

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: 06/29/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Lynni O'Haver	Date of Signature: 06/29/2024

AUDITOR INFORMATION	
Auditor name:	O'Haver, Lynni
Email:	katmai910@icloud.com
Start Date of On-Site Audit:	05/13/2024
End Date of On-Site Audit:	05/15/2024

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

Primary Contact

Name:	Rebekah Wilt
Email Address:	rebekah.wilt@maryland.gov
Telephone Number:	240-420-1326

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

Facility PREA Compliance Manager	
Name:	Rebekah Wilt
Email Address:	rebekah.wilt@maryland.gov
Telephone Number:	O: 240-420-1326
Name:	Mitchell Eddy
Email Address:	mitchell.eddy@maryland.gov
Telephone Number:	O: 240-420-1313

Facility Health Service Administrator On-site	
Name:	Harmony Getts
Email Address:	Harmony.Getts@yescarecorp.com
Telephone Number:	240-420-1201

Facility Characteristics	
Designed facility capacity:	953
Current population of facility:	823
Average daily population for the past 12 months:	808

Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 and up
Facility security levels/inmate custody levels:	Pre-release, Minimum, and Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	291
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	31
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	80

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Secretary Carolyn Scruggs
Email Address:	carolyn.scruggs@maryland.gov
Telephone Number:	(410) 339-5099

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

4	<ul style="list-style-type: none"> • 115.33 - Inmate education • 115.41 - Screening for risk of victimization and abusiveness • 115.54 - Third-party reporting • 115.81 - Medical and mental health screenings; history of sexual abuse
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Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-13
2. End date of the onsite portion of the audit:	2024-05-15

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	953
15. Average daily population for the past 12 months:	808
16. Number of inmate/resident/detainee housing units:	17
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	813
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	10
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	155
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	6
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	18
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	10

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>18</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>366</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>80</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>75</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>26</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The Auditor was provided with the facility inmate roster for selection of a random representation of inmates. The facility roster includes the inmate's age, gender, race, ethnicity, date received at facility, tentative release date, program assignments, work assignments, classification level, security level, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the random interview process.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported inmates who reported an incident of sexual abuse were no longer in custody. The Auditor was able to confirm this information during the Auditor's review of investigative files, inmate files, and through interviews conducted with staff.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no inmates were placed in segregated housing/isolation for risk of sexual victimization or who alleged to have suffered sexual abuse. The Auditor was able to confirm this information during the Auditor's review of investigative files, inmate files, and through interviews conducted with staff.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>21</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The Auditor conducted thirty-one informal interviews with inmates and inquired to each -</p> <ul style="list-style-type: none"> <i>Length of time at facility</i> <i>Received PREA Education</i> <i>How would you report an incident of PREA?</i> <i>Do you feel safe at this facility?</i> <p>In addition to the above questions, throughout the informal interviews, the Auditor inquired to multiple inmates regarding the use of the phones or tablets to contact the PREA Coordinator or a family member. During the facility tour, multiple inmates utilized their tablets to demonstrate to the Auditor the step-by-step process to report a PREA incident either by sending an email to a Staff Member, PREA Coordinator, or family member or and request a report be filed on their behalf.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Documents from inmate files (38):</p> <p>Initial DPSCS Inmate Orientation - verifying receipt of DPSCS Inmate Handbook.</p> <p>PREA Comprehensive Education - verifying receipt of PREA Orientation / Education.</p> <p>Initial Risk Assessment and the Reassessment - verifying initial risk screening assessments and reassessments were completed within the required timeframe.</p> <p>March 2023 - February 2024 - Unannounced Rounds and Opposite Gender Rounds for the auditing period.</p> <p>Grievances involving SA, PREA hotline reports / documentation.</p> <p>8 - Investigative files of SA & SH.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	4	2	4	2
Staff-on-inmate sexual abuse	4	2	4	2
Total	8	4	8	4

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	2	0	0	0	0
Staff-on-inmate sexual abuse	0	2	0	0	0
Total	2	2	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	0	0	2	2
Total	2	0	4	2

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

8

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>During the twelve-month auditing period, the facility reported receiving no sexual harassment allegations, therefore the Auditor did not review investigative files involving sexual harassment.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Yes

No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

Identify the name of the third-party auditing entity

PREA Auditors of America

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>Document Review:</p> <p>Maryland C. I. - Hagerstown (MCI-H) PAQ</p> <p>DPSCS Executive Directive 020.0026, <i>Prison Rape Elimination Act - Federal Standards Compliance</i></p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>DPSCS Executive Directive OPS 200.0005, <i>Inmate on Inmate Sexual Conduct - Prohibited</i></p> <p>DPSCS Organizational Chart</p> <p>DPSCS, Maryland C. I. - Hagerstown (MCI-H) Organizational Chart</p>

Interviews conducted with:

PREA Coordinator

PREA Compliance Manager

Site Review Observations:

During the tour of the facility, the Auditor witnessed standardized bulletin boards, throughout the facility, in multiple locations, consisting of current agency and facility PREA Zero-Tolerance PREA packets, Audit Notices printed on bright colored paper, internal and external reporting information for inmates.

Findings (By Provision):

115.11 (a) - Department of Public Safety and Correctional Services Executive Directive 020.0026, *Prison Rape Elimination Act - Federal Standards Compliance* states the department does not tolerate sexual abuse or sexual harassment of an inmate. The department requires that 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 violations.

DPSCS Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* 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 - August 20, 2012) established under the authority of the Prison Rape Elimination Act (PREA) of 2003.

DPSCS Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited* states 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 this directive, or neglected or violated other duties or responsibilities that contributed to an incident of inmate-on-inmate sexual conduct.

DPSCS Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited* states an inmate, determined to have committed sexual conduct is subject to a penalty established under Inmate Disciplinary Process and if applicable, criminal prosecution.

115.11 (b) - Maryland C. I. - Hagerstown PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. A review of the agency's organizational structure reflects the position of the DPSCS PREA Coordinator reports directly to the Deputy Secretary of Operations.

Additionally, the department has an Assistant DPSCS PREA Coordinator assigned to assist the DPSCS PREA Coordinator in overseeing the agency's efforts to maintain PREA compliance. The Assistant PREA Coordinator reports directly to the PREA Coordinator.

DPSCS Executive Directive 020.0026 *Prison Rape Elimination Act - Federal Standards Compliance* states the Secretary shall designate a Department PREA Coordinator (Coordinator). The coordinator 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 and at a minimum, is responsible for:

- Oversight of department prevention, detection, and response activities designed to support the department's zero tolerance policy for sexual abuse and sexual harassment of an inmate.
- Ensuring that department PREA-related activities comply with Federal PREA standards in the following areas:
 - Prevention planning
 - Planning for responding to incidents or complaints
 - Training and education
 - Screening for risk of sexual victimization and abusiveness
 - Reporting
 - Investigation
 - Discipline
 - Medical and mental health care
 - Data collection and review
 - Audits and
 - Auditing and corrective action
 - Approving a recommendation from:
 - A managing official designating a facility employee as the facility's PREA Compliance Manager, and
 - The Commissioner of Correction, Commissioner of Pretrial Detention and Services and Director of the Patuxent Institution for a unit PREA Compliance Manager.
- Maintaining a current list of detention, correctional, and community confinement facility PREA compliance managers and unit PREA compliance managers and related contact information

- As the Chair of the PREA Committee, designating members to perform PREA, designating members to perform PREA related assignments and activities
- Authorizing procedures for the department related to prevention, detection, and response to acts of sexual abuse and sexual harassment involving an inmate; and
- Ensuring preparation and submission of PREA-related reports including, but not limited to:
 - An annual report to the Secretary or designee on the status of department PREA-related activities
 - Responses to PREA audit findings; and
 - Other reports required under PREA

The Auditor conducted an interview with the PREA Coordinator who verified he has sufficient time and authority in his position to accomplish PREA responsibilities for the agency. The PREA Coordinator has been in his position with the agency for eleven years and, from the Auditor's interaction and observations, the PREA Coordinator is extremely versed in PREA compliance. The PREA Coordinator confirmed the addition of an Assistant PREA Coordinator provides him with an increased ability to meet PREA expectations and compliance. The agency currently has eighteen facilities, and each facility has a PREA Compliance Manager with a few having an assigned assistant. The PREA Coordinator oversees, supports, and assists each to ensure PREA compliance at each facility within the agency. The PREA Coordinator reports directly to the Deputy Secretary of Operations. A review of the DPSCS organizational chart provided evidence that the agency has designated an upper-level position as the PREA Coordinator.

115.11 (c) - DPSCS Executive Directive 020.0026 *Prison Rape Elimination Act - Federal Standards Compliance* outline the role and responsibilities of the PREA Compliance Manager to include sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards at the unit level. Maryland C. I. - Hagerstown (MCI-H) organizational chart reflects the PREA Compliance Manager reports to the Warden.

The Auditor interviewed the PREA Compliance Manager for the Maryland C. I. - Hagerstown (MCI-H) and verified she has sufficient time and authority in her position to accomplish the PREA responsibilities. Evidence shows that Maryland C. I. - Hagerstown (MCI-H) has designated a facility PREA Compliance Manager as verified through a review of the Maryland C. I. - Hagerstown (MCI-H) organizational chart and through interviews with the PREA Compliance Manager and the Facility Warden.

	<p>The Auditor interviewed the Facility Warden and confirmed the responsibilities of the PREA Compliance Manager assigned to Maryland C. I. - Hagerstown (MCI-H). The Facility Warden verified that the PREA Compliance Manager is provided sufficient time and authority in her position to accomplish these responsibilities.</p> <p>Upon review of the policy, the agency organizational chart, and upon completion of interviews, Maryland C. I. - Hagerstown (MCI-H) demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>Interviews conducted with:</p> <p>Facility Warden</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.12 (a-b) – Department of Public Safety and Correctional Services (DPSCS) does not contract with other agencies for the confinement of inmates. The agency has not entered or renewed a contract for the confinement of inmates since the last PREA audit.</p> <p>During the on-site phase of the audit, the Auditor conducted interviews with the Facility Warden and PREA Coordinator who confirmed that MCI-H does not contract for the confinement of inmates.</p> <p>Upon review of policy and upon completion of the interviews, MCI-H demonstrated</p>

	facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>DPSCS Executive Directive OPS 115.0001, <i>Correctional Officer Staffing Analysis and Overtime Management</i></p> <p>DPSCS MCI-H Staffing Plan Review 2024</p> <p>Facility Blueprint</p> <p>Facility Housing Logs (all shifts)</p> <p>Interviews conducted with:</p> <p>Warden or Designee</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Intermediate or Higher-Level Facility Staff</p> <p>Site Review Observations:</p> <p>Daily operational functions</p> <p>Logbooks - entries of unannounced rounds</p> <p>Findings (By Provision):</p> <p>115.13 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 115.0001, <i>Correctional Officer Staffing Analysis and Overtime Management</i> states the department shall effectively use available personnel</p>

resources to maintain security of a correctional and detention facility. The department shall establish and maintain a uniform system to:

- Establish necessary post assignments at a correctional and detention facility
- Assign staff at posts at a correctional and detention facility
- Monitor and analyze staffing assignments
- Minimize the use of overtime and compensatory time; and
- Annually review staffing and posts to ensure effective security and control at the correctional and detention facility.

Department of Public Safety and Correctional Services Executive Directive OPS 115.0001, *Correctional Officer Staffing Analysis and Overtime Management* states at least annually, or on an as-needed basis, conducting a review of the existing Facility Staffing Plan to include an analysis of the correctional or detention facility's operations to determine if changes warrant establishing new posts and modification to the Facility Staffing plan, and when determining adequate staffing levels and the use of video monitoring equipment considering the following factors:

- Best practices used by correction and detention facilities
- Findings related to inadequate correctional and detention facility administrative and operational practices resulting from a court decision, federal investigation, or from an internal or external unit with oversight responsibilities
- The physical plant to determine the presence of "blind spots" or isolated areas
- Characteristics of the inmate population at the facility
- The number and placement of supervisors
- Program activity taking place on each shift
- Applicable federal, state, or local laws or standards
- The prevalence of substantiated and unsubstantiated complaints of sexual abuse at the facility; and
- Other factors related to facility security and safety.

115.13 (b) - Department of Public Safety and Correctional Services Executive Directive OPS 115.0001, *Correctional Officer Staffing Analysis and Overtime Management* states a managing official, or a designee is responsible for maintaining the current Facility Staffing Plan approved by the Commissioner, or a designee, and documenting all deviations from the approved staffing plan.

The average daily number of inmates on which the facility-staffing plan was predicated was 808. The information provided by the facility indicated there were no deviations from the staffing plan. The Auditor was able to confirm this information

during her interview with the Facility Warden.

115.13 (c) – Department of Public Safety and Correctional Services Executive Directive OPS 115.0001, *Correctional Officer Staffing Analysis and Overtime Management* 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:

- Staffing plan based on topics identified under §.05C(2)(d) of this directive
- Use and deployment of video monitoring system and other surveillance technology; and
- Resources available to commit to ensure compliance with the established staffing plan.

During the pre-on-site phase of the audit, the Auditor reviewed the DPSCS *MCI-H Staffing Plan Review 2024*. The *MCI-H Staffing Plan Review* provided a detailed review of each facility's staffing needs as well as addressing the required considerations outlined in the agency policy and provision (a) of this standard.

The Auditor conducted an interview with the Facility Warden regarding the *MCI-H Staffing Plan Review*. The Facility Warden discussed how agency policy (OPS 115.0001, *Correctional Officer Staffing Analysis and Overtime Management*) provides guidance and the requirements for minimum operational staffing levels based on each facility's design, mission, inmate population, and custody level. In conjunction with the facility staffing plan, a daily Post Assignment Worksheet (PAW) is developed. The PAW identifies positions and the staffing requirements for all positions identified in the staffing plan. The Facility Warden confirmed when developing a staffing plan and a Post Assignment Worksheet, several items are taken into consideration such as internal reviews, components of the physical plant, composition of the inmate population, the prevalence of substantiated and unsubstantiated allegations of sexual abuse, inmate-on-inmate assaults, and uses of force. To ensure compliance with the staffing plan, Facility Warden and Supervisory Staff conduct rounds throughout the facility for visual verification of staff assignments throughout the facility.

The Auditor conducted an interview with the PREA Compliance Manager and confirmed the process of developing a staffing plan previously described by the Facility Warden. The PREA Compliance Manager also confirmed that an assessment of the facility-staffing plan is conducted annually, and each are consulted regarding any adjustments to the staffing plan.

115.13 (d) - DPSCS Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states a supervisor, manager, or shift commander shall 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 sexual abuse and harassment that are performed:

- Randomly on all shifts.
- 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
- At a frequency established by the managing official.

The Auditor reviewed the average daily number of inmates' report, Post Assignment Worksheets, facility blueprint, and daily inmate activity schedules to verify adequate staff coverage in comparison to inmate population, inmate movement, and facility size and layout.

The Auditor toured the facility and observed the daily operational functions, staff interacting with inmates, general inmate movement, inmates out at recreation, inmates participating in programs, inmates completing job assignments, and supervisory staff conducting rounds. These observations provided additional verification of policy and of standard compliance.

The Auditor reviewed twelve months of housing logs documenting supervisor unannounced rounds and verified the unannounced rounds are being conducted and documented in accordance with agency policy and the PREA Standard. The housing logs reviewed covered the entire twelve months prior to the audit and were from every shift. In the housing logs reviewed, the Auditor did not find any consistent patterns or inadequacies.

The Auditor conducted supervisory level staff interviews and inquired how unannounced rounds are completed without staff knowledge. Supervisory level staff indicated this is completed by observing staff movement, monitoring radio transmissions, alternating movement patterns or being unpredictable with times or walking pattern and listening to staff conversations while conducting rounds throughout the facility. Supervisory staff also indicated that all staff are aware of the existing agency policy governing unannounced rounds and any violation of policy will be handled with disciplinary action.

