115.41(h) Directive OPS.200.0006, section .05B (5) states inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening reported the inmates are not disciplined for refusing to respond or for not disclosing complete information and stated most are cooperative and provide responses. Interviews with Intake Staff and Case Managers confirmed the inmates are never discipline for refusing to answer questions during the risk assessments.

115.41(i) Directive OPS.200.0006, section .05B(6) requires, "Appropriate controls to be in place for facility dissemination of information collected during screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates." Per an interview with the Case Managers, upon completion, the PREA Intake Screening forms are placed in the inmate's base file. Interviews with the DPSCS PREA Coordinator, MCI-H PCM, Per the Case Managers and MCI- PCM, the inmates' files are secured in a designated office area. The auditing team conducted a tour of the base file room where all inmates' files are maintained. Two clerks are assigned to the base file room and confirmed accountability and authorization to the inmates' base files are restricted. A memorandum is located on the outer

door that list those staff authorized entry into the MC-H Case Management File Room. Those authorized are Warden; Assistant Warden; Chief of Security; Administration Secretarial Staff; Case Management Staff, including Secretaries; Intel/K9, Shift Commanders and Auditors. No other staff are allowed entry without a Case Management Staff member present.

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

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

. MCI-H Completed Pre-Audit Questionnaire (PAQ)

2. Executive Directive ECI. 050.0001 Sexual Misconduct - Prohibited

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

4. PREA Intake Screening Instrument

6. Interviews with:

b. MCI-H PCM

c. Receiving and ID Officers/Intake Staff

d. Staff who conduct risk screening/Case Managers

e. Transgender, and Bisexual Inmates

f. DPSCS PREA Coordinator

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

MCIH.ID.020.0026 also states the Case Management is responsible to ensure an inmates' risk information is entered prominently in the base file and on facility data systems to inform housing, bed, work, education, and program assignments, The PREA Intake Screening Instrument form is filed in Section 5 of the base file for each inmate. Case Managers indicated that initial housing assignments are based on the initial risk assessment scoring. Staff who perform screening reported that inmates at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score. The inmates' housing assignments, and jobs are based on their scores. The inmates program assignments are also monitored. Those who are at risk of victimization cannot be housed with those who are at risk of abusiveness. The PREA compatibility rules and chart are used to determine housing assignment.

MCIH.ID.020.0026 indicate Traffic Officers will use PREA screening information to make determinations regarding inmate housing, cell assignments, job placement, education and program assignments, and other aspects of inmate traffic patterns to separate high-risk victim

inmates or high-risk predator inmates; the goal is safety of each inmate and avoid involuntary.

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

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

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

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

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

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

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

PREA ND- May be housed with anyone

PPREA MX-May not be housed with PREA VP

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

Interviews with Case Managers, Intake Staff, Traffic Officer, MCI-H PCM, and Mental Health, all stated the newly arrival inmates are screened by the Intake Staff during intake and are assigned to the quarantine unit for 14 days due to COVID-19. Afterwards they are assigned to their housing units by custody level and scoring.

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

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

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

The auditor requested a roster of inmates identified as transgender for a random selection of reassessments conducted twice yearly. The auditor's review of 4 transgender files confirmed one of the 4 identified transgenders did not receive bi-annual reviews in accordance with the provision of the standard. Specially, the assigned Case Manager noted the inmate was reviewed in absentia on October 28, 2020. Upon the auditors' identification of the discrepancy, a memorandum was submitted by the Case Manager Supervisor addressed to the auditor. The Case Manager Supervisor stated on September 17, 2021, MCI-H and other identified DPSCS facilities were on placed lockdown status due staff shortages and an increase in positive COVID cases of both inmates and staff. Additional positive COVID cases continued throughout the month of October that resulted in further staff shortages and inmate deaths. He added, the restriction in the manner of conducting the bi-annual in person was due to the threat of contamination, sickness, and possible death from COVID-19. The Case Manager Supervisor then presented a copy of a completed bi-annual review for the transgender inmate that was dated on May 14, 2021, that noted conversations between the assigned Case Manager and transgender inmate.

115.42(e) Directive OPS.200.0006, section .05C (3) states, "A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered." The inmate's own views with respect to his safety shall be given serious consideration." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an

inmate is transgender or intersex. The PREA compliance manager indicated that transgender and intersex inmate's views regarding his or her own safety are seriously considered.

Transgender and intersex inmate can request a personal search exception card issued by the warden which allows the inmate to be searched by staff of a preferred gender. The auditor interviewed 3 inmates who were identified as transgender each confirmed they were issued a search exception card identifying their request to be searched by female staff.

115.42(f) Directive OPS.200.0006, section .05C (4) states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The 3 inmates identified as transgender stated they are awarded the opportunity to shower at separate times from the general population of male inmates. They are awarded the opportunity to shower during times that the showers are closed to the remaining inmates within their housing unit. There has not been an inmate identified as intersex at the facility during the audit review period and/or on-site visit.

115.42(g) Directive OPS.200.0006, section .05C (5) states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates." Interviews with 3 inmates identified as transgender, and 2 inmates identified as bi-sexual, confirmed they and other inmates identified as such were not housed in a dedicated unit and/or wing. These inmates in addition to staff expressed no knowledge of an inmate identified as intersex housed at the facility during the review period and /or on-site visit. Direct observation and inmate housing unit rosters corroborated the inmates interview results. The PREA Coordinator stated that the State of Maryland places gay, bisexual, transgender, or intersex inmates throughout their facilities throughout their agency. At the facilities they are placed in general population housing units. He also stated that the State of Maryland does not have a consent decree.

Although 1 of 4 transgender bi-annual reassessments was not properly conducted, at the time, the institution was heavily affected with COVID-19 for both the inmate population and staff. Inmate movement was restricted. The review was completed within the standard guidance when COVID restrictions were lifted for both staff and inmates. Therefore, based on the review of policies and staff's understanding, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DOC.100.002 Case Management Manual
3. Interviews
 - a. Warden
 - b. Staff assigned to supervise segregation.

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

115.43(b) The DOC-Case Management Manual section .18F(1)-(17) states in part that an inmate assigned to administrative segregation or protective custody shall be subject to the conditions of confinement and those conditions of confinement outline opportunities that have been limited, and the duration of these limitations. Opportunities for those in protective custody include institutional movement, hygiene, property, out-of-cell activities, access to health care, case management, education, library, legal, visits, religion, food, mail, commissary, and segregation status. The rationale for any limitations would be documented on the Administrative Segregation Investigative Report and the Notice of Assignment to Administrative Segregation. Per an interview with the Warden the facility does not utilized involuntary segregation for inmates identified at a high risk of victimization. An interview with staff who supervise segregation confirmed inmates in segregation indicated all inmates placed in segregation would have access to education, book carts, mail, legal work, haircuts, telephones, and showers daily, 1 hour of recreation daily, legal visits, medical and mental health care. Due to the degree of required security in segregation, no inmates assigned in segregation are awarded are released from their cells for work opportunities. There were zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement to include during the review period of March 1, 2020 through March 1, 2021 nor during the on-site visit.

115.43(c) The PAQ noted zero no inmates were held in involuntary segregated housing for longer than 30 days during the review period of March 1, 2020 – March 1, 2021. Per the Warden, an inmate would only be placed in segregation for his own safety such as if the inmate cannot identify threat/aggressor. An investigation would immediately be conducted in an effort to ensure the safety of the inmate victim to include review of video footage,

conducting interviews with staff and inmates, and other available means as applicable. The inmate would be allowed to provide his own views of safety to the investigative staff. Depending on the identified threat, the inmate could be reassigned to another housing unit, or the aggressor could be placed in segregation pending an investigation. An interview with staff who supervise segregation confirmed the Warden's statement that the facility does not normally utilize involuntary segregation for inmates identified at a high risk of victimization and have not done so during the review period. One inmate who reported sexual harassment and 3 inmates were involved in alleged staff-on-inmate sexual abuse investigations. The staff members were reassigned and/or suspended during the investigations. An investigation involving a staff member began as staff fraternization with an inmate that later included possible staff-on-inmate sexual misconduct. The staff member was suspended pending termination. No inmates were placed in involuntary segregation due to the reported PREA allegations of possible sexual misconduct.

115.43(d) The DOC— Case Management Manual section .18E requires the use of the Administrative Segregation Investigative Report and Notice of Assignment to Administrative Segregation to document the basis for concern and reasons why no alternative means of separation can be arranged. The Notice of Assignment to Administrative Segregation is provided to the inmate and provides the inmate a rationale for placement. However, per interviews with the Warden, and staff assigned to supervise inmates in segregation and the PAQ, there were no inmates placed in segregation for being at a high risk of victimization. An interview with staff assigned to supervise inmates in segregation indicated an inmate identified as at risk of being sexually abused would be asked where he would feel safe. The aggressor would be placed on administrative review period pending an investigation. Therefore, there were no cases of inmates placed involuntary segregated housing due to being at a high risk of victimization for interview and/or review of casefile. However, a review of the PREA investigation did confirmed that an inmate was given the opportunity to be placed on voluntary Administration Segregation pending a report of sexual abuse. The inmate elected to remain in the general population as he stated he did not have any fear for his safety. In each case where an inmate made PREA allegations against a staff member, the staff member was reassigned from working in the area of the inmate pending the conclusion of the investigation from the housing unit where the inmate is assigned to throughout the finding of the investigation.

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

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

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

Upon arrival to MCI-H during the intake process, inmates receive the DPSCS PREA and Sexual Assault Awareness, What Every Inmate Needs to Know brochure. Internal methods of reporting are noted as talking to any staff member that you feel comfortable with. This can be a correctional officer, teacher, nurse, chaplain – ANYONE. It is also noted the inmate may

report the incident through the Administrative Remedy Process (ARP). Reporting incidents to the PREA Hotline at (410) -585-3177 and instructions for usage and the option of reporting through the Administrative Remedy Process (ARP) which would be investigated promptly.

The auditing team observed the PREA Hotline 410-585-3177 and other PREA information stenciled on walls throughout the facility. This information is accessible to staff, visitors, and the inmate population. All departments, and inmate housing provide continued PREA awareness, methods of reporting and the PREA Hotline number for reporting PREA allegations. Interviews with the staff and inmate population confirmed their awareness of methods to report PREA allegations while stating the hotline number is posted everywhere throughout the facility. The most common method of inmates reporting PREA allegations was through the PREA hotline, although they did state they could report directly to staff. Staff indicated they would report through the chain of command and in a private manner.

Inmate interviews indicated they had watched the PREA video and/or observed in writing to include stenciled information on the walls, bulletin boards various methods they could report sexual abuse and/or sexual harassment to include verbally, in writing, or via third parties. Most inmates also indicated that they could report sexual abuse or sexual harassment anonymously through an unidentified note to staff. All random staff reported inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties.

115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 discusses methods that allow detainees to make a report of sexual abuse or sexual harassment outside the department to the Office of the Attorney General or any other private or public office. MCASA and CASA receives reports of sexual abuse and sexual harassment from inmates as an external reporting entity. Inmates receive as a part of their orientation packet an Intake & Reception Sheet that assist in supporting the provision of this standard. The Intake and Reception Sheet list various alternative for an inmate to report to outside agencies to include for emotional support services related to sexual abuse. These available services include CASA, Inc. @ 116 West Baltimore Street Hagerstown, MD 21740 (301) 739-4990 Hotline: (301) 739-8975; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring, MD 20907 (301) 328-7023/ 800-939.7273; Sexual Assault Legal Institute P.O. Box 8782 Silver Spring, MD 20907 (301) 564-2277/877-496-SALI; JUST Detention International 1900 L St, NW, Suite 601 Washington DC, 20036 202-506-3333; RAINN Rape, Abuse & Incest National Network No Written Correspondence 800.656.4673. The auditor contacted the CASA via phone and spoke with a representative. The CASA representative stated staff accept Hotline calls 24/7 and upon receiving a report of sexual abuse and/or sexual harassment, staff offer emotional support, further counseling and legal services if requested. Due to the confidentiality, staff are not allowed to release the information given outside the center without prior approval from the inmate/alleged victim.

MCI-H does not house detainees solely for civil immigration.

115.51(c) Directive OPS.050.0001 and Directive OPS.200.0005 requires an employee receiving a complaint of sexual abuse or sexual harassment to immediately report the complaint to a supervisor, manager, shift commander, or head of the unit and subsequently document the report in a written format. Additionally, reports of sexual abuse or sexual harassment may be submitted verbally, in writing (including electronic documents), anonymously, and by third parties. Staff indicated they would immediately notify their supervisor and document any verbal reports of sexual abuse or sexual harassment as soon

as possible and always prior to departing from their assigned shift.

115.51(d) Directive OPS.200.0005 states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice regarding privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited the PREA hotline, directly notifying their supervisor, and/or notifying the facility investigator as their primary ways to make a private report of sexual abuse or sexual harassment.

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

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. COMAR 12.02.28 DPSCS Administrative Remedy Procedures to Resolve Inmate Complaints
3. PREA Investigative Casefiles
4. Interviews with:
 - a. MCI-H Grievance Chairperson

Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title 12-DPSCS, Subtitle 02-Division of Correction, Chapter 28-Administrative Remedy Procedures (ARP) to Resolve Inmate Complaints, Section .04B), An inmate may not use the ARP to resolve a complaint concerning: (5) The following acts by staff or another inmate, which shall be addressed according to Department procedures for addressing complaints under the Prison Rape Elimination Act: (a) Rape; (b) Sexual assault, sexual harassment, sexual abuse; and (c) Other sexual misconduct. If a complaint is made through the ARP, it is treated as any other written form of reporting and forwarded directly to the supervisory correctional staff on duty, Grievance Chairperson and to IID to be processed for investigation. Per the MCI-H Grievance Chairperson, all reported allegations are addressed immediately and reported to the IID Investigators for a thorough investigation. There no PREA allegations reported through the Administrative Remedy Process during the review period.

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

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

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.53(a) (b) During orientation, inmates receive the DPSCS PREA and Sexual Assault Awareness Brochure that informs inmates of reporting options. As part of the orientation packets, inmates also receive an Intake and Reception and Intake Sheet that informs inmates of services (including victim advocates for emotional support services related to sexual abuse by giving the mailing addresses and telephone numbers, including toll-free hotline number where available, of local, State, or national victim advocacy or rape crisis organizations. The facility is responsible for enabling reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Telephone calls to the agencies may be monitored. Written communication will remain confidential. The following agencies are available to the inmate population: These available services include CASA, Inc. @ 116 West Baltimore Street Hagerstown, MD 21740 (301) 739-4990 Hotline: (301) 739-8975; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring, MD 20907 (301) 328-7023/ 800-939.7273; Sexual Assault Legal Institute P.O. Box 8782 Silver Spring, MD 20907 (301) 564-2277/877-496-SALI; JUST Detention International 1900 L St, NW, Suite 601 Washington DC, 20036 202-506-3333; RAINN Rape, Abuse & Incest National Network No Written Correspondence 800.656.4673.