	<p>Upon review of the policies and documentation provided and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.14	Youthful inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>Interviews conducted with:</p> <p>Facility Warden</p> <p>PREA Compliance Manager</p> <p>Site Observation:</p> <p>The facility tour and formal and informal interviews with inmates and staff demonstrated youthful inmates were not housed at the facility.</p> <p>Findings (By Provision):</p> <p>115.14 (a) - Department of Public Safety and Correctional Services designates youthful inmates to the DPSCS Youth Detention Facility.</p> <p>MCI-H is not designated as a youthful inmate facility. This was verified during interviews with the Facility Warden, PREA Compliance Manager, and Specialized Staff interview.</p> <p>Upon review of the policy and upon completion of the interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 110.0047, <i>Personal Search Protocols - Inmates</i></p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>DPSCS Executive Directive OEO 020.0032, <i>Limited English Proficiency (LEP) Policy</i></p> <p>DPSCS Executive Directive OPS 200.0005, <i>Inmate on Inmate Sexual Conduct - Prohibited</i></p> <p>Maryland Police and Correctional Training Commissions Lesson Plan, <i>Frisk/Body Searches, Restraints, & Scanning Devices</i></p> <p>Maryland Police and Correctional Training Commissions Lesson Plan, <i>LGBTI</i></p> <p>Interviews conducted with:</p> <p>Random sample of Inmates</p> <p>Random sample of Staff</p> <p>Transgender or Intersex Inmates</p> <p>Site Review Observations:</p> <p>Daily operational functions Staff interaction with Inmates</p> <p>Unannounced rounds documentation</p> <p>Inmate movement</p> <p>Findings (By Provision):</p> <p>115.15 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 110.0047, <i>Personal Search Protocols - Inmates</i> states 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</p>

search being performed.

Documentation provided by the facility indicated there were no cross-gender strip searches or cross-gender visual body cavity searches conducted during the last twelve months. The Auditor conducted an interview with the Facility Warden and the PREA Compliance Manager and confirmed that no cross-gender strip searches or cross-gender visual body cavity searches were conducted during the twelve-month auditing period.

The Auditor reviewed the provided documentation to include shift Post Assignment Worksheets, shift assignments, and daily inmate activity schedule. The Auditor observed the facility operations throughout the day, to include continuous inmate movement throughout the facility, continuous physical interactions between staff and inmates, inmates participating in-group activities, and inmates performing job assignments throughout the facility and within the facility grounds. The Auditor also observed opposite gender announcements being conducted throughout the facility tour. The Auditor compared the information reviewed with her observations made during the facility tour and noted the number of male staff members is more than adequate and covers all shifts.

115.15 (b) - Department of Public Safety and Correctional Services Executive Directive OPS 110.0047, *Personal Search Protocols - Inmates* states a personal search of a female inmate shall be conducted by a female correctional officer and a male inmate 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.

Documentation provided by the facility indicated there were no cross-gender pat-down searches of female inmates as MCI-H does not hold female inmates.

115.15 (c) - Department of Public Safety and Correctional Services Executive Directive OPS 110.0047, *Personal Search Protocols - Inmates* states the OIC shall ensure that all searches and recovered contraband are recorded in OCMS events module as required in Executive Directive OPS 110.0052 *Search and Detection Technologies*.

115.15 (d) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* defines cross gender viewing means an employee observes the breasts, buttocks, or genitalia of an inmate of the

opposite sex while the inmate is showering, performing bodily functions, changing clothing, or any similar activity.

Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* defines sexual misconduct may include, but is not limited to cross gender viewing, if performed without warning by non-medical staff at times other than incidental to a routine cell check, supervisory rounds to prevent sexual abuse and harassment, or exigent circumstances.

The Auditor conducted a review of twelve months of unannounced rounds and observed entries indicating opposite gender entering housing dormitory with notification to inmates being announced prior to opposite gender entry. The sample of unannounced rounds reviewed covered the entire auditing period and were from all shifts. The Auditor also observed the announcement of an opposite gender entering a housing dormitory throughout the on-site tour of the facility, which provided additional documentation and the facility's compliance with this standard.

The Auditor requested an up-to-date facility inmate roster. The facility inmate roster provides a list of all inmates currently at the facility and is organized by housing unit, provides inmate characteristics such as age, gender, race, ethnicity, date received at facility, tentative release date, program assignments, work assignments, classification level, security level, gang affiliation, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmates selected for interviews were selected under the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Auditor conducted twenty-six inmate interviews and all twenty-six inmates interviewed confirmed they have privacy while showering, changing clothes, or using the bathroom facilities. Additionally, all twenty-six inmates interviewed confirmed staff of the opposite gender announce their presence prior to entering the housing unit.

115.15 (e) - Department of Public Safety and Correctional Services Executive Directive OPS 110.0047, *Personal Search Protocols - Inmates* states a strip search of a gender dysphoric or intersex inmate may not be conducted for the sole purpose of determining the inmate's genital status. If an inmate's genital status is unknown, it is to be determined through:

- Conversation with the inmate
- A review of available medical records; or
- Part of a broader medical examination conducted in private by a licensed medical professional.

The Auditor reviewed documentation provided by the facility showed the facility has had zero searches of a transgender or intersex for the sole purpose of determining the inmate's genital status.

The Auditor conducted separate interviews with three transgender inmates and inquired if there was any reason to believe the transgender inmate was strip-searched for the sole purpose of determining genital status; two of the three transgender inmates responded no, and each indicated staff members communicated extremely well during the intake process. Additionally, both transgender inmates confirmed to the Auditor that staff at the facility meet with them regularly and are available to discuss any issues that may arise. Each transgender inmate confirmed to the Auditor the availability to speak with a staff member provides a relief and reassurance that the facility is committed to the safety of transgender inmates. The Auditor initially requested interviews with three transgender inmates, however the third transgender inmate declined the interview.

115.15b (f) - The Maryland Correctional Training Commission establishes the training objectives for entrance-level correctional officers. To obtain certification, individuals are required to maintain compliance with all training requirements. Documentation provided by the facility included the training curriculum, Maryland Police and Correctional Training Commissions, *Frisk/Body Searches, Restraints, and Scanning Devices* and is provided to staff at pre-service training and during annual in-Service training. The training curriculum included proper procedures for conducting routine frisk searches, pat-down searches of transgender and intersex inmates, and strip searches. Each section of the training curriculum was detailed, with step-by-step instructions, and required demonstration and practical exercises.

The Auditor reviewed the training records and training curriculum provided to staff members who may have contact with inmates, how to perform cross-gender pat-down searches and searches of transgender and intersex inmates. Training records indicated staff members receive training annually. The training curriculum outlined the agency's policy on cross-gender pat-down searches and searches of transgender and intersex inmates, policy prohibiting search of inmates for the sole purpose of determining the inmate's genital status, defining exigent circumstances, and conducting searches in a professional and respectful manner.

	<p>The Auditor interviewed twelve random staff members and inquired to each if they have received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional manner, consistent with security needs. Each staff member confirmed receiving training on cross-gender searches and searches of transgender and intersex inmates annually during Annual In-Service Training.</p> <p>Upon review of staff training records and training curriculum, observations during the on-site visit, and information obtained during interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and with the requirements that complies with the PREA standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OEO 020.0032, <i>Limited English Proficiency (LEP) Policy</i></p> <p>DPSCS Executive Directive OPS 200.0005, <i>Inmate on Inmate Sexual Conduct - Prohibited</i></p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>DPSCS Executive Directive OSPA 050.0011, <i>Americans with Disabilities Act of 1990, Titles I and II</i></p> <p>Interviews conducted with:</p> <p>Facility Warden</p> <p>Targeted Inmates (Limited English Proficient, Hearing, Vision, Physical or Cognitive Impaired)</p> <p>Random sample of Staff</p>

Site Review Observation:

Standardized PREA bulletin boards were observed throughout the facility (English & Spanish)

Findings (By Provision):

115.16 (a) - Department of Public Safety and Correctional Services Executive Directive OEO 020.0032, *Limited English Proficiency (LEP) Policy* states the department shall take reasonable steps to ensure that LEP individuals receive meaningful access to programs and services, as appropriate.

115.16 (b) - Department of Public Safety and Correctional Services Executive Directive OEO 020.0032, *Limited English Proficiency (LEP) Policy* states the department shall provide language assistance services, in accordance with applicable State and federal law, based on an assessment of the following factors:

- Number or proportion of LEP individuals served or encountered by the department when providing programs or services
- Frequency of contact with LEP individuals
- Nature and importance of the program, activity, or service provided and
- Resources available.

Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states the head of a unit, or a designee, responsible for the custody and security of an inmate, shall ensure that:

- An employee attends approved training related to preventing, detecting, and responding to acts of inmate-on-inmate sexual conduct
- Written policy and procedures issued by the head of a unit related to the custody and security of an inmate comply with applicable federal PREA standards
- 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.

115.16 (c) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states inmate interpreters, inmate readers, or other types of inmate assistants are not used to communicate

information required under this directive to other inmates, except in limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Staff shall follow appropriate DPSCS policies and procedures for obtaining a qualified interpreter. In the last 12 months the facility has had zero instances where inmates were used for interpreters.

The Auditor conducted interviews with twelve random staff members. Each staff member confirmed the agency policy prohibiting the use of an inmate to provide translation services except in limited circumstances where an extended delay in obtaining an interpreter could compromise the inmate's safety; all staff members acknowledged the use of either the language line (interpreter services) or contacting another staff member to translate.

The Auditor interviewed four targeted inmates with either a physical, hearing, vision, or cognitive impairment or who were Limited English Proficient. Each inmate acknowledged receiving PREA information during the intake / transfer process. Each inmate described receiving the comprehensive PREA orientation within the first few days after arriving at the facility. Additionally, each inmate acknowledged the information was provided to him in an accessible format specific to his individual needs. For the targeted interviews with the LEP inmate, the Auditor utilized a Language Line interpreter for translation services.

Department of Public Safety and Correctional Services Executive Directive OEO 020.0032, *Limited English Proficiency (LEP) Policy* and the DPSCS Executive Directive OSPS 050.0011, *Americans with Disabilities Act of 1990, Titles I and II* outline procedures for acquiring a qualified interpreter for inmates requiring such services.

The Auditor conducted an interview with the PREA Compliance Manager regarding how the facility takes appropriate steps to ensure that all inmates have an equal opportunity to participate in the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PREA Compliance Manager detailed the efforts made by the facility to ensure impaired inmates are provided opportunities and benefits equal to those of unimpaired inmates. Inmates with either impairments or LEP inmates are provided with alternatives to accommodate participation in the PREA program such as videos and brochures tailored to their primary language.

Additionally, every effort is made to provide all training in a format that will be easily understood by inmates who have a physical or developmental impairment or who have limited English proficiency. The DPSCS maintains a list of translators for every

	<p>institution and this list is utilized for assisting with translation.</p> <p>Upon review of the policies, DPSCS inmate intake procedures, and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive 020.0026, <i>Prison Rape Elimination Act - Federal Standards Compliance</i></p> <p>DPSCS Executive Directive ADM 050.0041, <i>Criminal History Records Check - Non-Mandated Employees</i></p> <p>DPSCS - HRSD Background Investigations, Pre-Employment Background Results (25)</p> <p>Interviews conducted with:</p> <p>Administrative / Human Resources Staff</p> <p>Site Review Observation:</p> <p>Personnel files were reviewed, and each demonstrated completed background checks upon hire and every five years thereafter. Administrative questions are asked during the application process. The facility does represent being able to show institutional references that are requested during the hiring process.</p> <p>Findings (By Provision):</p> <p>115.17 (a) - Department of Public Safety and Correctional Services Executive Directive 020.0026, <i>Prison Rape Elimination Act - Federal Standards Compliance</i> states the Human Resources Services Division (HRSD) shall adopt hiring policy</p>

consistent with the federal PREA standards prohibiting the hiring or promotion of anyone, who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility, or other institution (as defined in 42 USC 1997)
- 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, refused, or was unable to consent or refuse; or
- Was civilly or administratively adjudicated to have engaged in the activity.

115.17 (b) - Department of Public Safety and Correctional Services Executive Directive 020.0026, *Prison Rape Elimination Act - Federal Standards Compliance* states the HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee, or contract with a service provider if the individual may have contact with inmate.

115.17 (c) - Department of Public Safety and Correctional Services Executive Directive 020.0026, *Prison Rape Elimination Act - Federal Standards Compliance* states before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Division shall conduct a criminal background records check. MCI-H reported, in the twelve months prior to the audit, twenty-five criminal background checks were performed of persons hired who may have contact with inmates.

115.17 (d) - Department of Public Safety and Correctional Services Executive Directive 020.0026, *Prison Rape Elimination Act - Federal Standards Compliance* states before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background record check of the contractor's employees who may have contact with an inmate. The MCI-H reported, in the twelve months prior to the audit, eight criminal background checks were performed on all staff covered in the contract who may have contact with inmates.

115.17 (e) - Department of Public Safety and Correctional Services Executive Directive 020.0026, *Prison Rape Elimination Act - Federal Standards Compliance* 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.

115.17 (f) - Department of Public Safety and Correctional Services Executive Directive 020.0026, *Prison Rape Elimination Act - Federal Standards Compliance* states the HRSD shall inquire to each applicant and current employees who may have contact with an inmate directly about previous misconduct in written application or interview for employment or promotions and an interview or written self-evaluation conducted as a part of a review of a current employee.

115.17 (g) - Department of Public Safety and Correctional Services Executive Directive 020.0026, *Prison Rape Elimination Act - Federal Standards Compliance* states a material omission regarding conduct described in this directive or providing materially false information, shall be grounds for termination of employment.

115.17 (h) - Annotated Code of Maryland, General Provisions §4-311, *Personnel Records* states a custodian shall deny inspection of a personnel record of an individual, including an application, a performance rating, or scholastic achievement information. A custodian shall allow inspection by the person of interest or an elected or appointed official who supervises the work of the individual.

DPSCS performs criminal history checks through various sources to include but not limited to, the Criminal Justice Information System (CJIS), Maryland Electronic Telecommunications Enforcement Resource System (METERS) which provides the gateway for all Maryland agencies to access NCIC. The Department of Public Safety and Correctional Services Human Resources Services Division utilizes Livescan fingerprinting program. Livescan fingerprinting refers to both the technique and the technology used to capture fingerprints and palm prints electronically. An individual's fingerprints are captured in a digitized format and then transmitted to a state repository and/or the Federal Bureau of Investigations (FBI). Livescan results can be verified and returned to the source within a matter of hours. If an employee from DPSCS has any contact with any law enforcement agency, the Livescan program notifies DPSCS/HRSD.

The Auditor conducted an interview with the agency's Administrative/ Human Resources personnel who confirmed the agency conducts the required criminal background checks prior to hiring a new employee, employees who are considered for promotions, or enlisting the services of a contractor or volunteer and at least once every five years. The HR Staff Member confirmed the DPSCS requirement imposed upon all employees to disclose any previous misconduct and the agency's requirement to provide information regarding a former employee upon request of another institution or agency. In addition to using the Criminal Justice Information

	<p>System (CJIS), the HR Staff Member confirmed the use of METERS, V-Track, Offender Case Management System (OCMS), Gang Net, and the Maryland Subscription Application Manager (SAM) as resources utilized to complete background checks.</p> <p>Upon review of the policies and review of completed background investigations and upon completion of the interview conducted with the Human Resources Staff, the MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>Interviews conducted with:</p> <p>Agency Head Designee</p> <p>Facility Warden</p> <p>115.18 (a) - The MCI-H PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>115.18 (b) - The MCI-H PAQ states the facility has installed six new video cameras to the facilities surveillance and video monitoring system since the last PREA audit.</p> <p>The Auditor conducted an interview with the Agency Head Designee and discussed if the agency considers how modifications or expansions to a facility effects the ability to protect inmates from sexual abuse. The Agency Head Designee explained how the design of new facilities or the modification of existing facilities is coordinated by the agency’s capital construction team. During the design phase, PREA standards are a major concern as the agency must balance the need to construct a safe and secure facility free of blind spots while respecting the privacy of inmates.</p>

Additionally, the Agency Head Designee discussed how the agency is constantly evaluating its electronic monitoring capabilities and upgrading facilities within budget constraints. Over the past eight years, the agency has increased the number of CCTV cameras in its facilities, from 1,200 to over 5,000. The Agency Head Designee also confirmed that video monitoring should support the supervision of staff to adequately cover blind spots or other areas identified as dangerous to the well-being of inmates. The agency is upgrading the CCTV systems and has embarked on a 12-month project that will replace all analog cameras with the latest digital Megapixel resolution, expanded storage capacity that will provide for long term storage and immediate recall to aid in incident investigations.

The Auditor conducted an interview with the Facility Warden, who confirmed that prior to designing or acquiring any new facility or when planning any substantial expansion or modification, of existing facilities, the facility shall consider the effect of the design, acquisition, expansion, or modification might have upon the facility's ability to protect inmates from sexual abuse. The Facility Warden confirmed to the Auditor that MCI-H has not undergone modifications or expansions to the facility since the last audit

The Facility Warden confirmed to the Auditor MCI-H recently upgraded the surveillance and video monitoring systems with the addition of six new cameras. The Facility Warden also confirmed that prior to the installation of cameras the facility shall consider how the addition of such technology would enhance the agency's ability to protect inmates from sexual abuse.

Upon review of the policy and upon completion of the interviews conducted with the Agency Head Designee and the Facility Warden, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: MCI-H PAQ DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i>

DPSCS Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited*

DPSCS Executive Directive IIU 110.0011, *Investigating Sex Related Offenses*

DPSCS Executive Directive IIU 220.0002, *Evidence and Personal Property Collection, Storage, and Disposition*

DPSCS correspondence w/ Maryland Coalition Against Sexual Assault (MCASA)

SANEs / SAFEs Uniform Evidence Protocol

Interviews conducted with:

Medical Staff

Random sample of Staff

Inmates who reported sexual abuse

Victim Advocate

Findings (By Provision):

115.21 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* and DPSCS Executive Directive IIU 110.0011, *Investigating Sex Related Offenses* outlines the procedures, notification process, and the coordinated response to an allegation of sexual abuse. Coordinated response includes the role and responsibilities of First Responders, Security Staff, the DPSCS Intelligence and Investigative Division (IID), Medical and Mental Health, and non-medical or mental health support services.

Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states an IID investigator or an investigator designated by IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct according to applicable statutory, regulatory, case law, contract, department procedures, or other reasonably accepted standards related to:

- Collecting and preserving evidence
- Interviewing victims, witnesses, and suspected perpetrators

- Conducting and using polygraph examinations
- Identifying suspects
- Preserving an individual's personal dignity and legal rights; and
- Maintaining confidentiality of the investigation.

The Auditor established, from a thorough review of DPSCS policy, and the SANEs/SAFEs evidence protocol, investigators from the Intelligence and Investigative Division (IID) follow the *Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005)*, which is a uniform and comprehensive evidence protocol that maximizes the potential for obtaining usable physical evidence.

115.21 (b) - Department of Public Safety and Correctional Services Executive Directive IIU 110.0011, *Investigating Sex Related Offenses* states when the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, coordinate with appropriate department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a Sexual Assault Forensics Examiner (SAFE), a Sexual Assault Nurse Examiner (SANE), or a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. In accordance with the provision of this standard, DPSCS utilizes the *Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005)*, a similarly comprehensive and authoritative forensic evidence protocol.

The Auditor interviewed twelve random staff members regarding his/her role as a First Responder to an allegation of sexual abuse. The staff members provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify Medical and Mental Health. In addition, each staff member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder.

115.21 (c) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states 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 Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), or if after

documented attempts to provide a SANE nor SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examinations.

According to the information previously reported in the PAQ, there were three forensic exams conducted during the twelve months prior to the audit. The Auditor conducted an interview with contract Medical Staff responsible for the coordination of forensic examinations. The Medical Staff member provided the Auditor with an overview of the procedures if a forensic exam was needed, such services are provided at the nearest local hospital with the forensic exam being completed by a certified SANE Nurse. The Medical Staff member also confirmed there were three forensic examinations conducted within the past twelve months for MCI-H.

115.21 (d) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* 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 investigation interviews

- A qualified victim advocate
- A department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role; or
- A non-department community-based organization representative who meets the criteria for a department employee established under this directive.

Maryland Coalition Against Sexual Assault (MCASA) is the federally recognized state sexual assault coalition and is responsible for certifying comprehensive rape crisis/sexual assault programs to ensure services are survivor centered. MCASA core membership are the state's 17 rape crisis centers as well as many member professionals, programs, and individuals committed to ending sexual violence. MCASA assists rape crisis centers at the local level through a variety of ways which include funding and grant resources, comprehensive victim advocacy training and workshops, or facilitating communication between various entities.

The Auditor conducted an interview with a representative from the Maryland Coalition Against Sexual Assault (MCASA) who provided the Auditor with a very comprehensive overview of the services provided by MCASA and an overview of the rape crisis centers within the state of Maryland.

Life Crisis Center (LCC) is one of the seventeen rape crisis centers and is in Salisbury Maryland. LCC focuses on improving the quality of life in the community through crisis intervention and violence prevention. Life Crisis Center advocates for and provides services through prevention, intervention, therapy, legal services, advocacy, and collaboration, the Center works to provide a safe place for healing. The services provided by Life Crisis Center for inmates at MCI-H include emotional support services and victim advocacy through the 24/7 Prison Rape and Sexual Assault Help Line. If an inmate requests additional advocacy or counseling services, LCC will provide the inmate with information for their local advocacy center.

The Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Auditor with documentation which reflected inmates who reported incidents of sexual abuse or sexual harassment were no longer in custody at MCI-H, therefore inmates in this targeted category were not interviewed.

115.21 (e) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited* states the victim advocate or qualified DPSCS staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews.

115.21 (f, g,) - Department of Public Safety and Correctional Services Executive Directive IIU 110.0011, *Investigating Sex Related Offenses* 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.

115.21 (h) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states if a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role.

Upon review of the policies, documentation, the SANEs/SAFEs Uniform Evidence Protocol, and observations made during the facility tour, and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy

and the requirements that complies with the PREA standard.

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

MCI-H PAQ

DPSCS Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited*

DPSCS Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited*

DPSCS Executive Directive IIU 110.0011, *Investigating Sex Related Offenses*

Intelligence and Investigative Division (IID) Investigator Training, Credentials

DPSCS Agency Website <https://dpscs.maryland.gov/prea/prea-audits.shtml>

Interviews conducted with:

Agency Head Designee

Investigative Staff

Site Review Observation:

SA/SH Investigation files (8)

Findings (By Provision):

115.22 (a) - Department of Public Safety and Correctional Services Executive Directive IIU 110.0011, *Investigating Sex Related Offenses* 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.

Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct – Prohibited* 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 according to applicable statutory, regulatory, case law, contract, department procedures, or other reasonably accepted standards related to:

- Collecting and preserving evidence;
- Interviewing victims, witnesses, and suspected perpetrators;
- Conducting and using polygraph examinations;
- Identifying suspects;
- Preserving an individual’s personal dignity and legal rights; and
- Maintaining confidentiality of the investigation.

The Auditor conducted an interview with the Agency Head Designee regarding how the agency ensures that an administrative or criminal investigation is completed for allegations of sexual abuse or sexual harassment. The Agency Head Designee confirmed that policies clearly require this, and staff have received training to respond in a specific manner. Additionally, the Agency Head Designee confirmed that all allegations of sexual abuse or harassment must be investigated, and written reports of investigation are filed on all allegations, even if unfounded. The Agency Head Designee explained that every case is recorded and tracked by our investigative unit, with the results of all cases summarized in our annual report and released to the public as required.

The Agency Head Designee provided the Auditor with an overview of the investigative process. DPSCS has its own police department staffed with sworn, certified police officers with full powers of arrest. The Intelligence & Investigative Division (IID) is tasked with conducting all PREA investigations. The investigators assigned to this unit will always investigate with concern for possible criminal violations but are also aware of administrative violations that may occur. If administrative violations are detected, they will be referred back to facility managers for disposition. If no administrative issues are observed, the investigator will usually note this in his/her report, and if criminal charges are to be considered, the investigator will work with the local state’s attorney for direction.

115.22 (b) – Department of Public Safety and Correctional Services Executive Directive IIU 110.0011, *Investigating Sex Related Offenses* 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 offense in the correctional setting.

DPSCS publishes agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation on the agency website <https://dpscs.maryland.gov/prea/prea-audits.shtml>

115.22 (c, d) - DPSCS Intelligence & Investigative Division (IID) is tasked with conducting all PREA investigations. The provision of this standard is not applicable.

The Auditor conducted an interview with an Intelligence and Investigative Division (IID) investigator and requested an overview of the investigative process and the documentation required in a case when an allegation of sexual abuse or sexual harassment incident occurs within the facility.

The Investigator explained upon receiving notification of a sexual assault incident, the investigation is initiated promptly and is completed thoroughly and objectively by a qualified investigator who has received training and education and has the authority to conduct such investigations. The Investigator explained the initial process includes conducting scene investigation, collecting evidence (biological or trace), photographs, interview staff, witnesses, review unit documentation pertaining to the investigation, and interviewing the victim - depending on emotional and physical state.

The Investigator also provided an overview of the various documents contained in each case file to include but not limited to the Original Narrative, Initial Report (Serious Incident Report), Memorandums, Matter of Record, Exhibits, Photos, video evidence advocacy information, Medical and Mental Health documentation, hospital documentation, Authorization for Sexual Assault Forensic Medical Examination documentation, Post-Exposure Prophylaxis, Request for Laboratory Examination - Chain of Custody Log, Post Assignment Worksheet (PAW), Advice of Miranda Rights, witness, victim and alleged aggressor statements, notification of case disposition to inmate (inmate acknowledgement).

The investigator also confirmed the agency policy requiring all criminal allegations of sexual abuse to be referred to the DPSCS Intelligence and Investigative Division. Additionally, the investigator confirmed all IID investigators are certified police officers by the Maryland Police and Correctional Training Commission, in accordance with the Code of Maryland Regulations Title 12, Subtitle 4, *Police Training Commission*.

During the pre-on-site, the Auditor reviewed eight investigative files. The Auditor reviewed each investigation thoroughly and systematically to ensure each case contained all the correct procedures, completed documentation, and that all processes were completed as required.

Each file reviewed by the Auditor contained all the appropriate documentation, and each incident was investigated promptly, thoroughly, and objectively by a qualified investigator who has the training and the authority to conduct such investigations. Each file contained documentation to include but not limited to, the initial incident reports - summary of the allegation, demographics of involved staff or inmate(s) to include relevant history and current sentence, medical documentation and notes, photos of inmate victim and alleged aggressor, advocacy acceptance or refusal, victim, witness, and alleged aggressor statements, review of communications - emails and phone calls, review of video surveillance, investigative summary, investigative findings, notification of case disposition to inmate, sexual abuse incident reviews, and monitoring for retaliation forms.

Upon review of the policies, documentation, and upon completion of the interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>Maryland C. I. - Hagerstown Facility Directive MCI-H 020.0026.01, <i>PREA - Federal Compliance Standards</i></p> <p>Code of Maryland Regulations 12.10.01.16.A, <i>Mandated Employee In-Service Training</i></p> <p>Maryland Police and Correctional Training Commissions Lesson Plan, <i>Prison Rape Elimination Act (PREA)</i></p> <p>DPSCS Sexual Harassment Awareness Training Curriculum</p>

DPSCS Special Management Issues in Corrections Training Curriculum

DPSCS MCI-H Training Roster / Staff Signatures

Interviews conducted with:

Random sample of Staff

Site Review Observations:

Safe Prison PREA Awareness Training

Findings (By Provision):

115.31 (a, b) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states the head of a unit, or a designee, responsible for the custody and security of an inmate, shall ensure that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct.

Department of Public Safety and Correctional Services utilizes the Maryland Police and Correctional Training Commissions Lesson Plan, *Prison Rape Elimination Act (PREA)*. All employees who have contact with inmates are required to receive PREA training and education annually. The training curriculum provides an overview of the Prison Rape Elimination Act 2003, discusses prevention, detection, and response components of the standards, and includes the following:

- Zero tolerance for sexual abuse and sexual harassment
- Methods for fulfilling responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
- Inmates' rights to be free from sexual abuse and sexual harassment
- The right of inmates & staff to be free from retaliation for reporting sexual abuse and sexual harassment
- Characteristics of sexual abuse and sexual harassment in confinement settings
- Common reactions of sexual abuse and sexual harassment victims
- How to detect and respond to signs of threatened & actual sexual abuse and sexual harassment
- How to avoid inappropriate relationships with inmates

- Communicating effectively & professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates
- How to comply with relevant laws related to mandatory reporting of sexual abuse

115.31 (c) - Code of Maryland Regulations 12.10.01.16.A, *Mandated Employee In-Service Training* states an agency head shall ensure that a mandated employee at or below the rank of a first-line supervisor completes a minimum of 18 hours of Commission-approved mandated employee in-service training by December 31 of each calendar year.

115.31 (d) - MCI-H Facility Directive MCI-H 020.0026.01, *Prison Rape Elimination Act - Federal Compliance Standards* states the PREA Compliance Manager shall ensure that all staff who are in direct contact with inmates receives PREA, sexual harassment, sexual abuse, assault intervention, and sexual misconduct training at least annually. Training is tailored to male inmates and female inmates. Custody staff shall be trained according to DPSCS policy regarding cross-gender, transgender, and intersex pat search techniques. Signatures documenting that staff attended PREA training and test scores indicate understanding of the training shall be maintained by the training department for audit purposes.

The Auditor reviewed training curriculum and documentation of staff signatures verifying training comprehension and attendance. The training curriculum outlined the staff member's responsibilities in preventing, detecting, and response to inmate sexual abuse and sexual harassment. The curriculum also provided staff with communicating effectively and professionally with inmates, understanding that inmates have the right to be free from sexual abuse and sexual harassment.

The PREA training curriculum provided to the Auditor, titled Prisons Rape Elimination Act (PREA), includes an inmate's right to be free from sexual abuse and sexual harassment, including the right to dress, shower, and use toilet facilities out of view of staff of the opposite sex. The training also included the appropriate method to introduce/announce "opposite gender" correctional officers and supervision staff into an all-male or all-female housing unit and how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner consistent with security correctional environments. The training curriculum was extremely detailed with discussions of the required PREA standards, instruction videos, handouts, and group discussions.

	<p>The Auditor conducted twelve random staff interviews and each staff member articulated the agency's zero tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmate right to be free from sexual abuse and sexual harassment. All staff members acknowledged receiving the training every year during his/her In-service training.</p> <p>Upon review of the policies and training documentation listed above and previously discussed, and after completion of interviews, in addition to the files reviewed during the on-site visit, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>DPSCS <i>Volunteer Service Orientation Manual</i></p> <p>DPSCS Volunteer & Contractor Training Curriculum</p> <p>DPSCS Volunteer & Contractor Training Roster with Signatures</p> <p>Interviews conducted with:</p> <p>Volunteer or Contractor who have contact with Inmates</p> <p>Findings (By Provision):</p> <p>115.32 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i> states the head of a unit, or a designee, responsible for the custody and security of an inmate, shall ensure that each employee attends approved training related to preventing, detecting, and</p>

responding to acts of sexual misconduct. DPSCS Executive 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 regardless of job title or classification and includes contractor, intern or volunteer.

115.32 (b) - Department of Public Safety and Correctional Services *Volunteer Services Orientation Manual* has a section specific to PREA and the DPSCS's Zero-Tolerance policy and defines sexual misconduct and sexual harassment, discusses volunteer responsibilities, retaliation, and sanctions.

115.32 (c) - Department of Public Safety and Correctional Services volunteer training is documented on the Volunteer Agreement and Acknowledgement of Orientation form and the PREA Acknowledgement form and a certificate of completion.

The Auditor reviewed training documentation to include training curriculum and attendance roster and certificates of completion for contract and volunteer staff. Additional documentation included signatures from each contract staff and volunteer staff confirming understanding of policies and training received. The training was tailored based on the services they provide and the level of contact they have with inmates and included the agency's zero-tolerance policy regarding sexual abuse and sexual harassment along with how to report such incidents.

The Auditor conducted interviews with contract and volunteer staff members and each staff member confirmed and acknowledged their understanding of the agency's zero tolerance policy and PREA standards and reporting responsibilities.