The MCI-H Inmate Handbook notes in the PREA section that “MCI-H will provide inmates with access to outside victim advocates for emotional support services related sexual abuse. This Facility has a PREA Coordinator that can assist with getting the correct mailing addresses and telephone number, including any toll-free hotlines of any local, state, or national victim advocacy groups or rape crisis organization. One service available to Washington County, Maryland is: CASA, 116 West Baltimore Street, Hagerstown MD 21710; Phone: (301) 739-4990; or the Hotline: (301)-739-8975.

Interviews with inmates indicated they were unaware of outside services available to them as

most stated they have had not encountered a reason to become knowledgeable of them. They did state they have seen various PREA information identifying such, but they had not taken an interest to read it.

115.53 (c) The PAQ identified the agency or facility does not maintain a memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. This information is incorrect. DPSCS has a paid contract with the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. The DPSCS Purchase Request dated July 15, 2020 was submitted for the description of services that included 250 hours of consulting and coordination services to support the PREA with respect to standards 115.21; 115.31, and 115.53. The specific objective for MCASA will be (1) Continue effort to set up agreement with Rape Crisis Clinic to provide services required by PREA standard 115.53. (2) Provide training to sexual assault victim advocates who provide services relating to 115.21 and 115.53.

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

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

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

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. Completed PREA Investigative Casefiles
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents
7. Interviews with:
 - a. Warden
 - b. DPSCS PREA Coordinator
 - c. MCI-H PCM
 - d. Medical and Mental Health Staff
 - e. Random staff
 - d. Facility Investigator and IID Investigator

115.61(a) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident." Directive OPS.050.0001 and Directive OPS.200.0005 requires employees who receive a complaint of or otherwise have knowledge of alleged sexual misconduct/sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document the incident. It also requires the supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct/sexual conduct occurred notify the managing official responsible for the facility receiving. If the incident occurred at another facility, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident, shall notify the managing official of the facility where the incident occurred. If the incident occurred at a facility that is not under the authority of the department the facility head or agency head responsible for the facility where the incident occurred and the IID regardless of the jurisdiction where the incident occurred. Directive OPS. 020.0003 identify PREA related incidents as a priority #2 within the serious incident category descriptions. The policy lists staff responsibility and procedures in reporting such incident. All reporting incidents are to be

documented on an incident report (matter of record) by the initial reporting staff member. Interviews with 29 random staff indicated they were aware of their responsibility to report any knowledge of PREA allegations to include harassment, sexual abuse, and retaliation. All stated they would report to the correctional supervisor on the shift. Non-security staff also indicated they would report to their immediate supervisor in addition to the security supervising staff on duty. All reported they would document verbal reports of PREA allegations in a matter of record as soon as possible and always prior to the end of the shift. The requirement for the shift commander who receive PREA allegations during their shift to report to the IID is also noted in OPS.020.0003.

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

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

An interview with a contract Director of Nursing indicated the staff within the department are required to report to the Regional Medical Director, MCI-H PCM, Dental, Mental health and Shift Commander on duty. She reported she served as a first responder numerous years prior to the review period.

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

The DPSCS PREA Coordinator provided a response of when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered a

vulnerable adult under state or local law. Under both circumstances the Department are required to report the allegations to the local Police Department and to the Department of Children and Family Services. The IID Unit will make the notifications.

115.61(e) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. OPS. 200.0005 indicate a complaint of alleged inmate on inmates sexual conduct may be submitted by the victim, an individual with knowledge of an incident of alleged inmate on inmate sexual conduct, or a "third party or other individual who has knowledge of the alleged inmate on inmate sexual conducted. It also notes a complainant of inmate-on-inmate sexual conduct received anonymously shall be accepted and processed the same as a compliant received from an identified and may remain anonymous. An interview with Warden indicated all reported PREA allegations are reported to the IID Unit for investigation. There are times when they may return a case back to the Facility Investigator for completion as an administrative investigation. Per the Warden, IID Investigator and Facility Investigator all allegations of sexual misconduct are investigated to include those reported by third party, by the alleged victim, and anonymously and are handled the same. A review of the 3 completed PREA investigative casefiles identified 2 allegations was reported by a third party. Two reported by the alleged victim to include one pending staff-on -inmate sexual abuse allegation.

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

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

115.62 Executive Directive OPS.200.0005 .05 D. Responding to an Incident of Inmate on Inmate Sexual Conduct – A supervisor, manager, or shift commander shall: (a) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate-on-inmate sexual conduct inmate on inmate sexual conduct: (b) If aware of an act of alleged inmate-on -inmate sexual conduct, ensure that a complaint is immediately filed according to established procedures for reporting an inmate rule violation through the Inmate Disciplinary Process; and (c) Ensure the safety of a victim inmate on inmate sexual conduct, through a coordinated response to a complaint of inmate on inmate sexual conduct ensuring (i) Continued person protection is provided; (ii) Medical and mental health care follow up is conducted; and (iii) Non-medical or mental related counseling and support services are offered. This information is also covered in the PREA lesson plan. In accordance with OPS.200.0005, in Section 5C1a, staff are required to utilize information collected during the risk screening to properly separate inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.

Staff were provided a variety of scenarios during the interview process of incidents where an inmate may identify being at risk of sexual abuse. During each interview, staff identified they would take immediate actions in removing the inmate from the area of threat and/or not allow the inmate to report/return to an area in which the inmate expressed a risk of being sexually abused. Each staff continued in stating they would also immediately notify their supervisor or higher-ranking supervisor if the incident involved their immediate supervisor. All staff are issued a PREA response card that provide guidance upon becoming aware of an occurrence of sexual abuse and/or sexual harassment. The PAQ identified there were no instances where an inmate was identified subject to a substantial risk of imminent sexual abuse where immediate actions to protect the inmate was initiated. An interview with the Warden confirmed staff would take immediate actions to protect the inmate and various options were available to ensure the inmate's safety. An investigation would be initiated to confirm there is a risk, inmate could be reassigned to another housing unit, change of job assignment, removal the alleged individual posing a threat to include segregation and/or transfer if needed. An interview with the Special Assistant to the Deputy Secretary of Operations confirmed an immediate action of separating the victim and all measures of protecting the victim will be utilized to include protective custody.

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

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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

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

The PAQ indicated in the past 12 months, there was 1 allegation the facility received that an inmate was abused while confined at another facility. The inmate arrived at MCI-H and reported a PREA allegation of inmate-on-inmate sexual abuse occurred at his previous DPSCS facility. The allegation was reported to have occurred on June 21, 2020 and reported to MCH-H staff on December 23, 2020. Notification of the reported allegation was documented as reported to the IID Unit and Associate Warden at the inmate's previous facility on the day the inmate reported the allegation on December 23, 2020.

The MCI-H PCM included a second notification in the documentation presented. On April 8, 2021, an inmate alleged he was sexually assaulted by a staff member (touching) at his

previous DPSCS facility. He alleged the incident on October 1, 2020 and reported it on April 8, 2021. Documentation through an email confirmed notification was made from Warden to Warden on the day the allegation was reported (April 8, 2021).

The Warden identified the procedure of notifying the Warden at the affected institution via email within 72 hours upon the inmate reporting the allegation. He stated he had only received the 2 notifications during his tenure as Warden at MCI-H.

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

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. Review of PREA Investigations
6. Interviews with:
 - a. Medical and Mental Health Staff
 - b. Inmates who reported sexual abuse

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

There were 4 reported allegations of sexual abuse during the review period of March 1, 2020, and March 1, 2021, that include 2 cases from other DPSCS facilities. The auditor included 1 staff-on-inmate sexual abuse reported since the last PREA audit on December 8, 2019, with a Substantiated finding on February 21, 2020. Of these allegations, there were zero reported in where a first responder staff separated the alleged victim and abuser. Two allegations of sexual abuse were reported as touching only. Two reported allegations included a level of penetration. The allegations were reported several months after the alleged incidents. There was no available evidence to collect during a forensic medical examination by a SANE at a local hospital.