Upon review of the policy and documentation and after completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: MCI-H PAQ

DPSCS Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited*

Maryland C. I. - Hagerstown Directive MCI-H 020.0026.01, *PREA - Federal Compliance Standards*

DPSCS Inmate Orientation Handbook (multiple languages)

DPSCS Acknowledgement of Receipt of PREA Orientation

DPSCS PREA / Sexual Awareness Brochures (multiple languages)

Interviews conducted with:

PREA Compliance Manager

Intake Staff

Random Sample of Inmates

Targeted Inmates (Limited English Proficient, Hearing, Vision, Physical or Cognitive Impaired)

Site Review Observations:

Inmate files - Comprehensive PREA Education

PREA Informational Signage posted throughout facility

Findings (By Provision):

115.33 (a) - Department of Public Safety and Correctional Services DPSCS Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure that department and agency policy prohibiting sexual misconduct, procedures for filing a complaint, and inmate rights related to sexual misconduct are effectively communicated to an inmate as part of inmate orientation, by inclusion in the facility's inmate orientation paperwork, and if applicable, the facility's inmate handbook.

115.33 (b) - MCI-H Directive MCI-H 020.0026.01, *Prison Rape Elimination Act - Federal Compliance Standards* states the PREA Compliance Manager is responsible to ensure that all inmates have received comprehensive PREA education as well as institution specific PREA training within 30 days of transfer into the facility. All inmates must sign that they have participated in such training (PREA Information

Acknowledgement and Orientation Acknowledgement) and documentation will be maintained in the inmate's base file.

115.33 (c) - The MCI-H PAQ states that of those who were not educated during 30 days of intake, all inmates have been subsequently educated. Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. The PAQ indicated all inmates that entered the facility in the twelve months prior to the audit (545) received the comprehensive PREA education within 30 days of transfer to the facility

The Auditor reviewed the comprehensive PREA educational video transcript, provided in multiple languages, which is given to all DPSCS inmates within the first week of arriving at the facility. The facilities utilize the DPSCS PREA educational video titled *PREA and You: Preventing, Reporting, and Treating Sexual Abuse and Harassment* and are provided with MCI-H brochure, *The Prevention of Sexual Abuse in Prison: What Inmates Need to Know*. During the pre-on-site phase of the audit, the Auditor reviewed documentation from the twelve-month reporting period showing inmates received into the facility are provided with comprehensive PREA education. The comprehensive documentation included rosters with inmate signatures and acknowledgment of understanding. The facility maintains documentation of inmate participation in the inmate's base file.

The Auditor requested an up-to-date facility inmate roster. The facility inmate roster provides a list of all inmates currently at the facility and is organized by housing unit, provides inmate characteristics such as age, gender, race, ethnicity, date received at facility, tentative release date, program assignments, work assignments, classification level, security level, gang affiliation, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmates selected for interviews were selected under the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Auditor conducted twenty-six inmate interviews and inquired if each inmate had received PREA education upon arrival at the facility. All twenty-six inmates interviewed recalled receiving both the initial PREA orientation and the comprehensive (video) orientation. All inmates interviewed acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents.

Inmates referred to utilizing the multiple PREA informational bulletins, pamphlets, and brochures, which are posted throughout the facility, as a source of information. All twenty-six inmates interviewed referred to notifying a staff member, counselor, or family member as the most direct method to report or inquire about PREA information. All inmates interviewed also referred to calling a family member as their source outside the facility and all twenty-six inmates interviewed confirmed knowledge of third-party reporting. Twenty-three of the twenty-six inmates interviewed were aware of the availability of submitting an anonymous PREA report.

115.33 (d) - Department of Public Safety and Correctional Services DPSCS Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states the head of a unit, or a designee responsible for the custody and security of an inmate shall ensure that procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct. DPSCS policy outlines the resources available for inmates with impairments and Limited English Proficiency (LEP) and include, but not limited to closed captioning (hearing impaired), large print material or reading of material to inmate by staff, or American Sign Language Interpreter (visually impaired), and language line services or translation services (LEP).

The Auditor interviewed four targeted inmates with either a physical, hearing, vision, or cognitive impairment or who were Limited English Proficient. Each inmate acknowledged receiving PREA information during the intake / transfer process. Each inmate described receiving the comprehensive PREA orientation within the first few days after arriving at the facility. Additionally, each inmate acknowledged the information was provided to him in an accessible format specific to his individual needs. For the targeted interviews with an LEP inmate, the Auditor utilized a Language Line interpreter for translation services.

115.33 (e) - In accordance with DPSCS, each facility shall maintain documentation (DPSCS *Inmate Receipt of Inmate Handbook* and the *PREA Information Acknowledgement*) of inmate receipt and participation of PREA education and training in the inmate's base file.

115.33 (f) - MCI-H ensures PREA information is readily and continually visible through signs, posters, brochures, videos (showings must be documented), and the inmate handbook.

The Auditor conducted a tour of the facility and observed PREA informational bulletins. These PREA bulletins are posted in multiple languages, located inside every dormitory, as well as several informational bulletins were posted in common areas (educational and vocational buildings) throughout the facility. The bulletins display phone numbers and addresses, advocacy services and are displayed in multiple languages. The Auditor verified PREA information is readily available during her review of the MCI-H Inmate Handbook.

The Auditor conducted an interview with the PREA Compliance Manager and discussed the inmate comprehensive PREA orientation and documentation process. The PREA Compliance Manager provided specific details on the process of educating inmates including the initial orientation upon intake into the facility, the comprehensive orientation video, and the continued educational process through PREA informational pamphlets, sexual assault prevention brochures, and the signage posted throughout the facility.

Upon review of the policy and documentation listed above and previously discussed, in addition to the observations made throughout the facility tour, and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>DPSCS Title 12, Subtitle 10, <i>Correctional Training Commission</i></p> <p>DPSCS Specialized Training Curriculum & Training Certificates</p> <p>Interviews conducted with:</p> <p>Investigative Staff</p>

Site Review Observations:

Training documentation / file review

Findings (By Provision):

115.34 (a) - Department of Public Safety and Correctional Services DPSCS Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting.

115.34 (b) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states investigators shall receive specialized training that shall include:

- Interviewing sexual abuse victims
- Using Miranda and Garrity warnings
- Sexual abuse evidence collection; and
- Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

115.34 (c) - Department of Public Safety and Correctional Services Title 12, Subtitle 10, *Correctional Training Commission* outlines the certification requirements for IID investigators and the requirement for the training director or a designee to maintain records of successful completion for all individuals obtaining such certification. The Auditor reviewed fifty-one training certificates of completion verifying investigative staff that conduct sexual abuse investigations attended and completed the required specialized training.

The Auditor interviewed an IID investigator who confirmed attending and successful completion of the required specialized training. The investigator clearly articulated the comprehensive training received which included investigating sexual harassment allegations, investigating sexual abuse allegations, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of *Miranda* and *Garrity* and the importance of each, and criteria required for administrative action and prosecution referrals.

	<p>Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews, in addition to the observations made throughout the on-site visit, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>Maryland C. I. - Hagerstown Facility Directive MCI-H 020.0026.01, <i>PREA - Federal Compliance Standards</i></p> <p>DPSCS Medical & Mental Health Training Curriculum</p> <p>DPSCS Training Certificates</p> <p>Interviews conducted with:</p> <p>Medical / Mental Health Staff</p> <p>Site Observation:</p> <p>Medical Staff Training Records</p> <p>Findings (By Provision):</p> <p>115.35 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i> states the head of a unit, or a designee, responsible for the custody and security of an inmate, shall ensure that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. DPSCS Executive Directive OPS 050.0001 defines employee as an individual assigned to or employed by the department in a</p>

	<p>full-time, part-time, temporary, or contractual position regardless of job title or classification and includes contractor, intern or volunteer.</p> <p>115.35 (b) - MCI-H medical staff do not conduct forensic medical exams; forensic examinations are conducted at the local hospital. This provision of the standard is not applicable.</p> <p>115.35 (c) - MCI-H Facility Directive MCI-H 020.0026.01, <i>PREA - Federal Compliance Standards</i> states the facility ensures that all staff who are in direct contact with inmates receives PREA, sexual harassment, sexual abuse, assault, intervention, and sexual misconduct training at least annually. Signatures documenting that staff attended PREA training and test scores indicate understanding of the training shall be maintained by the training department for audit purposes. The Auditor reviewed training certificates of completion for medical staff currently assigned to the facility.</p> <p>The Auditor conducted interviews with Medical & Mental Health staff members and confirmed receipt of specialized training on how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to report allegations of sexual abuse and sexual harassment. Medical and Mental Health staff members also confirmed receiving the agency's general PREA training, which included the zero tolerance to sexual abuse and sexual harassment.</p> <p>Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews, in addition to the observations made during the on-site visit file review, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 200.0006, <i>Assessment for Risk of Sexual Victimization and Abusiveness</i></p>

DPSCS Inmate Risk Assessment

Interviews conducted with:

Inmates who disclosed prior SV at Intake

Random sample of Inmates

Staff Responsible for Risk Screening

PREA Compliance Manager

PREA Coordinator

Site Review Observations:

PREA Intake Screening

Findings (By Provision):

115.41 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* 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.

115.41 (b) - Department of Public Safety and Correctional Services DPSCS Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states the PREA Coordinator shall ensure that procedures for using the approved screening instrument protocol at a minimum require that each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential for abusiveness within 72 hours of arrival at a facility.

MCI-H reported in the PAQ the number of inmates entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates with 72 hours of their entry into the facility was 545, 100% of inmates.

The Auditor requested an up-to-date inmate roster, which provides a list of all inmates currently at the facility and is organized by housing unit, provides inmate characteristics such as age, gender, race, ethnicity, date received at facility, tentative release date, program assignments, work assignments, classification level, security level, gang affiliation, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmates selected for interviews were selected under the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

Nineteen of the twenty-six inmates interviewed arrived at the facility twelve months or longer, therefore this interview question was not posed to them. Of the remaining seven inmates interviewed, all seven inmates recalled the initial risk assessment interview and all seven inmates confirmed receiving the second risk assessment interview occurring within a few weeks after the initial assessment.

115.41 (c, d) – Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states the PREA Coordinator shall ensure that a screening instrument is used to objectively assess an inmate’s risk of sexual victimization, that at a minimum, considers:

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

The facility provided the Auditor with the PREA Intake Screening form. The form is divided into two sections, *Risk of Victimization* and *Risk of Abusiveness* and include the following questions:

Risk of Victimization:

- *Inmate DOC#; SID#*
- *How old are you?*
- *What is your height and weight?*
- *Do you have any physical, mental, or developmental disabilities that may affect your ability to function in a prison facility?*
- *Is this your first major incarceration?*
- *Is your criminal history exclusively non-violent, including pending charges, and your current charge?*
- *Do you have any reason to fear placement in general population?*
- *Were you ever sexually assaulted or abused as a child or adult?*
- *Have you ever been approached for sex/threatened with sexual assault while incarcerated?*
- *Do you consider yourself homosexual, bisexual, transgender, intersex, or gender nonconforming?*
- *Do you have a criminal history of sex offenses of sex offenses with adult/child victims, including pending charges and your current charge?*
- *Have you ever been sexually assaulted while incarcerated?*

Risk of Abusiveness:

- *Do you have a history of violent crimes including pending charges and your current charge?*
- *Do you have a history of domestic violence as a perpetrator including pending charges and your current charge?*
- *Do you have a history of administrative violations or institutional infractions for violent offenses?*
- *Do you have a history of administrative violations or institutional infractions for sexual misconduct?*
- *Do you have a criminal history of sex offenses with adults?*
- *Have you ever sexually assaulted another inmate while incarcerated?*

Each question has a designated value and when totaled, each section of the risk screening will yield a *Risk of Victimization Score* and a *Risk of Abusiveness Score*. Depending upon the inmate's responses, the scores will determine if the inmate is a low risk, at risk of victimization, or at risk of abusiveness.

115.41 (e) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states the initial screening shall also consider prior acts of sexual abuse, prior

convictions for violence or sexual abuse, and history of institutional violence or sexual abuse, as known to the DPSCS, in assessing inmates for risk of being sexually abusive.

During the pre-on-site phase of the audit, the Auditor reviewed 344 *PREA Intake Screening Assessment & 30-Day Reassessment* forms which were completed throughout the twelve-month auditing period. Each form was completed within the required timeframes, filled out accurately and completely and in accordance with agency policy and the provisions of this standard.

The Auditor conducted an interview with a facility staff member responsible for conducting screenings for risk of victimization and abusiveness. The staff member provided the Auditor with a complete overview of the inmate classification process and the inmate risk screening process to include how all inmates are screened within 72 hours (or less) of their arrival at the facility. The staff member also confirmed all interviews are conducted privately and the interviews include the classification and risk assessment process, program opportunities, qualifications for job assignments, and educational opportunities.

115.41 (f) – Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states the PREA Coordinator shall ensure that procedures for using the approved screening instrument protocol at a minimum, require Case Management staff to re-assess each inmate within 30 days of the inmate’s arrival at the facility for risk of victimization or potential for abusiveness based upon additional, relevant information received by the facility since the initial screening.

115.41 (g) – Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness.

The Auditor reviewed thirty-eight *PREA Intake Screening Assessment & 30-Day Reassessment* forms completed during the auditing period. The initial risk assessments and reassessments reviewed included inmates from the random and targeted interviews and inmates that risk assessment warranted a referral or reassessment. All forms were filled out accurately and completely and in accordance with agency policy.

The Auditor conducted interviews with three inmates who disclosed prior sexual victimization. All three inmates confirmed to the Auditor that each were offered the opportunity to meet with a medical or mental health care practitioner during the risk screening process. One inmate accepted the meeting with mental health, and the remaining two inmates interviewed declined the opportunity to meet with mental health.

115.41 (h) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states the PREA Coordinator shall ensure that procedures for using the approved screening instrument protocol at a minimum, require that an inmate is not disciplined for refusing to answer or not disclosing complete information in response to screening questions relating to:

- The presence of a mental, physical, or developmental disability.
- The inmate being or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Previous sexual victimization; or
- The inmate's own perception of vulnerability.

The Auditor inquired to the facility staff member responsible for conducting risk screening assessments, what actions are taken against inmates who refuse to cooperate or answer the questions in the risk screening process. The staff member responded that inmates are not required to provide answers, if an inmate refuses to answer, another staff member will conduct a follow-up interview. The staff member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

115.41 (i) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states the PREA Coordinator shall ensure that procedures for 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.

The Auditor inquired to the PREA Compliance Manager how the facility protects such sensitive information. The PREA Compliance Manager confirmed access to such information is strictly limited and any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical

	<p>and mental health practitioners, staff conducting the risk screening, PREA Compliance Manager, and Case Manager, as necessary, to assist with making treatment plans and informed management decisions (housing, bed, work, education, and program assignments).</p> <p>The Auditor inquired to the PREA Coordinator how the facility protects sensitive information, in particular an inmate’s risk assessment. The PREA Coordinator explained how the risk assessments are maintained in the inmate’s base file and are stored in a secured room, and only the staff conducting the risk screening, Case Manager, PREA Compliance Manager, Medical and Mental Health have access to the risk assessments.</p> <p>Upon review of the policies, on-site file, and documentation review, and upon completion of the interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 200.0006, <i>Assessment for Risk of Sexual Victimization and Abusiveness</i></p> <p>DPSCS PREA Risk Screening Assessment</p> <p>Interviews conducted with:</p> <p>PREA Compliance Manager</p> <p>PREA Coordinator</p> <p>Staff Responsible for Risk Screening</p> <p>Transgender & non-heterosexual inmates</p>

Site Observation:

Inmate initial risk assessment & reassessment

Findings (By Provision):

115.42 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states the PREA Coordinator shall ensure the information obtained during the risk screening shall be considered when making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.

115.42 (b) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states the PREA Coordinator shall ensure the information obtained during the risk screening shall be considered when making individualized determinations as how to ensure the safety of each inmate.

115.42 (c) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states the PREA Coordinator shall ensure the information obtained during the risk screening shall be considered 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 ensures the inmate's health and safety and would present management or security problems.

The Auditor conducted an interview with the staff member responsible for conducting screenings for risk of victimization and abusiveness. The staff member provided the Auditor with a complete overview of the inmate classification process and the inmate risk screening process to include how all inmates are screened within 72 hours (or less) of their arrival at the facility.

The staff member explained how the facility uses the information obtained from the risk screening assessment interviews to determine housing assignment for each inmate, which is done strictly on a case-by- case basis. The staff member further explained a transgender or intersex inmate's own views on safety is given

consideration during this process and if placed in protective custody, such placement is done at the request of the inmate or solely based on the inmate's classification level.

The Auditor requested an up-to-date inmate roster for gay, bisexual, transgender, and intersex inmates to conduct targeted inmate interviews. All other inmate interviews were conducted with the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Auditor conducted six interviews with inmates who identified as gay, bisexual, transgender or intersex and inquired whether the inmate was placed in a housing area only for gay, bisexual, transgender, or intersex inmates. Each inmate acknowledged being housed in a general population housing area for all inmates of the same level of classification, the Auditor inquired of the inmates who identified as transgender if each transgender inmate is allowed to shower alone, without other inmates and two of the three transgender inmates confirmed to the Auditor the facility does provide the opportunity to shower alone. The Auditor also inquired of each transgender inmate if staff met with them individually, to discuss housing and program decisions and to discuss safety within the facility. Two of the three transgender inmates acknowledged meeting with staff and confirmed these concerns were discussed with each of them privately. The Auditor initially requested interviews with three transgender inmates, however the third transgender inmate declined the interview.

115.42 (d) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states placement and programming assignments for each transgender and intersex inmate shall be reassessed at least twice each year to review threats to safety experienced by the inmate.

115.42 (e) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states a transgender or intersex inmate's own view with respect to personal safety shall be seriously considered.

115.42 (f) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

115.42 (g) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states LGBTI inmates may not be placed in dedicated facilities, units, or wings solely on the basis of this identification or status, unless the placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates.

The Auditor conducted an interview with the PREA Coordinator and inquired how the agency ensures against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities or wings. The PREA Coordinator informed the Auditor that agency policy prohibits such placement unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment. The PREA Coordinator confirmed DPSCS is not under such legal judgment. Additionally, the PREA Coordinator explained that LGBTI inmates are placed in every facility based on security and programming requirements.

Upon review of the policies and upon completion of the interviews, MCI-H demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 200.0006, <i>Assessment for Risk of Sexual Victimization and Abusiveness</i></p> <p>DOC 100.002, <i>Case Management Manuel</i></p> <p>Interviews conducted with:</p> <p>Facility Warden</p> <p>Staff who supervise Inmates in Segregated Housing</p>

Findings (By Provision):

115.43 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states the PREA Coordinator shall ensure that the placement of an inmate in special confinement housing shall be in accordance with provisions for special confinement housing established in the Case Management Manual.

DOC *Case Management Manual* 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. These may include, but are not limited to:

- Transfer of the inmate to a different housing unit within the institution
- Lateral transfer of the inmate to another institution of the same security level
- Transfer of the inmate's documented enemy or enemies to another institution
- Transfer of the inmate to another state under the provisions of the Interstate Corrections Compact (ICC); or
- Assignment to home detention (if eligible).

DOC *Case Management Manual* states a case management team may consider an inmate for transfer to a designated protective custody institution to ensure the consistent and safe management of inmates who are deemed to be at risk if housed in general population in any Division of Correction institution.

DOC *Case Management Manual* states inmates may not be placed on protective custody for punitive reasons.

115.43 (b) - DOC *Case Management Manual* states in part an inmate placed in involuntary segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the unit restricts access to programs, privileges, education, or work opportunities, the unit shall document the opportunities that have been limited, the duration of the limitations, and the reasons for the limitations. Documentation of limitations shall be maintained on the *Administrative Segregation Investigative Report*.

The Auditor conducted an interview with a Facility Staff Member who supervises inmates in segregated housing. The Auditor inquired to the Facility Staff Member if an

inmate is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, what restrictions are placed on the inmate. The Facility Staff Member articulated those inmates placed in protective custody, do not have restrictions and retain the same privileges as inmates in general population housing, to include participating in programs and education opportunities. The Facility Staff Member explained if an inmate has restrictions placed on him it would be a result of behavior or actions, and such action (being placed on restrictions) would require documentation explaining what has been restricted, duration of restriction, and reasons for initiating the restriction.

115.43 (c) - The PAQ indicated there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing. The Auditor interviewed the Classification Supervisor and the PREA Compliance Manager and both confirmed the information previously provided by the facility in the PAQ. Therefore, inmates in this targeted category were not interviewed.

115.43 (d) - DOC *Case Management Manual* requires the use of the *Administrative Segregation Investigative Report* and *Notice of Assignment to Administrative Segregation* to clearly document the basis of the concern for the inmate's safety and the reason why no alternative means of separation can be arranged.

115.43 (e) - DOC *Case Management Manual* requires a case management team to conduct a review every 30 days, to determine if there is a continuing need for separation of the inmate from the general population.

The Auditor conducted an interview with the Facility Warden regarding inmates at high risk of victimization. The Facility Warden explained inmates who are at a high risk of sexual victimization will be placed in protective custody until an assessment of all other available alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the inmate in involuntary administrative segregation while completing the assessment, for no longer than 24 hours. The incident is reviewed as soon as possible, and the inmate will be released from segregation as soon as it can be determined that the inmate is no longer in imminent danger, or as soon as alternative means of separation from an alleged abuser can be arranged.

Upon review of the policy and documentation provided and upon completion of the interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.51	Inmate reporting
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 523 376">Document Review:</p> <p data-bbox="256 412 411 448">MCI-H PAQ</p> <p data-bbox="256 483 1302 519">DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p data-bbox="256 555 1034 591">DPSCS Inmate Orientation Handbook (English/Spanish)</p> <p data-bbox="256 627 1262 663">DPSCS PREA and Sexual Assault Awareness Brochure (English/Spanish)</p> <p data-bbox="256 698 1002 734">DPSCS PREA Zero Tolerance Poster (English/Spanish)</p> <p data-bbox="256 842 639 878">Interviews conducted with:</p> <p data-bbox="256 913 647 949">Random sample of Inmates</p> <p data-bbox="256 985 639 1021">PREA Compliance Manager</p> <p data-bbox="256 1057 600 1093">Random sample of Staff</p> <p data-bbox="256 1200 517 1236">Site Observations:</p> <p data-bbox="256 1272 647 1308">PREA informational signage</p> <p data-bbox="256 1344 571 1379">DPSCS PREA Brochure</p> <p data-bbox="256 1487 587 1523">Findings (By Provision):</p> <p data-bbox="256 1630 1469 1827">115.51 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i> states a complaint of alleged sexual misconduct may be submitted by the victim, an individual with knowledge of an incident of alleged sexual misconduct, or a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct.</p> <p data-bbox="256 1935 1469 2051">115.51 (b) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i> states a complaint of alleged sexual misconduct may be submitted outside the department to the Office of the</p>

Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the department.

DPSCS Inmate Orientation Handbook provides directions on reporting complaints of sexual misconduct. Reporting methods include:

- Tell a supervisor or a Staff Member immediately
- Submit an Inmate Statement in writing
- Contact the PREA Hotline

During the facility tour, the Auditor observed PREA Zero-tolerance informational signage and PREA and Sexual Assault Awareness brochures posted in all housing dormitories, inmate educational and program buildings, in the religious programs / services building, and inmate work areas. The PREA informational signage was posted in multiple languages.

The Auditor conducted informal interviews with inmates in the housing units, various work assignments, and while touring the programs, educational, and vocational buildings. The Auditor conducted informal interviews with inmates and inquired to each on various PREA reporting methods available and each inmate confirmed reporting to any staff member, submitting a written statement, or utilizing an outside reporting method - writing the PREA Coordinator or calling a family member or friend and request a report be submitted on their behalf.

The Auditor requested an up-to-date facility inmate roster, organized by housing unit, and provides inmate characteristics such as age, gender, race, ethnicity, date received at facility, tentative release date, program assignments, work assignments, classification level, security level, gang affiliation, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmates selected for interviews were selected under the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Auditor conducted twenty-six inmate interviews and inquired to each on the PREA reporting methods. All twenty-six inmates interviewed referred to notifying a staff member, case manager, or family member as the most direct method to report or inquire about PREA information. All inmates interviewed also referred to contacting a family member as their source outside the facility and all twenty-six inmates interviewed confirmed knowledge of third-party reporting. Twenty-three of the twenty-

six inmates interviewed were aware of the availability of submitting an anonymous PREA report.

115.51 (c) - The Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states a compliant of alleged sexual misconduct may be submitted in writing, including electronic documents, verbally, through a third party, and anonymously.

115.51 (d) - The Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states 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:

Within the department:

- An employee
- A supervisor, manager, or shift commander
- The head of a unit
- The Intelligence and Investigative Division (IID);
- The Inmate Grievance Office; or

Outside the department:

- The Office of the Attorney General; or
- Other private or public office, able to receive and immediately forward the compliant of alleged sexual misconduct to the department.

The Auditor-conducted interviews with twelve random staff members and asked each staff member how an inmate can privately report sexual abuse and sexual harassment or retaliation by other inmates or staff for previously reporting sexual abuse and sexual harassment. Each staff member interviewed was able to articulate the various methods an inmate may privately report an allegation of sexual abuse or sexual harassment (family member, third party reporting). Staff members also explained that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Auditor conducted an interview with the PREA Compliance Manager to verify

	<p>reporting methods for sexual abuse or sexual harassment allegations that are available for inmates and staff. The PREA Compliance Manager confirmed the multiple methods of reporting available for inmates and staff, these reports can be made either verbally, in writing, by a third party and may be done so in private or anonymously and all reports, no matter the method used to report, are confidential and handled promptly and professionally.</p> <p>Upon review of the policies, contracts, employee handbook, DPSCS inmate handbook, and viewing of the PREA informational brochures and signs and upon completion of interviews conducted, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Code of Maryland Regulations 12.02.28, <i>Administrative Remedy Procedures to Resolve Inmate Complaints</i></p> <p>DPSCS Inmate Orientation Handbook</p> <p>Site Observation:</p> <p>Grievance and mailboxes located throughout the facility.</p> <p>Findings (By Provision):</p> <p>115.52 (a) - Department of Public Safety and Correctional Services Code of Maryland Regulations 12.02.28, <i>Administrative Remedy Procedures to Resolve Inmate Complaints</i> states an inmate may not use the administrative remedy procedure to resolve a complaint concerning acts by staff or another inmate, which shall be addressed according to department procedures for addressing complaints under the Prison Rape Elimination Act:</p>

	<ul style="list-style-type: none"> • Rape • Sexual assault, sexual harassment, sexual abuse; and • Other sexual misconduct. <p>DPSCS does not have an administrative remedy procedure to address inmate grievances of sexual misconduct, therefore, the agency is exempt from this standard.</p> <p>All allegations of sexual abuse or sexual harassment are immediately reported to the appropriate staff and forwarded to the Intelligence and Investigative Division (IID) for immediate investigation.</p> <p>Upon review of policies, documentation, case files, and of the DPSCS Inmate Handbook, and upon completion of interviews conducted during the on-site visit, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>DPSCS correspondence w/ Maryland Coalition Against Sexual Assault (MCASA)</p> <p>MCASA <i>The Prison Rape Elimination Act: A Guide for Prisoners Brochure</i></p> <p>DPSCS Inmate Orientation Handbook (English/Spanish)</p> <p>DPSCS PREA and Sexual Assault Awareness Brochure (English/Spanish)</p> <p>DPSCS PREA Zero Tolerance Poster (English/Spanish)</p> <p>Interviews conducted with:</p> <p>Random sample of Inmates</p> <p>Inmates who reported sexual abuse</p>

Site Review Observations:

PREA informational signage

DPSCS PREA and Sexual Assault Awareness Brochure

Findings (By Provision):

115.53 (a-c) - Department of Public Safety and Correctional Services DPSCS Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* 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 investigation interviews:

- A qualified victim advocate.
- A department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role; or
- A non-department community-based organization representative who meets the criteria for a department employee.

Maryland Coalition Against Sexual Assault (MCASA) is the federally recognized state sexual assault coalition and is responsible for certifying comprehensive rape crisis/sexual assault programs to ensure services are survivor centered. MCASA core membership are the state's 17 rape crisis centers as well as many member professionals, programs, and individuals committed to ending sexual violence. MCASA assists rape crisis centers at the local level through a variety of ways which include funding and grant resources, comprehensive victim advocacy training and workshops, or facilitating communication between various entities.

The Auditor conducted an interview with a representative from the Maryland Coalition Against Sexual Assault (MCASA) who provided the Auditor with a very comprehensive overview of the services provided by MCASA and an overview of the rape crisis centers within the state of Maryland.

Life Crisis Center (LCC) is one of the seventeen rape crisis centers and is in Salisbury Maryland. LCC focuses on improving the quality of life in the community through crisis

intervention and violence prevention. Life Crisis Center advocates for and provides services through prevention, intervention, therapy, legal services, advocacy, and collaboration, the Center works to provide a safe place for healing. The services provided by Life Crisis Center for inmates at MCI-H include emotional support services and victim advocacy through the 24/7 Prison Rape and Sexual Assault Help Line. If an inmate requests additional advocacy or counseling services, LCC will provide the inmate with information for their local advocacy center.

The Auditor requested an up-to-date inmate roster, organized by housing unit, which provides characteristics such as age, gender, race, ethnicity, date received at facility, tentative release date, program assignments, work assignments, classification level, security level, gang affiliation, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmates selected for interviews were selected under the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Inmates*.

The Auditor conducted twenty-six inmate interviews and inquired to each inmate interviewed, if needed, are there services available outside of the facility for dealing with sexual abuse. Twenty-four of twenty-six inmates interviewed confirmed being provided such information during the comprehensive PREA orientation as well as informational posters being displayed throughout the housing units.

During the tour of the facility, the Auditor conducted informal interviews with inmates in the housing dormitories and in various work assignments, and while touring the programs and educational buildings. Throughout the tour, the Auditor noted PREA informational posters and Sexual Abuse Awareness Brochures displayed throughout the facility.

During the on-site phase of the audit, the Auditor reviewed the Maryland Coalition Against Sexual Assault (MCASA) *PREA: A Guide for Prisoners* brochure. The brochure is extremely detailed, is printed in bright colors, is provided in an easy-to-read layout, and provides information regarding victim advocacy services for inmates and all information provided will be kept confidential, except information that requires mandatory reporting. The brochure has multiple sections with detailed explanations within each section and include:

Reporting Options -

Tell a staff member or make a report

Calling the IID (410.724.5742)

Calling the PREA Hotline (410.585.3177)

PREA Investigations -

Detailed process of an investigation process as well as possible findings with explanations of each.

Sexual Assault Forensic Examination -

Explains the process of a forensic examination.

Advocacy Services -

Rights to talk to a victim advocate

Crisis Intervention services

Safety Planning

Confidentiality -

Discusses confidentiality and mandatory reporting requirements

Rape Crisis Centers -

Provides a list of rape crisis centers (with contact information)

The Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Auditor with documentation which reflected inmates who reported incidents of sexual abuse or sexual harassment were no longer in custody at MCI-H, therefore inmates in this targeted category were not interviewed.

Upon review of the policies and upon completion of the interviews, MCI-H demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.54	Third-party reporting
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>DPSCS Inmate Orientation Handbook (multiple languages)</p> <p>DPSCS Website https://dpscs.maryland.gov/prea/prea-audits.shtml</p> <p>DPSCS PREA Zero Tolerance Poster (English / Spanish)</p> <p>Interviews conducted with:</p> <p>Random sample of Inmates</p> <p>Site Review Observation:</p> <p>PREA informational signage</p> <p>Findings (By Provision):</p> <p>115.54 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i> states inmates may report incidents of sexual abuse or sexual harassment by having a family member, friend, or other member of the public submit a third-party grievance.</p> <p>Department of Public Safety and Correctional Services publishes agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation on the agency website https://dpscs.maryland.gov/prea/prea-audits.shtml</p> <p>The Auditor requested an updated inmate roster, organized by housing unit, provides inmate characteristics such as age, gender, race, ethnicity, date received at facility, tentative release date, program assignments, work assignments, classification level,</p>

	<p>security level, gang affiliation, and housing assignment. This allowed the Auditor to accurately select a random representation of inmates for the interview process. All inmates selected for interviews were selected under the guidance of the National PREA Resource Center, <i>PREA Compliance Audit Instrument - Interview Guide for Inmates</i>.</p> <p>The Auditor conducted twenty-six inmate interviews and inquired if each inmate had received PREA education upon arrival at the facility. All twenty-six inmates interviewed recalled receiving both the initial PREA orientation and the comprehensive (video) orientation. All inmates interviewed acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents.</p> <p>When questioned about third party reporting, all twenty-six inmates interviewed acknowledged how to submit a third-party report (ask a family member or friend to submit a report or contact the PREA Coordinator). In addition, several of the inmates referred to the informational bulletin posters throughout the facility, which contains directions on how to submit a third-party report.</p> <p>During the pre-on-site phase of the audit, the Auditor visited the agency’s website and confirmed the availability for the public to submit a report of sexual abuse or sexual harassment on behalf of an inmate. The report may also be submitted anonymously.</p> <p>Upon review of the policies and upon completion of the interviews, MCI-H demonstrated facility- wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive IIU 110.0011, <i>Investigating Sex Related Offenses</i></p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p>

DPSCS Executive Directive 020.0003, Reporting Serious Incidents

Interviews conducted with:

Random sample of Staff

Medical / Mental Health Staff

Facility Warden

Site Observations:

Staff reporting documentation of inmate information, incident reports and investigations being completed in the facility database demonstrated reports of allegation are addressed timely.