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

commander.

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

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. MCIH.ID.020.0026 PREA Federal Standards Compliance
3. Interviews with:
 - a. Warden

An interview with the Warden identified the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is in the MCIH.ID.020.0026 details the responsibility and practices of staff to include once an allegation is received by the Custody (first responders), Custody Supervisors, Medical Department and Psychology and Mental Health. A PREA First Responder Checklist: Required Actions - Appendix 7 and PREA Response and Containment Checklist - Appendix 8 are attached to the Directive.

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

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland
3. AFSCMET MOU

4. Interviews with:

- a. Agency Head Designee

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

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

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. Retaliation Monitoring forms
5. Interviews with:
 - a. Agency Head
 - b. Warden
 - c. PREA Compliance Manager/ Staff charged with monitoring retaliation.

115.67 (a) Executive Directive OPS.050.0001, states the head of a unit, or a designee, is responsible for ensuring an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual or feared retaliation. The MCI-H PCM identified there are 3 staff members who rotate the responsibility of conducting retaliation monitoring. Documentation of review retaliation monitor identified the MCI-H as the assigned monitor.

115.67(b) The Directive states that if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: Application of available medical or mental health services or counseling; Changes to inmate housing assignments, change in inmate work assignments, disciplinary actions, staff work assignments, staff write-ups, inmate and/or staff change in behavior. This was also described by the MCI-H PCM during the interview. She continued in stating she initiate meetings with the inmates who report allegations of sexual abuse at 30, 60 and 90 days. She meets with the inmate privately and discuss any concerns they may have. She would continue retaliation monitoring beyond 90 days if deemed appropriate, however, there has not been any circumstances deemed necessary. Per interviews with the Agency Head Designee, there are multiple ways to protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations, the actions taken would be depended on the situation but could be housing changed, transfer of the abuser provide protective custody, and provide emotional support. The Warden indicated an inmate or staff determined to be performing retaliation toward an individual would be discipline, transferred and/or the staff member would be terminated. The victim in receipt of retaliation would be moved to another area and/or could be transferred to another facility if necessary.

115.67(c) (d) (f) Executive Directive OPS.050.0001, identifies changes that may suggest possible retaliation by inmates or staff, which may include, but is not limited to unreasonable

or unjustified: Discipline; Changes in work or program assignments; Transfers or placements; or Denial of privileges or services. These must be monitored. The facility presented Retaliation Monitoring forms, that includes inmate's name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a place for reporting within 2 weeks, within 30 days, within 60 days, final 90 days, and addition space available for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates.

The inmate involved in the staff and inmate fraternization later sexual abuse case refused to cooperate with the investigation and did not express a fear of retaliation and/or concerns with his safety. Therefore, retaliation monitoring was not required per the provisions of this standard.

An inmate who reported an allegation of sexual abuse having occurred at his previous institution was transferred during the investigation. He was placed on monitoring status until his transfer.

A third inmate who reported sexual abuse received monitoring throughout the 90-day period with accordance with the provision of the Standard.

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

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DOC 100.0002 Case Management Manual
4. Interviews with:
 - a. Warden
 - b. Staff assigned to supervise segregation

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

In an accordance with the PAQ, interviews Warden, staff assigned to conduct risk assessment screening and staff assigned to supervise the segregated housing unit, inmates are not normally placed a segregated housing unit for involuntary segregation. An inmate would only be placed I segregation for his own safety if he cannot identify the aggress. Investigating staff world review video, interview the alleged victim, the alleged aggressor, inmate and/or staff witness as appliable. The inmates' own views of safety would be considered. There have been zero inmates placed in involuntary segregation during the review period.

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

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

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

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.71 MCI-H Completed Pre-Audit Questionnaire (PAQ)

2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited

3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited

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

5. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents

6. DPSCS A01.A.09.003/IIU.020.0002 Complaint, Receipt, Document & Process

7. Interviews with:

a. Warden

b. PREA Coordinator

c. MCI-H PCM

d. Medical Staff

e. Random staff

f. Facility Investigator and IID Investigator

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

Interviews with both the facility investigator and IID Investigator, indicated upon the affected facility notifying the IID Duty Officer, the case is assigned a case number upon receipt to the reported allegation. Allegations of alleged sexual assault that involves a forensic examination

and/or crime scene, the on-call Detector will report to the hospital and facility immediately. Allegations that are reported to have occurred several months ago and/or at a previous institution where there is no physical evidence to collect and/or alleged participants have transferred and/or been released for example would come second to a more recent sexual assault case.

The investigators indicated all reported allegations of sexual abuse and/or sexual harassment are investigated in the same manner regardless of how they are reported.

Although the PAQ identified 3 reported PREA allegations occurring at the facility during the 12-month review. There was one staff on inmate sexual harassment allegation that was determined to be Unfounded and one staff on inmate sexual abuse investigation that was determined to be Unsubstantiated and one staff-on-inmate sexual abuse that remained pending during the post audit phase. Documentation demonstrated the investigations were initiated shortly after an incident was reported and/or identified during the staff investigation and a thorough and objective investigation was conducted. This was verified via the supporting documents (i.e. investigation narrative, medical documentation, and witness statements, various records completed, available video footage) contained within the investigation files. A facility investigator and an IID investigator was interviewed. The facility investigator indicated as a former IID Investigator he often provides assistance to the IID Investigator with cases at the facility. He has also received the proper training to assist in the including the collecting and maintaining possession of evidence prior to the IID investigator's arrival. The investigators indicated the investigations are typically initiated immediately, however, the amount of information received, when the incident was alleged to have occurred, and when it was reported compared to a more recent incident reported timely to collect circumstantial evidence and the circumstances surround the alleged incident is given consideration. All interviews are conducted privately. Investigators reported anonymous and third-party reports of sexual abuse and sexual harassment would be processed in the very same manner as any other reported verbally or in writing of sexual abuse and sexual harassment.

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

115.71(c) Directive OPS.050.0001 and Directive OPS.200.0005 states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective

investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department or agency procedures, or other reasonably accepted standards related to: (a) Collecting and preserving evidence; (b) Interviewing victims, witnesses, and suspected perpetrators; (c) Conducting and using polygraph examinations; (d) Identifying suspects; (e) Preserving an individual's personal dignity and legal rights; and (f) Maintaining confidentiality of the investigation." Directive IIU.110.0011 addresses investigator responsibilities including interviews and the collection and preservation of evidence. Review of Investigation documents demonstrate that investigators do "gather and preserve direct and circumstantial evidence." Investigation documents contained such information as victim and witness interview statements, electronic case management information, physical evidence such as letters, and photographs. The facility did not report any cases where a forensic exam was conducted for the collection of DNA evidence. Per interviews the investigators they gather all physical evidence, review phone records, witness statements, search the crime scene, video review, prior history of inmates, ensure safety of alleged victim from the alleged aggressor, interview the alleged victim and alleged aggressor, develop a report and refer to the prosecutor for possible criminal charges as applicable. Each stated sometimes those allegations reported anonymously are investigated no difference than any other reported allegation. However, on occasions there is not enough information provided to continue with an investigation, but the investigators make every effort to complete a thorough investigation just as all other reported allegations. A review of the 3 completed PREA investigative files contained a variety of detailed supporting documentations that met the elements listed.

115.71(d) When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." Directive IIU.110.0011 states, "If appropriate, work with the prosecutor to develop the case for criminal prosecution." The IID investigator indicated they are sworn peace officers therefore, they communicate with prosecutors for presenting criminal charges, request of a search warrants to include body searches, but are not required to consult with the prosecutors prior to conducting compelled interviews. There were zero Substantial allegations of sexual abuse and/or sexual harassment determined during the official review period of March 1, 2020, through March 1, 2021.