Findings (By Provision):

115.61 (a) - Department of Public Safety and Correctional Services Executive Directive IIU 110.0011, *Investigating Sex Related Offenses* 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.

115.61 (b) - Department of Public Safety and Correctional Services DPSCS Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states information concerning a complaint of alleged 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 sexual misconduct and immediate and continued care of the victim.

The Auditor conducted interviews with random staff members and each staff member interviewed articulated the agency's zero tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with inmates, and an inmate right to be free from

sexual abuse and sexual harassment. Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

115.61 (c) - Unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse, and to inform inmates of the practitioner's duty to report, as well as the limitations of confidentiality.

The Auditor conducted interviews with Medical and Mental Health Staff regarding responsibilities to disclose to inmates the confidentiality limitations and reporting incidents of sexual abuse or sexual harassment. Each Medical and Mental Health Staff member acknowledged disclosing the confidentiality limitation prior to the initiation of services with any inmate. Each Medical and Mental Health Staff member articulated in detail step-by-step process when reporting incidents of sexual abuse or sexual harassment as well as expressed the requirement to report such incidents immediately. The Auditor inquired if any inmates had reported an incident of sexual abuse or harassment during the past twelve months and both medical and mental health staff members denied receiving such a report.

115.61 (d) - The MCI-H does not house inmates under the age of 18 nor inmates who are considered vulnerable adults.

115.61 (e) - Department of Public Safety and Correctional Services DPSCS Executive Directive IIU 110.0011, *Investigating Sex Related Offenses* 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.

The Auditor inquired to the Facility Warden are allegations of sexual abuse and sexual harassment, to include third party and anonymous sources, reported to designated facility investigators. The Facility Warden indicated all allegations of sexual abuse and sexual harassment, no matter the origin of reporting, are reported directly to the Intelligence and Investigative Division (IID).

Upon review of the policies and upon completion of the interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the

	requirements that complies with the PREA standard.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>Interviews conducted with:</p> <p>Agency Head Designee</p> <p>Facility Warden</p> <p>Random sample of Staff</p> <p>Findings (By Provision):</p> <p>115.62 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i> states a supervisor, manager, or shift commander shall take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct.</p> <p>During the twelve months prior to the audit, the facility reported in the PAQ there were no inmates at risk of imminent sexual abuse. During the on-site phase of the audit, the Auditor interviewed the PREA Compliance Manager and the Facility Warden and each confirmed the information previously reported in the PAQ.</p> <p>The Auditor conducted interviews with twelve random staff members and inquired about his/her actions if they received information that an inmate was at imminent risk of sexual abuse. Each staff member articulated the agency's response protocol to receiving such information and all staff members interviewed confirmed the priority is ensuring the safety of the inmate. Staff indicated they would safeguard the inmate and immediately notify their supervisor to investigate the threat to the inmate and to</p>

	<p>find safe housing for the inmate.</p> <p>The Auditor conducted an interview with the Facility Warden and inquired as to what action is taken upon learning an inmate is subject to a substantial risk of imminent sexual abuse. The Facility Warden informed the Auditor that once a staff member receives information that an inmate may be at risk for sexual abuse, that inmate is immediately removed from the area, interview and investigate the risk threat and if the threat can be resolved by a housing reassignment in another general population housing unit. The inmate victim's housing preference is considered, however the decision on his ultimate placement is driven by the need for protection from possible abuse and/or retaliation.</p> <p>The Auditor conducted an interview with the Agency Head Designee regarding what action is taken upon learning an inmate is subject to a substantial risk of imminent sexual abuse. The Agency Head Designee stated if an inmate is at risk of imminent sexual abuse, the facility staff is expected to take immediate action that would include separating potential abusers from victims. Additional actions can include transferring inmates within the facility or out of the facility completely. The potential victim's concerns and views of his own safety are taken into account. Involuntary protective custody is always a last resort, ultimately everything possible is done to protect a victim's privileges and programming.</p> <p>Upon review of the policy, observations made during the on-site facility tour, and upon completion of the interviews with staff, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>Interviews conducted with:</p>

Agency Head Designee

Facility Warden

Findings (By Provision):

115.63 (a, b) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states 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:

- If the incident occurred at another department facility, 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 Intelligence and Investigative Division (IID), regardless of jurisdiction for the facility where the incident occurred.

115.63 (c) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states such notifications shall be documented.

115.63 (d) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states an IDD representative notified of an allegation of sexual misconduct occurred 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.

In the twelve months prior to the audit, three allegations were received from an MCI-H inmate alleging sexual abuse while confined at another facility. In the twelve months prior to the audit, MCI-H reported receiving three allegations of sexual abuse from another facility. The Auditor confirmed the Warden-to-Warden notifications and investigation of the allegations during her review of the investigative files.

	<p>The Auditor conducted an interview with the Facility Warden and asked what the process is when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at the facility. The Facility Warden explained a Warden-to-Warden notification would be completed to include an acknowledgement of receipt, and a notification to the Intelligence and Investigative Division for investigation. The facility, which houses the alleged victim, handles protective measures.</p> <p>The Auditor conducted an interview with the Agency Head Designee and inquired if another agency or facility refers allegations of sexual abuse that occurred within one of your facilities if there a designated point of contact. The Agency Head Designee explained that the point of contact for all sexual abuse related incidents is either the PREA Coordinator or the Intelligence and Investigative Division for investigation.</p> <p>Upon review of the policy, documentation, and investigative files, and upon completion of the interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>DPSCS Staff PREA Training Curriculum</p> <p>DPSCS MCI-H Training Roster / Staff Signatures</p> <p>Interviews conducted with:</p> <p>Security Staff / Non-Security Staff First Responders</p> <p>Random sample of Staff</p> <p>Inmates who reported sexual abuse</p>

Findings (By Provision):

115.64 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states the first correctional officer responding to an incident of sexual misconduct shall ensure the safety of a victim of sexual misconduct by:

- Immediately stopping an incident in progress, if necessary, arranging for the separation of the victim from the abuser; and
- If applicable, immediately, if qualified, providing medical attention or arranging for appropriate medical attention.
- If the circumstances are such that there is evidence to preserve:
- Preserve the scene of the incident.
- Ensure the victim is advised not to do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
- Ensure the alleged abuser does not do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

115.64 (b) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states 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 immediately take action to stop the misconduct, take steps to ensure the victim not do anything that might destroy physical evidence.

The Auditor conducted twelve random staff interviews and three targeted staff interviews regarding his/her role as a First Responder to an allegation of sexual abuse. The Staff Members interviewed provided specific details of his/her responsibilities as a First Responder to include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify a supervisor.

In addition, each staff member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder. Each staff member interviewed articulated in detail the responsibilities of a First Responder and the importance of his/her responsibility when responding to an incident of sexual abuse or sexual harassment as well as the importance of ensuring

	<p>the victim is safe.</p> <p>The Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Auditor with documentation which reflected inmates who reported incidents of sexual abuse or sexual harassment were no longer in custody at MCI-H, therefore inmates in this targeted category were not interviewed.</p> <p>Upon review of the policy, documentation, and upon completion of the interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>Interviews conducted with:</p> <p>Facility Warden</p> <p>Findings (By Provision):</p> <p>115.65 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i> states when responding to a complaint of sexual misconduct a supervisor, manager, or shift commander shall ensure the safety of a victim sexual misconduct, through a coordinated response to a complaint of sexual misconduct ensuring that continued personal protection is provided, medical and mental health care follow up is conducted, and non-medical or mental health related counseling and support services are offered.</p>

Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states upon learning of an allegation that an inmate was sexually abused, the first correctional officers to responding to the report shall:

- Immediately stopping an incident in progress, if necessary, arranging for the separation of the victim from the abuser; and
- If applicable, immediately, if qualified, providing medical attention or arranging for appropriate medical attention.
- If the circumstances are such that there is evidence to preserve:
- Preserve the scene of the incident.
- Ensure the victim is advised not to do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
- Ensure the alleged abuser does not do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

The Auditor established, from a thorough review of DPSCS policy, and the SANEs/SAFEs evidence protocol, investigators from the Intelligence and Investigative Division (IID) follow the *Violence Against Women and Department of Justice Reauthorization Act of 2005* (VAWA 2005), which is a uniform and comprehensive evidence protocol that maximizes the potential for obtaining usable physical evidence.

Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* 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 investigation interviews

- A qualified victim advocate.
- A department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role; or
- A non-department community-based organization representative who meets the criteria for a department employee established under this directive.

The Auditor conducted an interview with the Facility Warden and inquired if the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Facility Warden

	<p>provided a detailed description of the facility’s response plan and each staff member’s responsibility when responding to an allegation of sexual abuse.</p> <p>Upon review of the policies and upon completion of the on-site interview with the Facility Warden, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>Maryland State Personnel and Pensions Code Ann. § 3-302</p> <p>State of Maryland MOU w/American Federation of State, County and Municipal Employees, AFL-CIO (AFSCME)</p> <p>Interviews conducted with:</p> <p>Agency Head Designee</p> <p>Findings (By Provision):</p> <p>115.66 (a) – Maryland State Personnel and Pensions Code Ann. § 3-302, Rights of the State states in part, the State, through its appropriate officers and employees, has the right to hire, direct, supervise, and assign employees and promote, demote, discipline, discharge, retain, and lay off employees, and terminate employment because of lack of funds, lack of work, under conditions where the employer determines continued work would be inefficient or nonproductive, or for other legitimate reasons.</p> <p>The Auditor conducted an interview with the Agency Head Designee regarding collective bargaining agreements the agency has entered or renewed since August</p>

	<p>20, 2012. The Agency Head Designee confirmed the correctional officers are covered by a labor agreement; however, Maryland law (Ann. Code § 3-302) clearly states the management rights that are specifically reserved for State relating to the supervision of its employees. Employee agreements cannot abrogate these rights.</p> <p>Upon review of the policies and upon completion of the interviews, MCI-H demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>Interviews conducted with:</p> <p>Inmates who reported sexual abuse</p> <p>Staff Member charged with Monitoring Retaliation</p> <p>Facility Warden</p> <p>Agency Head Designee</p> <p>On Site Observation:</p> <p>Investigation file review</p> <p>Findings (By Provision):</p> <p>115.67 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i> defines retaliation as an act of vengeance, covet or overt action, or threat of action, taken by employee against an</p>

individual because the individual:

- Filed a complaint of sexual misconduct
- Took action to stop or prevent sexual misconduct
- Investigated sexual misconduct
- Took remedial action or applied penalties in response to a substantiated complaint of sexual misconduct. Opposed any form of sexual misconduct; or
- Testified, assisted, or participated in an investigation, proceeding, or hearing concerning alleged sexual misconduct.

Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states retaliation 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.

115.67 (b - e) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states the head of a unit, or a designee, is responsible for ensuring that 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 and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:

- Application of available medical or mental health services or counseling
- Changes to inmate housing assignments and staff work assignments; and
- Continued monitoring as deemed appropriate.

During the twelve months prior to the audit, the agency reported no allegations of retaliation were reported nor were there any inmates placed in segregated housing due to risk of sexual victimization. Therefore, inmates in these targeted categories were not interviewed.

The Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Auditor with documentation which reflected inmates who reported incidents of sexual abuse or sexual harassment were no longer in custody at MCI-H, therefore inmates in this targeted category were

not interviewed.

The Auditor conducted an interview with the staff member who is designated with monitoring retaliation for MCI-H. The staff member articulated that to prevent retaliation against inmates and staff who report sexual abuse or harassment or those who cooperate with an investigation, the staff member would monitor those individuals for at least 90 days. The staff member reviews disciplinary reports, inmate housing or transfers, and negative performance reviews of staff members. If a concern that potential retaliation might occur beyond the 90 days, the staff member would continue to monitor conduct and treatment until the issue or threat is resolved.

The Auditor conducted an interview with the Facility Warden and inquired on the different measures taken to protect inmates and staff from retaliation for reporting allegations of sexual abuse or sexual harassment. The Facility Warden confirmed the facility would take all necessary steps to protect any person who reports a sexual abuse / harassment incident from retaliation. The Facility Warden explained that housing changes or transfers of inmates, disciplinary action against staff members - including possible dismissal - or other means of removal of those who retaliate against someone who reports an allegation.

The Auditor conducted an interview with the Agency Head Designee and inquired how the agency protects inmates or staff from retaliation for sexual abuse or sexual harassment allegations. The Agency Head Designee explained that each facility assigns a retaliation monitor, in some facilities it may be the PREA Compliance Manager, but other facilities can assign other staff members. All retaliation is prohibited by agency regulation and all such allegations will be investigated. All inmates who report sexual abuse are monitored for retaliation for at least 90 days. The monitoring of victims is documented with periodic status checks to ensure the inmate is not experiencing any additional problems.

The Agency Head Designee also explained that staff members might be afforded the ability to change posts or facilities to protect them from retaliation. They are also monitored for retaliation for at least 90 days following a report of sexual abuse or sexual harassment.

The Auditor inquired to the Agency Head Designee if an individual cooperates with an investigation expresses a fear of retaliation, what measures does the agency take to protect that individual against retaliation. The Agency Head Designee explained to protect victims from retaliation, the facility will deploy numerous measures including inmate housing, program, and work assignments changes. If warranted, an inmate

	<p>may be transferred to another facility to be protected from retaliation. Inmates are also provided information for the local rape crisis center for emotional support services. That inmate will also be subject to 90-day monitoring. If the individual is a staff member, they may be provided with the opportunity to change posts or institutions and will be subject to 90-day monitoring.</p> <p>Upon review of the policy, investigative files, and upon completion of the interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.68 Post-allegation protective custody	
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DOC 100.002, <i>Case Management Manuel</i></p> <p>Interviews conducted with:</p> <p>Facility Warden</p> <p>Staff who supervise inmates in Segregated Housing</p> <p>Findings (By Provision):</p> <p>115.68 (a) - DOC 100.002, <i>Case Management Manuel</i> 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. These may include but are not limited to:</p> <ul style="list-style-type: none"> • Transfer of the inmate to a different housing unit within the institution • Lateral transfer of the inmate to another institution of the same security level • Transfer of the inmate’s documented enemy or enemies to another institution • Transfer of the inmate to another state under the provisions of the Interstate

Corrections Compact (ICC); or Assignment to home detention (if eligible).

An inmate's protective custody status shall be reviewed every 30 days to determine if continued protection is warranted.

DOC Case Management Manual states in part an inmate placed in involuntary segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the unit restricts access to programs, privileges, education, or work opportunities, the unit shall document the opportunities that have been limited, the duration of the limitations, and the reasons for the limitations. Documentation of limitations shall be maintained on the Administrative Segregation Investigative Report.

The Auditor conducted an interview with a Facility Staff Member who supervises inmates in segregated housing. The Auditor inquired to the Facility Staff Member if an inmate is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, what restrictions are placed on the inmate. The Facility Staff Member articulated those inmates placed in protective custody housing do not have restrictions and retain the same privileges as inmates in general population housing, to include participating in programs, education, and work opportunities. The Facility Staff Member explained if an inmate has restrictions placed on him it would be a result of behavior or actions, and such action (being placed on restrictions) would require documentation explaining what has been restricted, duration of restriction, and reasons for initiating the restriction.