The auditor reviewed a Substantiated case that occurred since the last PREA audit in 2018. The investigative case included various allegations of staff-on-inmate and was reported on December 8, 2019. The investigation was completed by an IID Investigator on February 21, 2020, pending criminal charges of 2nd Degree Rape CR 3 304, Harass: Course of Conduct CR 3 803; Assault 2nd Degree CR 3 203; Correctional Inmate /Sex Offense CR 3 314 b2. On May 11, 2021, the staff member plead Guilty to a criminal charge of Harassment with an offense date of January 1, 2019 to December 31, 2019. The staff aggressor was sentenced to 3 months unsupervised probation and court fees.

115.71(e) Directive OPS.050.0001 and Directive OPS.200.0005 prohibits victims of alleged sexual misconduct or sexual conduct from being compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct. Directive IIU.110.001, section .05E states, "(1) Credibility of a victim, witness, or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. (2) A victim may not be required to take a polygraph or other

truth telling test to determine to proceed with an investigation of an incident involving a sex related offense.” Review of investigation files did not indicate the use of a polygraph or other truth-telling device or examination. Additionally, credibility assessments appear to be appropriate given the information contained within the investigation report. Investigators were able to articulate the main ideals of the standard stating that credibility of an alleged victim, suspect, or witness is considered on an individual basis. Additionally, neither investigator indicated any circumstance when an inmate would be required to submit to a polygraph examination. An interview with the one inmate who remained housed at the facility during the on-site visit, confirmed at no time was he asked to submit to a polygraph or truth telling device during the investigation.

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

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

115.71(h) Md. Correctional Services Code Ann. §10-701 subject to the authority of the Secretary, the Internal Investigative Unit shall: Investigate: (1) alleged criminal violation committed by employee of the Department while on duty; (2) alleged criminal violations committed by inmates, visitors, and other individuals that are the safety of security of the Department 's facilities or programs; (3) alleged professional misconduct by employees of the Department; (ii) adopt regulations of the conduct of its investigations. (b) Powers of investigator – Property owned, leased, operated by or under the control of the Department.

An investigator in the Internal Investigative Unit may exercise the powers of a peace officer in the State on property that is owned, leased, operated by, or under the control of the Department. (c) Powers of investigator – Other property (1) An investigator in the Internal Investigative Unit may exercise the powers of a peace or police officer in the State on property that is owned, leased, operated by, under the control of the Department when (i) engaged in fresh pursuit of a suspected offender; (ii) requested or authorized to do so by the chief executive officer or chief police officer. Directive OPS.050.0001 and Directive OPS.200.0005 states, “Thoroughly document all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution.”

Directive IIU.110.0011, section .05H (6) states, "If appropriate, work with the prosecutor to develop the case for criminal prosecution."

The PAQ, identified there were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, however this information is incorrect. There was 1 Substantiated PREA allegation reported since the last PREA audit in 2018. However, the auditor was informed of an investigative case of staff-on-inmate involving numerous pending criminal charges 2nd Degree Rape CR 3 304, Harass: Course of Conduct CR 3 803; Assault 2nd Degree CR 3 203; Correctional Inmate /Sex Offense CR 3 314 b2 having been determined on February 21, 2020 since the last PREA audit. The staff member was arrested and charged on February 21, 2020. He was placed on emergency suspended from the MCI-H on this date. The staff member posted bail on February 24, 2020. He plead guilty to Harassment on May 11, 2021.

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

115.71(j) Directive OPS.050.0001 and Directive OPS.200.0005 sets the requirement for the continuation of an investigation. Per policy, the departure of an employee or inmate alleged to have committed sexual misconduct is not a basis for terminating an investigation of alleged sexual misconduct or alleged inmate on inmate sexual conduct. Also, the departure of the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct or alleged inmate on inmate sexual conduct. Investigator interviews indicate that, once initiated, investigations will proceed until completion.

115.71(l) DPSCS conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

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

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
2. PREA Investigative Casefiles
3. Interviews
 - a. Facility and IID Investigator

115.72 (a) OPS. IIU. 110.0011 indicates upon conclusion an investigation involving an inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence. A review of the two completed investigative files to include one sexual abuse and one sexual harassment, confirmed the investigative findings were determined on the collection of evidence recovered during the investigative process, to include interviews conducted, and physical evidence collect, available video monitoring, review of inmate recorded telephone calls, and medical examinations. A review of the 3 completed investigative files confirmed the IID Investigators does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse/sexual harassment is substantiated as confirmed by the IID Investigator and Facility Investigator during the interview process. They each confirmed the preponderance of evidence is the standard necessary to substantiate an allegation for sexual abuse/harassment through collected evidence and interviews.

Based on a review of the relevant policy, review of investigative files and interview, it is determined that MCI-H is compliant with the applicable provision of this Standard.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

2. Interviews

a. IID Investigator and Facility Investigator

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

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

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

115.73 (c) Directive IIU.1100011 requires if an investigated incident involved an employee committing a sex related offense on an inmate and the incident was Substantiated or Unsubstantiated, the investigator will arrange for the inmate to be advised when the employee is no longer assigned to the inmate's housing unit, when the employee is no long employed at the facility, when, if known, the employee was indicted or charged with a sex related offense occurring at the facility, or if know, the employee was convicted of a charged related to a sexual related offense occurring at the facility. There was zero Substantiated reported sexual abuse and/or sexual harassment allegation for staff during the review period of March 1, 2020 through March 1, 2021. However, there was 1 Substantiated case involving staff-on-inmate completed on February 21, 2020. The IID Investigator Substantiating numerous criminal charges against the correctional officer that include 2nd Degree Rape CR 3 304, Harass: Course of Conduct CR 3 803; Assault 2nd Degree CR 3 203; Correctional Inmate /Sex Offense CR 3 314 b2. The staff member plead guilty to Harassment on May 11, 2021, during a court hearing. The inmate received notification in writing staff member's guilt in court. There were no Substantiated sexual abuse and/or sexual harassment cases throughout the audit period.

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

of a charge related to a sex related offense occurring at the facility. There were zero Substantiated allegations of inmate-on-inmate sexual abuse during the extended review period.

115.73 (e) IIU.110.0011 states the investigator shall document victim notification in the investigative report to include the name of the individual who notified the victim: the date, time, and location that the victim was notified and how the victim was notified. There were 3 reported PREA allegations during the review period of March 1, 2020 through March 1, 2021. One case remained pending during the post-audit phase. The summary of the investigations documented the inmates were advised of the investigative findings for the 2 completed reports. In addition, the auditor review of a previous sexual abuse allegation reported on December 8, 2019 and completed on February 21, 2020, the notification to the inmate was documented in the summary of the investigative report.

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

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

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Review of Investigative PREA casefiles
3. Standards of Conduct & Internal Administrative Disciplinary Process

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

There were zero substantiated allegations of staff sexual misconduct during the review period of March 1, 2020 through March 1, 2021. However, the auditor extended the review period to include a reported PREA allegation of staff-on-inmate sexual abuse reported December 8, 2019. The investigative case was concluded on February 21, 2020 with an investigative finding of Substantiated. The conclusion of the investigation determined numerous criminal acts were referred for prosecution. The staff member (correctional officer) was arrested on the day of the investigative findings, “February 21, 2020” and placed on emergency suspension pending criminal charges of 2nd Degree Rape CR 3 304, Harass: Course of Conduct CR 3 803; Assault 2nd Degree CR 3 203; Correctional Inmate /Sex Offense CR 3 314 b2. The staff member also plead guilty to the charge of Harassment and was sentenced to 3 months unsupervised probation and court fees.

There were no other disciplinary actions and/or termination of staff nor was there a requirement to report to a relevant licensing body due to Substantiated PREA allegations. However, 1 staff resigned during an investigation that include fraternization with an inmate and staff-on-inmate sexual abuse. The case continued and was determined as Unsubstantiated.

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

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. DPSCS Executive Directive 200.0005 Inmate on Inmate Sexual Conduct - Prohibited
4. Volunteer Orientation Manuel
5. PREA Investigative Casefiles
6. Interviews with:
 - a. Warden

115.77(a) Executive Directive OPS.050.0001 Executive Directive OPS.200.0005 identifies an employee an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools. Thus, these identified groups are subject to the same types of discipline employees are for such an infraction. OPS.050.001 states an employee may not: commit, participate in, support, or otherwise condone sexual misconduct.

115.77 (b) The Volunteer Orientation Manual states that the Department has a ZERO tolerance policy regarding sexual misconduct. Any form of sexual conduct, consensual or otherwise, is prohibited in a correctional facility. This includes offender on offender, as well as staff (including volunteers) on offender contact, coercion, or sexual violence. PREA training provided to contractor workers and volunteers include a guideline for security briefing that discusses (a) Federal laws signed in 2003 to prevent, detect and respond to incidents of sexual abuse and sexual harassment of an inmate by either inmate, staff, contractor or volunteer; (b) ZERO tolerance policy; (c) Allegations of sexual abuse or harassment are accepted verbally, in writing, anonymously and from third parties, internally or to an outside agency; (d) You are subject to disciplinary action and /or civil liability if found in violation of PREA.

Per an interview with the Warden, volunteers and contractors accused of sexual misconduct shall be prohibited from contact with inmate population, denied entry into the facility and all other DPSCS facilities immediately until an investigation is completed. If the accusation is substantiated the individual's volunteer and/or contractual status shall be terminated, and the individual shall be subject to criminal prosecution if the behavior is deemed to be criminal in nature. There were zero reported PREA allegations during the review period of March 1, 2020 and March 1, 2021 against volunteers and/or contractors. Due to COVID-19, no volunteers had been allowed entry into the facility since March 2020 throughout the on-site visit.

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

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. OPS.050.0001 Sexual Misconduct - Prohibited
2. OPS. 200.0005 Inmate on Inmate Sexual Conduct - Prohibited
3. DPSCS.020.0026 Executive Directive PREA Rape Elimination Act - Federal Standards Compliance
4. PREA Investigative Casefiles

115.78(a) DPSCS.020.0026 states The Department does not tolerate sexual abuse or sexual harassment of an inmate. The policy identifies sexual abuse of an inmate by another inmate to include the following acts, if the victim inmate does or does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse: (i) Acts listed under §§ .04B(3)(a)(i) and (ii) of this directive; (ii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and (iii) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another inmate, excluding contact incidental to a physical altercation. OPS.200.0005 states: The Department does not (1) Tolerate inmate on inmate sexual conduct; (2) Consider alleged or actual consent as a defense to an allegation of inmate-on-inmate sexual conduct. COMAR 12.03.01 identify the inmate violation summary code has 117 – An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act. Per the review of the 4 PREA investigative casefiles to include the one reported since the last PREA audit on December 8, 2019 and those reported during the designated review period of March 1, 2020 through March 1, 2021. Zero inmates received disciplinary sanctions for violation of code 117.

115.78(b) & (c) An interview the Warden indicated an Independent Discipline Hearing Officer who is DPSCS employee within a different division and is not assigned to the facility. COMAR 12.02.27 states that the hearing officer before imposing a sanction would consider mitigating factor such as the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories and the inmate's mental health status at the time the rule violation occurred. An interview with the Warden indicated the violation would be a category 2 100 series 117 based on adjustment and the independent hearing officer will determine the appropriate disciplinary sanctions. He added an inmate's mental disability and mental illness would be considered when applying disciplinary sanctions.

115.78(d) OPS.200.0005 state: If therapy, counseling, or other intervention designed to address and correct underlying reasons or motivation for sexual conduct is available, may be required to participate in available therapy, counselling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process. Interviews were conducted with the License Professional Counselor/Mental Health Administrator and Assistant Director of Nursing.

Counseling services are not offered by medical staff. However, an interview with mental health staff indicated the facility does not offer group sessions but does offer individual counseling services for inmates through trauma informed therapy which address all forms of therapy. However, the available intervention services are provided to the inmate upon the inmate volunteering to attend the programs.

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

115.78(f) OPS.200.0005 states, "A complaint of alleged inmate on inmate sexual conduct made in good faith based upon a reasonable belief that the alleged inmate on inmate sexual conduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of inmate-on-inmate sexual conduct." There were zero instances in where an inmate received disciplinary sanctions in which it was determined they filed a false report or lied during the reported allegation of sexual abuse and sexual harassment.

115.78(g) OPS.200.0005 states, "An inmate may not commit, participate in, support, or otherwise condone sexual conduct." Per interview with the Warden, the facility does not consider consensual sexual activity between inmates to be sexual abuse. Per the PAQ and the review of the PREA investigative casefiles, zero inmates received disciplinary sanctions for participating in sexual conduct activities that was not determined to be sexual abuse.

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

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness
4. CORION Guidelines for Sexual Assault
5. Mental Health Referral Forms
9. Interviews with:
 - a. Medical and Mental Health staff
 - b. Staff who conduct risk screening
 - c. Inmates that disclose during PREA Screening

115.81 (a) OPS.050.0001 states, "whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening. It also indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a copy of the intake screening will be referred to the mental health department. Interviews with Receiving and ID Officers and Case Manager who perform screening for risk of victimization indicated mental health referrals are available to all inmates who have experienced prior sexual victimization and who were identified as an abuser. However, a review of referrals made revealed all inmates were offered to see mental health and most accepted. Several inmates later refused the service prior to the meeting.

Per staff who are assigned to conduct risk assessment screening all inmates who arrive at MCI-H are offered a mental health follow-up. This was confirmed via review of mental health referral conduct by staff conduct risk screening during intake. A review of inmate scoring revealed the vast majority did not score as a prior victim or prior abuser but was offered a mental health referral. Each have the option to decline or accept. Fifteen inmates were referred to mental health due to prior sexual victimization. The auditor elected to review 38 referrals. Six inmates were identified as seen by mental health outside the 14-days period. inmates have been quarantined for two weeks as they transfer into the facility. Staff explained the procedure of inmates required to remain on quarantine status for 14-days after their arrival if they were not placed on quarantine status at their previous facility prior to transport to MCI-H contributed to the delay of service. Due to the number of inmates seen outside the 14 - day period, the auditor requested receipt of completed mental health referrals during the post-audit. Fifteen additional inmates arrived at the facility during the post -audit phase who either

referred to mental health to include who did and did not report prior sexual victimization and/or who had previously perpetrated sexual abuse. One inmate refused the mental health offer and one inmate remained on quarantine status in an excess of 14 days. The remaining 13 inmates were seen by mental health staff within 10 days of referral. The auditor also randomly selected documentation of mental health referrals for 6 inmates prior to COVID-19 for confirmation of compliance with the standard. There were no discrepancies noted in completion of the mental health referrals being completed prior to 14 days. Specially, all mental health referrals were completed within 7 days of the made referral.

115.81(b) OPS.050.0001 indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a referral will be made to mental health. Interviews with staff who perform screening for risk of victimization said they refer all inmates who have scored as an abuser. The PAQ indicated that 100 % of inmates who arrived at MCI-H during the review period who had previously perpetrated sexual abuse are offered a follow-up with mental health. However, per staff who conduct risk screenings and a review of the PREA Follow-Up forms, the inmates have the option of declining by marking “No, I would not like to be seen for mental follow-up to discuss the results of my PREA screening.”