According to the information provided in the PAQ, MCI-H reported there were no inmates alleging sexual abuse assigned to involuntary segregated housing. Additionally, during the twelve months prior to the audit, the agency reported no allegations of retaliation were reported nor were there any inmates placed in segregated housing due to risk of sexual victimization. The Auditor was able to confirm the information provided in the PAQ during her review of the allegations / investigative case files.

In addition, the Auditor conducted specialized interviews with the Facility Warden, PREA Compliance Manager, and a Classification Staff Member. Each confirmed there were no inmates alleging sexual abuse assigned to involuntary segregated housing allegations and no inmates were placed in segregated housing due to risk of sexual victimization in the twelve months prior to the audit. Therefore, inmates in these targeted categories were not interviewed.

	<p>The Auditor conducted an interview with the Facility Warden regarding inmates who alleged sexual abuse. Inmates who have made an allegation of sexual abuse and have stated that they are in fear for their safety will be placed in segregated housing, either voluntarily or involuntarily, on a temporary basis until a review can be conducted to verify the extent of the danger. The incident is reviewed as soon as possible, and the inmate will be released from segregation as soon as it can be determined that the inmate is no longer in imminent danger, or as soon as alternative means of separation from an alleged abuser can be arranged.</p> <p>Upon review of the policy and documentation provided and upon completion of the interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.71 Criminal and administrative agency investigations	
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>DPSCS Executive Directive IIU 110.0011, <i>Investigating Sex Related Offenses</i></p> <p>Interviews conducted with:</p> <p>Investigative Staff</p> <p>Inmates who reported sexual abuse</p> <p>Site Review Observations:</p> <p>Investigative files (8)</p> <p>Training files</p> <p>Findings (By Provision):</p>

115.71 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* 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 according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards related to:

- Collecting and preserving evidence
- Interviewing victims, witnesses, and suspected perpetrators
- Conducting and using polygraph examinations; Identifying suspects
- Preserving an individual's personal dignity and legal rights; and
- Maintaining confidentiality of the investigation.

115.71 (b) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states to the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically address:

- Interviewing sexual abuse victims
- Using Miranda and Garrity warnings
- Sexual abuse evidence collection; and
- Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

115.71 (c) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* 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 according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards related to collecting evidence, and 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 Sexual Assault Forensics Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE).

The Auditor interviewed an IID Investigator who confirmed attending and successful completion of the required specialized training. The investigator clearly articulated the comprehensive training received which included investigating sexual harassment allegations, investigating sexual abuse allegations, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of *Miranda* and *Garrity* and the

importance of each, and criteria required for administrative action and prosecution referrals.

The Investigator also confirmed agency policy requiring all criminal allegations of sexual abuse to be referred to the Intelligence and Investigative Division (IID). Additionally, the Investigator confirmed all IID Investigators are sworn, certified peace officers, as authorized by Correctional Services Article, § 2-103 and §10-701, Annotated Code of Maryland.

Additionally, the Auditor requested the investigator to provide an overview of the investigative process and the documentation required in a case when an allegation of sexual misconduct incident occurs within the facility. The investigator explained upon receiving notification of a sexual misconduct incident, the investigation is initiated promptly and is completed thoroughly and objectively by a qualified investigator who has received training and education and has the authority to conduct such investigations. The investigator explained the initial process includes conducting scene investigation, collecting evidence (biological or trace), photographs, interview staff, witnesses, review unit documentation pertaining to the investigation, and interviewing the victim - depending on emotional and physical state.

115.71 (d) - Department of Public Safety and Correctional Services Executive Directive IIU 110.0011, *Investigating Sex Related Offenses* states when conducting an investigation of an incident involving a sex related offense an investigator shall if appropriate, work with the prosecutor to develop the case for criminal prosecution.

115.71 (e) - Department of Public Safety and Correctional Services Executive Directive IIU 110.0011, *Investigating Sex Related Offenses* states the credibility of a victim, witness, or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate.

Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states a victim of alleged sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct.

The Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Auditor with documentation

which reflected inmates who reported incidents of sexual abuse or sexual harassment were no longer in custody at MCI-H, therefore inmates in this targeted category were not interviewed.

115.71 (f, g) – Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct – Prohibited* states an investigator assigned to investigate an incident involving a sex related offense shall conduct post-incident investigative actions to complete a comprehensive investigation of the incident to determine if employee action or lack of action contributed to the occurrence and document all aspects of the investigation in a comprehensive investigative report that:

- Thoroughly describes, physical, testimonial, and documentary evidence
- Explains the reasoning behind credibility assessments; Includes facts and findings
- Is maintained according to an established retention schedule, which requires that the report is maintained as long as the employee is employed by the department or the inmate is under the authority of the department plus five years.

115.71 (h) – Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct – Prohibited* states if the incident possibly involves criminal activity, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incident occurred.

115.71 (i) – Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct – Prohibited* states upon completing an investigation of a complaint of alleged sexual misconduct, the investigator shall file and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee.

115.71 (j) – Department of Public Safety and Correctional Services Executive Directive IIU 110.0011, *Investigating Sex Related Offenses* states an investigation may not be terminated based on a victim or suspect departure from department employment or custody.

115.71 (k, l) –DPSCS Intelligence and Investigative Division conducts all administrative and criminal investigations of sexual abuse and sexual harassment. IID Investigators are sworn, certified peace officers and conduct all DPSCS

investigations.

The facility indicated receiving eight allegations of sexual abuse during the twelve-month auditing period. The Auditor reviewed the eight allegations and noted four sexual abuse allegations were inmate-on-inmate allegations, with two investigations closed as unsubstantiated and two investigations remain pending. The remaining four sexual abuse allegations were staff-on-inmate, with two investigations closed as substantiated and two investigations closed as unsubstantiated. At the time of the Auditor's review, there were two investigations referred for prosecution. During the review of the two substantiated staff-on-inmate investigations, the Auditor noted the Assistant States Attorney would not file criminal charges against the two staff members if they resigned from state services. Documentation in the file indicated both staff members resigned from their positions with DPSCS.

All investigations were selected and reviewed based upon the initial reporting method, the outcome or investigation status (closed or open), and the Auditor's requirement to review all the required steps and processes to verify compliance with multiple PREA Standards. Each investigation contained all documented reports for that specific incident, summary of the allegation, demographics of involved parties to include relevant criminal history and current sentence, photos of victim and alleged aggressor, medical documentation and notes, victim, witness, and aggressor statements, review of email and phone correspondence, documentation of victim advocacy - acceptance or refusal, a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts, findings, and investigative conclusion.

Additionally, the Auditor noted the each completed report included an assessment as to whether staff actions or a failure to act on the part of staff contributed to the abuse. The Auditor reviewed each case thoroughly and systematically to ensure each investigation followed procedures, contained all required and completed documentation, and all processes were followed in accordance with policy and the PREA standards.

Upon review of the policies and documentation listed above, and upon completion of the interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.72	Evidentiary standard for administrative investigations
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	Auditor Overall Determination: Meets Standard
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	<p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive IIU 110.0011, <i>Investigating Sex Related Offenses</i></p> <p>Interviews conducted with:</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.72 (a) - Department of Public Safety and Correctional Services Executive Directive IIU 110.0011, <i>Investigating Sex Related Offenses</i> states when conducting an investigation of an incident involving a sex related offense an investigator shall impose no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The Auditor conducted an interview with an IID investigator who provided the Auditor with a complete overview of the investigative process to include verifying specialized training credentials. The Investigator articulated the investigative process beginning with initial notification, investigation of the allegation, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of <i>Miranda</i> and <i>Garrity</i>, and criteria required for administrative action and prosecution referrals. The Auditor inquired to the Investigator what standard of evidence is required to substantiate allegations of sexual abuse or sexual harassment. The Investigator explained that the agency should impose no standard higher than a preponderance of the evidence.</p> <p>Upon review of the policy and upon completion of the interviews, MCI-H demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

MCI-H PAQ

DPSCS Executive Directive IIU 110.0011, *Investigating Sex Related Offenses*

DPSCS Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited*

Interviews conducted with:

Inmates who reported sexual abuse

Investigative Staff

Facility Warden

Site Review Observations:

Investigative Case Final Notifications

Findings (By Provision):

115.73 (a) - Department of Public Safety and Correctional Services Executive Directive IIU 110.0011, *Investigating Sex Related Offenses* states upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being determined to be substantiated, unsubstantiated, and unfounded. The investigator shall document victim notification in the investigative report.

Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states when notified by an investigator that an investigation is complete, if the allegation was sexual abuse, the head of the unit responsible for the victim inmate shall ensure that the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded.

115.73 (c) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states except when an allegation of sexual abuse is determined to be unfounded, the head of the unit

responsible for the victim inmate shall, for as long as the inmate is under the authority of the department, ensure that the inmate is notified of the following situation concerning the employee who victimized or is alleged to have victimized the inmate:

- The employee is no longer assigned to the inmate's housing unit.
- The employee is no longer assigned to the inmate's facility.
- If aware, the employee is criminally charged for an offense related to the sexual abuse that occurred within the facility; and
- If aware, the employee is convicted on a charge related to the sexual abuse that occurred within the facility.

115.73 (d) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states an inmate who sexually abused or is alleged to have sexually abused the victim inmate:

- If aware, the accused inmate is in any way charged with a crime related to the sexual abuse that occurred within the facility; and
- If aware, the accused inmate is convicted on a charge related to the sexual abuse that occurred within the facility.

115.73 (e) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states a record of a notification shall be maintained in the victim inmate's base file and include the case number, content of the notification, date of notification, location where the notification was made, printed name and signature of the employee making the notification, and the inmate's signature acknowledging notification, or if the inmate refuses to sign for the notification, *Refused to Sign* and the employee's signature.

The Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Auditor with documentation which reflected inmates who reported incidents of sexual abuse or sexual harassment were no longer in custody at MCI-H, therefore inmates in this targeted category were not interviewed.

The Auditor conducted an interview with an IID investigator and inquired to the investigator about the agency's notification procedures, to an alleged victim of sexual abuse, when the case is closed and whether the allegation has a final determination of substantiated, unsubstantiated, or unfounded. The investigator confirmed such notifications were completed by the PREA Compliance Manager and is documented

	<p>upon completion.</p> <p>The Auditor conducted an interview with the Facility Warden and inquired regarding how the facility notifies an inmate who makes an allegation of sexual abuse when the case is closed and a determination as to either substantiated, unsubstantiated, or unfounded. The Facility Warden confirmed that the PREA Compliance Manager completes the inmate notification process for all investigations.</p> <p>Upon review of the policies and upon completion of the interviews with specialized staff, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>Interviews conducted with:</p> <p>Administrative (Human Resources) Staff</p> <p>Findings (By Provision):</p> <p>115.76 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i> states an employee is subject to disciplinary action, up to and including termination of employment with the department if it is determined that the employee:</p> <ul style="list-style-type: none"> • Except under exigent circumstances, did not perform responsibilities established under this directive; or • Neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct.

115.76 (b - d) – Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* 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 and including termination of employment with the department; Criminal prosecution; and
- If applicable, notification of a relevant licensing authority.

The facility reported two staff violations, resignations prior to termination, or terminations of the agency’s sexual abuse or sexual harassment policies during the twelve months prior to the audit.

The Auditor conducted an interview with Administrative / HR Staff Member who confirmed that MCI-H had two staff members violate, resign prior to termination, or be terminated for violating the agency’s policy against sexual abuse or sexual harassment during the past twelve months. Documentation provided during the Auditor’s review of the investigation files provided additional confirmation.

Upon review of the policy, facility documentation, and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>Interviews conducted with:</p> <p>Facility Warden</p>

Findings (By Provision):

115.77 (a, b) – Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct – Prohibited* states a contractor determined to have committed sexual misconduct is:

- Considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the department or agency.
- Subject to sanctions according to provisions of the contract or agreement.
- Is subject to criminal prosecution; and
- If applicable, notification of a relevant licensing authority.

The facility reported there have been no contractor or volunteer violations or terminations of the agency’s sexual abuse or sexual harassment policies during the twelve months prior to the audit as the contractor resigned prior to allegations being reported.

The Auditor conducted an interview with the Facility Warden regarding any violation of the facility’s sexual abuse and sexual harassment by a contractor or volunteer. The Facility Warden explained that the incident would be reported to the Intelligence and Investigative Division and an investigation would be conducted. The Facility Warden also explained the incident would be reported to any relevant licensing entities and the contractor or volunteer would be prohibited from any further contact at MCI-H or any facility within our agency.

Upon review of the policy and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

MCI-H PAQ

DPSCS Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited*

Code of Maryland Regulations 12.03.01 - .32, *Inmate Compliance Requirement*

DPSCS Disciplinary Rules & Procedures for Inmates

DPSCS Inmate Orientation Handbook

Interviews conducted with:

Facility Warden

Medical / Mental Health Staff

Findings (By Provision):

115.78 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited* states the department does not tolerate inmate on inmate sexual conduct and consider alleged or actual consent as a defense to an allegation of inmate-on-inmate sexual conduct.

115.78 (b) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited* states an inmate determined to have committed sexual conduct is subject to a penalty established under Inmate Disciplinary Process and if applicable criminal prosecution.

115.78 (c) - Code of Maryland Regulations 12.03.01 - .32, *Inmate Compliance Requirement* states in part, when imposing the sanction of revocation of credits and disciplinary segregation, the hearing officer shall determine the appropriate sanction by using the defendant's adjustment history and mitigating factors of the defendant's mental health status at the time the inmate rule violation occurred.

115.78 (d) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited* states if therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual conduct is available, may be required to participate in available therapy, counseling, or other intervention as a condition of

participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process.

115.78 (e) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited* states an inmate may be disciplined for sexual conduct with staff only if it is determined the staff member did not consent to the sexual conduct.

115.78 (f) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited* states a complaint of alleged inmate on inmate sexual conduct made in good faith based upon a reasonable belief that the alleged inmate on inmate sexual conduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of inmate on inmate sexual conduct.

115.78 (g) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited* states sexual misconduct between inmates is prohibited and an inmate may not commit, participate in, support, or otherwise condone sexual conduct.

The Auditor conducted an interview with the Facility Warden and discussed the facility's policy on disciplinary sanctions for an inmate after an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. The Facility Warden referred to the existing policy that an inmate would be subject to disciplinary sanctions, which would be conducted in accordance with the formal disciplinary process.

The Auditor conducted an interview with Medical and Mental Health Staff members and discussed the victim advocacy services available to inmates and counseling services available for abusers. Both medical and mental health staff members explained the services provided at the facility include one-on-one counseling, and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as inmates of sexual abuse.

Upon review of the policy, DPSCS Inmate Orientation Handbook, and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 200.0006, <i>Assessment for Risk of Sexual Victimization and Abusiveness</i></p> <p>DPSCS Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i></p> <p>DPSCS Clinical Services & Inmate Health, <i>Medical Manual</i></p> <p>Interviews conducted with:</p> <p>Inmates who disclose Sexual Victimization at Risk Screening</p> <p>Staff responsible for Risk Screening</p> <p>Medical & Mental Health Staff</p> <p>Findings (By Provision):</p> <p>115.81 (a, c) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, <i>Assessment for Risk of Sexual Victimization and Abusiveness</i> 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.</p> <p>Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, <i>Sexual Misconduct - Prohibited</i> states staff shall use appropriate controls to disseminate responses to the questions asked pursuant to risk screenings to ensure privacy of sensitive information is not exploited to the detriment of any inmate by staff or other inmates.</p> <p>The Auditor conducted interviews with three inmates who disclosed prior sexual victimization. All three inmates confirmed to the Auditor that each were offered the</p>

opportunity to meet with a medical or mental health care practitioner during the risk screening process. One inmate accepted the meeting with mental health, and the remaining two inmates interviewed declined the opportunity to meet with mental health.

115.81 (b) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0006, *Assessment for Risk of Sexual Victimization and Abusiveness* states if the screening pursuant to this section indicates an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

115.81 (d) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states 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 the alleged inmate on inmate sexual conduct and immediate and continued care of the victim.

115.81 (e) - Department of Public Safety and Correctional Services *Medical Records Manual, Appendix G* states in accordance with policies, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

During the pre-on-site phase of the audit, the Auditor reviewed 344 *PREA Intake Screening Assessment & 30-Day Reassessment* forms which were completed throughout the twelve-month auditing period. Each form was completed within the required timeframes, filled out accurately and completely and in accordance with agency policy and the provisions of this standard.

The Auditor conducted an interview with the staff member who is responsible for conducting screenings for risk of victimization and abusiveness. The staff member provided the Auditor with a complete overview of the inmate classification process and the inmate risk screening process to include how all inmates are screened within 72 hours (or less) of their arrival at the facility.

The Auditor inquired to the staff member what actions are taken against inmates who refuse to cooperate or answer the questions in the risk screening process. The staff

	<p>member responded that inmates are not required to provide answers, if an inmate refuses to answer, another staff member will conduct a follow-up interview. The staff member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process. The staff member confirmed all interviews are conducted privately and the interviews include the classification and risk assessment process, program opportunities, qualifications for job assignments, and educational opportunities.</p> <p>The staff member confirmed that inmates are not disciplined for refusing to cooperate or answer the questions in the risk screening process. The Auditor inquired to the staff member how the facility protects such sensitive information. The staff member stated the access to such information is strictly limited to those with a need to know.</p> <p>The Auditor reviewed thirty-eight inmate records which were selected based upon inmates who disclosed prior sexual victimization, length at facility, and inmates that disclosed sexual orientation as gay or bisexual, transgender or intersex, inmates who reported an allegation of sexual abuse, and inmates from the random and targeted interviews. Each file contained the initial risk screening form as well as the 30-day reassessment form; all were filled out completely and in accordance with the facility's policy.</p> <p>Upon review of the policy, documentation, and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OPS 200.0005, <i>Inmate on Inmate Sexual Conduct - Prohibited</i></p> <p>DPSCS Clinical Services & Inmate Health, <i>Medical Manual</i></p> <p>Interviews conducted with:</p>

Inmates who reported sexual abuse

Medical / Mental Health Staff

Security Staff / Non-Security Staff First Responders

Site Review Observations:

Secondary Medical Records

Findings (By Provision):

115.82 (a, b) - Department of Public Safety and Correctional Services Executive Directive OPS 200.0005, *Inmate on Inmate Sexual Conduct - Prohibited* states appropriate medical and mental health services and support services are made available to a victim of sexual misconduct.

Medical Manual, Chapter 13, *Sexual Assault on an Inmate* states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. The clinician will identify and triage inmates that require medical intervention and provide the treatment necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination.

The Auditor conducted interviews with twelve random staff members regarding his/her role as a First Responder to an allegation of sexual abuse. The staff members provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify Medical and Mental Health. In addition, each staff member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder.

115.82 (c) - Department of Public Safety and Correctional Services Medical Evaluation Manual, Chapter 13, *Sexual Assault on an Inmate* states all inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit regarding the allegations of sexual assault. All follow-up testing related to sexually transmitted infections, pregnancy, HBV, RPR shall be reviewed with the inmate within

five business days, including any additional testing or required treatment. All the PREA related post assault follow-up clinical activities for medical, and mental health care must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs.

The Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Auditor with documentation which reflected inmates who reported incidents of sexual abuse or sexual harassment were no longer in custody at MCI-H, therefore inmates in this targeted category were not interviewed.

115.82 (d) - Department of Public Safety and Correctional Services Medical Evaluation Manual, Chapter 13, *Sexual Assault on an Inmate* states all treatment services shall be provided to both parties without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

The Auditor conducted interviews with Medical and Mental Health Staff at the facility. During the interviews, the Auditor discussed the required protocols medical staff would complete if an inmate reported an incident of sexual abuse within the facility. Each Medical Staff Member described the process to the Auditor to include a systematic overview of the initial treatment process and the required documentation of the inmate's medical treatment. The forms have specific requirements to complete and/or make notations as to why the question or process was not completed.

Additionally, during the interview Medical Staff members confirmed inmate victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. Each Medical and Mental Health Staff member explained the services provided at the facility and include one-on-one counseling, and support groups.

Upon review of the policy and upon completion of staff interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.83

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

MCI-H PAQ

DPSCS Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited*

DPSCS Clinical Services & Inmate Health, *Medical Manual*

Interviews conducted with:

Medical / Mental Health Staff

Inmates who reported sexual abuse

Findings (By Provision):

115.83 (a) - Department of Public Safety and Correctional Services Executive Directive OPS 050.0001, *Sexual Misconduct - Prohibited* states the head of a unit, or designee, is responsible for ensuring that appropriate medical and mental health services and support services are made available to a victim of sexual misconduct.

115.83 (b) - Department of Public Safety and Correctional Services Medical Administrative Manual Chapter 9, *Continuity of Care* states inmates will be provided with information and access to systems that will enable them to continue care for processes that was received while the inmate was incarcerated.

115.83 (c) - The Auditor conducted interviews with medical and mental health staff and each confirmed that inmate victims are provided medical and mental health services consistent with the community level of care.

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

115.83 (f) - Department of Public Safety and Correctional Services Medical Evaluation Manual, Chapter 13, *Sexual Assault on an Inmate* states inmate victims of sexual

abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.83 (g) - Department of Public Safety and Correctional Services Medical Evaluation Manual, Chapter 13, *Sexual Assault on an Inmate* states all treatment services shall be provided to both parties without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

115.83 (h) - Department of Public Safety and Correctional Services Medical Evaluation Manual, Chapter 13, *Sexual Assault on an Inmate* states a mental health evaluation of all known inmate-on-inmate abusers shall be offered within 30-60 days after learning about the abuse history of such inmate.

The Auditor conducted an interview with Medical and Mental Health Staff members at the facility. Medical Staff confirmed that inmate victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. Each Medical and Mental Health Staff member explained the services provided at the facility include advocacy and emotional support services. These services are offered for victims of sexual abuse or sexual harassment as well as inmates of sexual abuse.

The Auditor requested interviews with inmates who reported an incident of sexual abuse or sexual harassment. The facility provided the Auditor with documentation which reflected inmates who reported incidents of sexual abuse or sexual harassment were no longer in custody at MCI-H, therefore inmates in this targeted category were not interviewed.

Upon review of the policy and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

MCI-H PAQ

DPSCS Executive Directive OSPS 020.0027, *PREA Investigations - Tracking and Review*

DPSCS Incident Reviews

Interviews conducted with:

Facility Warden

Incident Review Team

Findings (By Provision):

115.86 (a, b) - Department of Public Safety and Correctional Services Executive Directive OSPS 020.0027, *PREA Investigations - Tracking and Review* states 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 shall review the incident.

115.86 (b) - MCI-H PAQ reported in the past twelve months, excluding investigations determined to be unfounded, six investigations of alleged sexual abuse were completed at the facility and were followed by a sexual abuse incident review within 30 days. During the Auditor's review of the closed investigations, a sexual abuse incident review was completed for each closed investigation and all sexual abuse incident reviews were completed within the required 30 days.

115.86 (c) - Department of Public Safety and Correctional Services Executive Directive OSPS 020.0027, *PREA Investigations - Tracking and Review* states 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, with input from or access to line supervisors, investigators, and medical and mental health practitioners concerning the incident being reviewed.

115.86 (d) - Department of Public Safety and Correctional Services Executive Directive OSPS 020.0027, *PREA Investigations - Tracking and Review* states the facility incident review team shall consider if the incident or allegation indicates a

need to change policy or procedure to better prevent, detect or respond to sexual abuse. 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 correctional facility.
- Examine the location where the incident allegedly occurred to:
 - Determine if there are physical plant 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.
- Prepare a report of findings for the managing official and PREA Compliance Manager, which includes, but is not limited to:
 - Identifying problem areas
 - Necessary corrective action; and
 - Recommendations for improvement.

115.86 (e) - Department of Public Safety and Correctional Services Executive Directive OSPA 020.0027, *PREA Investigations - Tracking and Review* states the facility shall implement recommendations that result from the review or if a recommendation is not implemented, document the reason for not adopting the recommendation.

The Auditor conducted an interview with an Incident Review Team member and inquired if the Incident Review Team considers whether an incident or allegation was motivated by race, ethnicity, or gender identity and if the Incident Review Team examines the area in the facility where the incident allegedly occurred. The Incident Review Team member confirmed the Incident Review Team does consider whether the incident was motivated by race, ethnicity, or gender identity, and gang affiliation. The Incident Review Team also tours the area where the alleged incident occurred as well as considering if the addition of monitoring technology should be deployed to supplement supervision by staff. The Incident Review Team member explained how touring the area provides the team with the best possible representation of an incident and assists the Incident Review Team in determining if adding monitoring technology is warranted.

The Auditor conducted an interview with the Facility Warden and discussed the incident review process. The Facility Warden explained the Incident Review Team

	<p>includes upper- level management with input from Investigators, Line Staff, and Medical and Mental Health personnel. The Facility Warden articulated the process of the incident review, including listing the elements required per the PREA standard. The Facility Warden explained how the Incident Review Team uses the information obtain from the review to determine if changes need to be made to the physical plant, policy and procedure or any other change that would improve the safety of the inmate population and prevent sexual abuse.</p> <p>Upon review of the policy and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <p>MCI-H PAQ</p> <p>DPSCS Executive Directive OSPS 020.0027, <i>PREA Investigations - Tracking and Review</i></p> <p>DPSCS Annual Report</p> <p>Findings (By Provision):</p> <p>115.87 (a, b) - Department of Public Safety and Correctional Services Executive Directive OSPS 020.0027, <i>PREA Investigations - Tracking and Review</i> states the Intelligence and Investigative Division (IID) shall uniformly collect and maintain data for each reported allegation of sexual abuse at correctional facility under the authority of the department that, at a minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice. The PREA Coordinator, or a designee shall aggregate the incident-based sexual abuse data annually.</p> <p>115.87 (c, e) - Department of Public Safety and Correctional Services Executive Directive OSPS 020.0027, <i>PREA Investigations - Tracking and Review</i> states the department shall uniformly collect accurate data for every allegation of sexual abuse</p>

from each correctional facility under the authority of the department to assess and improve effectiveness of sexual abuse prevention, detection, and responsiveness.

115.87 (d) - Department of Public Safety and Correctional Services Executive Directive OSPS 020.0027, *PREA Investigations - Tracking and Review* states maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

115.87 (f) - Department of Public Safety and Correctional Services Executive Directive OSPS 020.0027, *PREA Investigations - Tracking and Review* states by June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.

During the pre-on-site phase of the audit, the Auditor reviewed the recent DPSCS Annual Report, which contained sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. The Department of Public Safety and Correctional Services publishes the reports on the agency website <https://dpscs.maryland.gov/prea/prea-audits.shtml>

Upon review of the policy, DPSCS Annual Report, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: MCI-H PAQ DPSCS Executive Directive OSPS 020.0027, <i>PREA Investigations - Tracking and Review</i> DPSCS Annual Report

Interviews conducted with:

PREA Compliance Manager

PREA Coordinator

Agency Head Designee

Findings (By Provision):

115.88 (a-d) – Department of Public Safety and Correctional Services DPSCS Executive Directive OSPS 020.0027, *PREA Investigations – Tracking and Review* states the PREA Coordinator or designee shall 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.
- Assesses 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 website that redacts 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 to personal identifiers.

The Auditor conducted an interview with the PREA Compliance Manager and inquired if the agency reviews data collected and aggregated pursuant to §115.87. The PREA Compliance Manager explained how the agency collects data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies. The PREA Compliance Manager confirmed the Intelligence and Investigative Division is responsible for compiling unit specific PREA data in accordance with agency policy.

During the pre-on-site phase of the audit, the Auditor reviewed the recent DPSCS

Annual Report, which contained sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. The Department of Public Safety and Correctional Services publishes the reports on the agency website <https://dpscs.maryland.gov/prea/prea-audits.shtml>

The Auditor conducted an interview with the PREA Coordinator regarding how data is collected pursuant to PREA Standard §115.87. The PREA Coordinator confirmed statistics related to investigations are collected by the Intelligence and Investigative Division (IID). The PREA Coordinator confirmed that agency policy assigns the responsibility to collect and maintain PREA related data, and that the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the collected data.

The PREA Coordinator confirmed he is responsible for preparing the annual report and is reviewed by the Deputy Secretary. The PREA Coordinator confirmed the agency redacts sensitive information and all public data information.

The Auditor conducted an interview with the Agency Head Designee and inquired how the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response polices, practices, and training. The Agency Head Designee explained that sexual abuse data is collected annually and is evaluated to determine if there are patterns of behavior that could assist the agency in its efforts to eliminate sexual misconduct within its facilities. Each case is evaluated at a Reduction in Violence meeting (RIV) or other meetings held at each facility on a monthly basis, with problem areas and circumstances evaluated with corrective action taken when necessary. The Agency Head Designee confirmed, as the DPSCS Deputy Secretary, she reviews the Annual Report and is approved by the Agency Secretary.

Upon review of the policy, DPSCS Annual Report, and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

MCI-H PAQ

DPSCS Executive Directive OSPS 020.0027, *PREA Investigations - Tracking and Review*

DPSCS Annual Report

Interviews conducted with:

PREA Coordinator

Findings (By Provision):

115.89 (a) - Department of Public Safety and Correctional Services Executive Directive OSPS 020.0027, *PREA Investigations - Tracking and Review* states the PREA Coordinator, or a designee shall securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information.

115.89 (b) - Department of Public Safety and Correctional Services Executive Directive OSPS 020.0027, *PREA Investigations - Tracking and Review* states aggregated sexual abuse data is included in an annual report that is approved by the Secretary and made available to the public through a website. The Department of Public Safety and Correctional Services publishes the reports on the agency website <https://dpscs.maryland.gov/prea/prea-audits.shtml>

115.89 (c) - Department of Public Safety and Correctional Services Executive Directive OSPS 020.0027, *PREA Investigations - Tracking and Review* states the agency redacts 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 to personal identifiers.

115.89 (d) - Department of Public Safety and Correctional Services Executive Directive OSPS 020.0027, *PREA Investigations - Tracking and Review* states all sexual abuse data collected shall be maintained for at least ten years from the date received.

During the pre-on-site phase of the audit, the Auditor reviewed the recent DPSCS Annual Report, which contained sexual abuse data collected with a standardized

instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. The Department of Public Safety and Correctional Services publishes the reports on the agency website <https://dpscs.maryland.gov/prea/prea-audits.shtml>

The Auditor conducted an interview with the PREA Coordinator regarding how data is collected pursuant to PREA Standard §115.87. The PREA Coordinator confirmed statistics related to investigations are collected by the Intelligence and Investigative Division (IID). The PREA Coordinator confirmed that agency policy assigns the responsibility to collect and maintain PREA related data, and that the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the collected data. The PREA Coordinator confirmed he is responsible for preparing the annual report and is reviewed by the Deputy Secretary. The PREA Coordinator confirmed the agency redacts sensitive information and all public data information.

Upon review of the policy and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (a) - During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p>115.401 (b) - Department of Public Safety and Correctional Services, MCI-H had its first PREA audit conducted on January 22 - 24, 2018; the second year of the second three-year cycle. The facility had its second PREA audit April 14 - 16, 2021; the second year of the third three-year auditing cycle. This was the facility's third PREA audit and was conducted on May 13 - 15, 2024; the second year of the fourth three-year auditing cycle.</p> <p>115.401 (h) - The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p>

	<p>115.401 (i) - The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>115.401 (m) - The Auditor was permitted to conduct private interviews with inmates and staff.</p> <p>115.401 (n) - The Auditor verified through inmate and staff interviews that inmates and staff were permitted to send confidential correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Upon review of the policy and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (b) - Department of Public Safety and Correctional Services publishes all PREA Audit Reports for all facilities within the DPSCS on the agency website. MCI-H has published the prior PREA Audit Reports on the agency website. The Auditor reviewed the prior PREA Audit Report (April 2021) for MCI-H.</p> <p>Upon review of the policy and upon completion of interviews, MCI-H demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>

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.)	na
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	na

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

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
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.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	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	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
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	yes

	suspicious 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.)	
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	yes

	screening instrument?	
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)	yes

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

	information is not exploited to the inmate's detriment by staff or other inmates?	
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	yes

	present management or security problems?	
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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
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	yes

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

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

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
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	yes

	abuse or sexual harassment or retaliation?	
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	yes

	response to an incident of sexual abuse?	
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	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
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	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
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	yes

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

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

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
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	Audit contents and findings	

(f)		
	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