Once the PREA Follow-Up form is completed by staff assigned to conduct risk screenings, the form is forward to mental health staff. The instructions to screeners notes: The Prison Rape Information Act (115.81) requires that inmate hat have been identified as victims of perpetrators of sexual abuse be offered a follow up meeting with medical or mental health practitioner within 14 days of intake screening. If an inmate must be offered a follow-up meeting, assist the inmate with filling out this request form and forward it to our facility’s psychology department via the institution mail.” A section is provided for completion by mental health staff. Upon mental health staff receipt of the PREA follow-up, the form is stamped with the date of received, received by and date the inmate is seen. Mental health staff also document notes within their electronic system accessible only to mental health staff. The original copy is maintained in the inmate’s medical record file.

115.81(c) MCI-H is not a jail.

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

115.81(e) CORIZON Policy on Procedure in the Event of Sexual Assault says that, “medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. In addition, interviews with both medical and mental health staff verified they would be required to obtain an informed consent from inmates before reporting

sexual abuse that did not occur in an institutional setting by completing appendix G and H of the Medical Records Manual (consent forms). MCI-H does not house inmates under the age of 18 years old.

Based on a review of policies, interviews and analysis, the facility exhibited the prior discrepancies in conducting mental health referral within 14 days of the referral was contributed to the effects of COVID-19 in which inmate were required to remain on quarantine status. Therefore, restricted movement and interactions with those of such was imposed for staff and inmate safety precautions. MCI-H is determined to be compliant with all provisions of this standard.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness
5. DPSCS Office of Clinical Services/Inmate Health Medical 'Evaluations Manual Chapter 13 Sexual Assault on an Inmate
6. Inmates who reported sexual abuse medical and mental health follow-ups
7. Interviews with:
 - a. Medical staff/ Mental Health Staff
 - b. Inmate who reported sexual abuse

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

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

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

facility for forensic examination. Interviews with a contract Assistant Director of Nursing, and Mental Health Supervisor verified victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical staff is scheduled 24/7 therefore, is always on duty to provide medical care. The inmate would receive emergency medical treatment as soon as medical staff are notified. MCIH. ID .020.0026 states following a PREA incident, mental health staff shall follow up with the inmate victim on the next business day. Mental health staff are scheduled Monday – Friday. The mental health supervisor stated when mental health is on duty at the facility when the allegation is reported, the inmate would be seen at that time. He added if the incident were reported on a weekend/ holiday, the inmate would be seen the following workday. Both mental health and medical staff stated their belief is the medical care and mental health care provided to the inmate population is equal to that in the community, their professional judgement while ensuring the State requirements are followed.

An interview with the Assistant Director of Nursing indicated screening is limited to HIV and Hepatitis C. Additional testing is conducted at the local hospital for sexually transmitted infections and if the test results are positive, medical care services would be provided by facility medical staff. There were no inmates who were provided forensic medical examinations during the review period.

One inmate who reported sexual abuse remained housed at MCI-H during the on-site visit at MCI-H. The allegation was reported during an investigation of other alleged criminal actions by a correctional officer. The report was made on December 8, 2019 and Substantiated on February 21, 2020. The inmate reported he was seen by both medical and mental health. Documentation of these records were provided for review.

Confirmation was also made available of inmates' referral to medical and mental health after reporting both sexual abuse and/or sexual harassment. This included the two inmates who reported allegations of sexual abuse from their previous institutions upon arrival at MCI-H. However, the one inmate who refused to cooperate with a staff investigation that began as staff fraternization with an inmate and later included staff-on-inmate sexual abuse included his refusal of all services and communication.

115.82(b) OPS.050.0001 states, "The first correctional officer responding to an incident of sexual misconduct shall: (a) Ensure the safety of a victim of sexual misconduct by: (i) Immediately stopping an incident in progress, if necessary, arranging for separation of the victim from the abuser; and (ii) If applicable, immediately, if qualified, providing medical attention or arranging for appropriate medical attention. Interviews with random staff confirm they were aware of the first responder duties. All stated they would separate the victim from the abuser, keep victim safe, contact the shift commander and the inmates would be escorted to medical. At the time of reported PREA allegations, the alleged victims and alleged aggressor had previously been separated. Therefore, there were no instances where security and/or non-security staff served as first responder that required separation and/or preservation of evidence.

115.82(c) CORIZON Health has a policy which addresses the requirement of this provision which states, "prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases." Inmate victims of sexual abuse while incarcerated shall be offered timely information about timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with

professionally accepted standards of care, where medically appropriate. There were zero forensic medical examination committed and/or testing related to for sexually transmitted or other communicable diseases as there was no evidence collected by the SAFE to support sexual activity as alleged by the inmates.

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

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCI-H Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault DPSCS Executive Directive
4. MCIH.020.0026 PREA Federal Standards Compliance
5. CORIZON Health Policy on Federal Sexual Abuse Regulations
6. Medical/Mental Health Follow-ups
8. Interviews with:
 - a. Medical and Mental Health Staff
 - b. Staff assigned to conduct risk screening.

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

Per Chapter 13, Section F of the Manual, within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room notes, and write appropriate orders for care in the patient’s medical record. If the provider is off site, the emergency room protocol for review will be conducted and the disposition of care executed. Medical staff is assigned at the facility 24/7. Therefore, the inmates are seen by facility medical staff upon their return to the facility following the initial offsite medical visit regarding the allegations of sexual assault. Per Directive MCIH.ID.020.0026: Following a medical evaluation, specific housing recommendations are based on information available and at the best interest of the security of the alleged inmate victim and the facility. When an inmate returns from a PREA Medical or hospital, visit, the inmate shall be housed with a suicide protocol, initiated by the direction for the Mental Health staff. Every effort should be made by staff not to house an “At Risk of Victimization” inmate on Protective Custody involuntarily. There were zero inmates who received a forensic medical examination during the extended review period. There was 1 inmate who reported sexual abuse via oral penetration) in which numerous allegations of criminal charges were Substantiated by the IID investigator to include 2nd Degree Rape. The

inmate was currently housed in the Protective Custody Unit at the time of the alleged incidents.

115.83(b) The facility offers medical and mental health evaluation as appropriate treatment to all inmates who have been victimized by sexual abuse. Inmate sexual abuse casefiles confirmed inmates are seen by and follow-up services are conducted with medical and mental health staff through documentation of services. Confirmation of continued community follow-up services is arranged prior to the inmate's departure from the facility. Per the Assistant Director of Nurses discharge planning is performed by the social workers prior to the inmate released by contacting facilities within the communities and scheduling follow-up appointments for mental health and medical care.

115.83(c) In an interview with the Assistant Director of Nurses, and Mental Health indicated the level of care provided to the inmates are consistent with the community level of care.

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

115.83(f) Per Chapter 13, Section F of the Manual, all follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. Per Section M of the Manual, the patient and alleged abuser shall be offered follow-up STI testing within 60-90 days of initial testing to include HIV, HCV, and syphilis serology. Per Directive MCIH.ID.020.0026 Provision is made for testing of sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, or other diseases) and counseling, as appropriate. There were zero forensic medical examination committed and/or testing related to sexually transmitted infections as there was no evidence collected by the SAFE to support sexual activity as alleged by the inmates. Medical documentation identify the inmate who identified sexual abuse with penetration refused medical testing for STD and/or HIV.

115.83(g) Per Chapter 13, Section O, of the Manual, all treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Directive OPS.050.0001 If the alleged sexual misconduct involves sexual abuse, the assigned investigator shall: if medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by a: (i) A sexual Assault Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); or (iii) If after document attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examinations. Per medical staff, the inmates are never held responsible for the financial cost of medical treatment resulting from a reported allegation of sexual abuse to include expenses from local community hospitals.

115.83(h) Per Chapter 13, Section K, of the Manual, an alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse. MCIH.ID.020.0026 states Mental Health staff shall conduct a mental health evaluation of an inmate abuser within 60-days of the conclusion of a substantiated investigation and offer treatment when deemed appropriate. An interview with mental health supervisor stated staff attempt to conduct a mental health evaluation on all known inmate -on -inmate abusers. He added typically, during the clinical session most times the inmate will not speak regarding the incident and/or the victim sometimes will not identify the alleged aggressor.

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

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

The 12 -month review of reported PREA allegations was scheduled for March 1, 2020 – March 1, 2021. There was 1 staff-on-inmate sexual abuse reported with an investigative finding of Unsubstantiated during the review period. The case was identified as closed on May 26, 2020. However, staff failed to conduct the Sexual Abuse Incident Review prior to the pre-audit phase. This discrepancy was identified by the auditor during the pre-audit phase and discussed with the MCI-H PCM. The MCI-H PCM indicated due to effects of COVID-19, staff was instructed not to hold meetings which led to the delay in conducting the incident report. The auditor advised the MCI-H of various methods in which the review could have been completed while remaining within the COVID-19 guidelines established for the facility. The sexual assault incident review was conducted on April 5, 2021.

During the review period, an inmate reported upon his arrival at MCI-H that he was sexually assaulted at this previous institution. Proper notification was made by the MCI-H Warden to the affected facility. The Sexual Assault Incident Review Team conducted an incident review of the Unsubstantiated case upon notification of the findings. This review was also conducted outside the 30-day review period due to the results of COVID-19. However, MCI-H was not required to conduct the sexual assault incident review as the alleged sexual assault did not occur at MCI-H.

The auditor also conducted a review of an investigative casefile that include sexual misconduct by a correctional officer which occurred prior to the official review period of March 1, 2020 – March 21, 2021, but since the last PREA audit in 2018. The allegation was reported

on December 8, 2019. The investigative finding by the IID Investigator was Substantiated for the 2nd Degree Rape and 2nd Degree Harassment in addition to numerous other criminal charges on February 21, 2020. The sexual assault incident review was conducted on February 25, 2020.

The incident review signature sheets included the following: Warden, Assistant Warden, Security Chief, Case Management Supervisors; Case Management line staff, Psychology staff, Investigative staff, medical staff, housing unit managers, and the MCI-H PCM.

MCI-H staff failed to conduct the one sexual assault incident review that was reported during the review period of March 1, 2020 through March 21, 2021. However, the facility did conduct the one sexual assault incident review that was reported prior to the review period. It was determined by the auditor that due to rarity of facility receipt of sexual abuse allegations as this case was the only one within the 12-month review period, it would not be feasible to place the facility in a corrective action period at this time. Therefore, the auditor, DPSCS PREA Coordinator, Assistant DPSCS PREA Coordinator, MCI-H PCM and Executive Staff discussed various methods in which a review could have been completed to include via email, conference calls, zoom meeting, etc that would have allowed them to meet the requirement of the standard.

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

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

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

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

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

115.87(d) Directive OSPS.020.0027 also holds the DPSCS PREA Coordinator responsible for collecting, maintaining, and reviewing the data from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. The DPSCS PREA Coordinator provided a tracking sheet that he uses to keep track of the data. It includes information such as name and number of inmates involved, both the inmate making the allegation and any known perpetrators or suspects, date of the allegation, investigative case number, the outcome of the investigation, date of closure of the case, name of the investigator assigned to the case, date of notification of inmate complainant and the nature of the complaint.

115.87(e) Directive OSPS.020.0027, section .03B states, "The Department shall uniformly

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

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

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

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

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

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

The auditor and support staff were provided access to all areas of the facility with the opportunity to observe practices and procedures in the various departments, in addition to inmate movement, activity in work assignments, medical, dietary, programs, recreation and inmate housing. The auditing team was provided office space to conduct staff and inmate interviews. Additionally, the auditor conducted informal interviews with staff and inmates during the tour of the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information during the audit process. The auditor did not receive any correspondence from the staff and/or the inmate population. An interview with staff assigned to the mailroom confirmed the inmate's outgoing mail is sealed for by the inmates prior to placement in outgoing mail. This procedure allowed the inmate population confidentiality in communicating with the auditor just as communicating with a legal counselor.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.17 (a) Hiring and promotion decisions

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

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

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

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

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

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

115.17 (b) Hiring and promotion decisions

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

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

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

115.17 (h) Hiring and promotion decisions

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

yes

115.18 (a) Upgrades to facilities and technologies

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

na

115.18 (b) Upgrades to facilities and technologies

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

na

115.21 (a) Evidence protocol and forensic medical examinations

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

yes

115.21 (b) Evidence protocol and forensic medical examinations

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

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

115.21 (c) Evidence protocol and forensic medical examinations

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

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

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

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

115.21 (d) Evidence protocol and forensic medical examinations

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

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

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

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

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

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

115.31 (a) Employee training

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

yes

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

yes

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

yes

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

yes

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

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

na

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

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

yes

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

115.41 (d) Screening for risk of victimization and abusiveness

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	no

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

115.42 (a) Use of screening information

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

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

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

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

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

115.42 (b) Use of screening information

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

115.42 (c) Use of screening information

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

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

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

115.43 (a) Protective Custody

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

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

115.43 (b) Protective Custody

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

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

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

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

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

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

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

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

115.51 (b) Inmate reporting

Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? yes

Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? yes

Does that private entity or office allow the inmate to remain anonymous upon request? yes

Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) na

115.51 (c) Inmate reporting

Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? yes

Does staff promptly document any verbal reports of sexual abuse and sexual harassment? yes

115.51 (d) Inmate reporting

Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? yes

115.52 (a) Exhaustion of administrative remedies

Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. yes

115.52 (b) Exhaustion of administrative remedies

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

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

115.52 (c) Exhaustion of administrative remedies

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

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.) yes

115.52 (d) Exhaustion of administrative remedies

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

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

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

115.52 (e) Exhaustion of administrative remedies

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

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

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

115.52 (f) Exhaustion of administrative remedies

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

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

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

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

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

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

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

115.52 (g) Exhaustion of administrative remedies

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

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

115.61 (a) Staff and agency reporting duties

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

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

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

115.61 (b) Staff and agency reporting duties

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

115.61 (c) Staff and agency reporting duties

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

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

115.61 (d) Staff and agency reporting duties

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

115.61 (e) Staff and agency reporting duties

Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? yes

115.62 (a) Agency protection duties

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

115.63 (a) Reporting to other confinement facilities

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

115.63 (b) Reporting to other confinement facilities

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

115.63 (c) Reporting to other confinement facilities

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

115.63 (d) Reporting to other confinement facilities

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

115.64 (a) Staff first responder duties

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

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

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

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

115.64 (b) Staff first responder duties

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

115.65 (a) Coordinated response

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

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

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

115.67 (a) Agency protection against retaliation

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

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

115.67 (b) Agency protection against retaliation

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

115.67 (c) Agency protection against retaliation

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

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

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

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

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

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

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

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

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

115.67 (d) Agency protection against retaliation

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

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no

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

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

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

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

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

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

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

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

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

115.86 (a) Sexual abuse incident reviews

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

115.86 (b) Sexual abuse incident reviews

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

115.86 (c) Sexual abuse incident reviews

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

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

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

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

115.401 (b) Frequency and scope of audits

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

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

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

115.401 (h) Frequency and scope of audits

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

115.401 (i) Frequency and scope of audits

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

115.401 (m) Frequency and scope of audits

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

115.401 (n) Frequency and scope of audits

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

115.403 (f) Audit contents and findings

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