

PREA Facility Audit Report: Final

Name of Facility: Maryland Correctional Institution Jessup

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/28/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Debra D. Dawson	Date of Signature: 06/28/2021

AUDITOR INFORMATION	
Auditor name:	Dawson, Debra
Email:	dddawsonprofessionalaudits@gmail.com
Start Date of On-Site Audit:	05/12/2021
End Date of On-Site Audit:	05/14/2021

FACILITY INFORMATION	
Facility name:	Maryland Correctional Institution Jessup
Facility physical address:	7800 House of Corrections Road, Jessup, Maryland - 20794
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Fateema Mobley
Email Address:	fateema.mobley1@maryland.gov
Telephone Number:	410-540-6793

Warden/Jail Administrator/Sheriff/Director	
Name:	Chris Smith
Email Address:	Christophers.smith@maryland.gov
Telephone Number:	410-540-6700

Facility PREA Compliance Manager	
Name:	Fateema Mobley
Email Address:	fateema.mobley1@maryland.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Chidi Oriaku
Email Address:	Chidi.Oriaku@corizon.com
Telephone Number:	410-540-6776

Facility Characteristics	
Designed facility capacity:	1068
Current population of facility:	650
Average daily population for the past 12 months:	757
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:	19-76
Facility security levels/inmate custody levels:	Minuim, Medium, Maximum Security
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	243
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	58
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

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

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

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

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Maryland Correctional Institution Jessup (MCIJ) on-site was scheduled for May 13 – 15, 2021. The PREA Audit was coordinated through the Maryland Department of Public Safety and Correctional Services (DPSCS) and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor, Debra Dawson was assigned as the PREA Auditor. Ms. Margena Myrick was assigned as support staff to assist in conducting on-site interviews and tour of the facility. A line of communication was developed between the DPSCS PREA Coordinator Mr. David Wolinski, Assistant PREA Coordinator Funsho S. Oparinde and Ms. Dawson through phone calls and emails. It was determined the facility would utilize the Automatic On-line System (OAS) for the audit. The on-site visit set for three days.

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

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

The PREA audit review period was determined for April 1, 2020 – March 31, 2021. The auditor utilized resources within the PREA Auditor Portal for submission to the MCIJ PCM for completion and return to the auditor. The forms included the PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms and PREA Audit Specialized Staff Identification Form. These forms allowed the auditor to select investigative files, staff personnel files, identify specialized staff, and identify inmates within the various targeted categories for interviews during the onsite visit of the audit.

The auditor reviewed the Department's website and observed the annual PREA reports and prior PREA Audit Report for MCIJ. The auditor contacted Just Detention International (JDI) regarding any PREA allegations submitted by the inmate population. JDI indicated the agency had not received any correspondence from MCIJ during the 12-month review period. The auditor did receive one confidential correspondence from an inmate and was interviewed during the on-site visit.

The auditor, DPSCS PREA Coordinators and MCIJ PREA Compliance Manager communicated throughout the pre-audit process. The auditor maintained a level of continued communication through emails, phone calls and conference calls with the DPSCS Coordinators and MCIJ PCM. However, the auditor did not receive access to the review the OAS until after the on-site visit. The MCIJ did provide the auditor with the completed forms from the PREA Auditor Portal as requested in advance of the on-site

visit. The auditor utilized these forms to identify specialized staff, identify inmates within targeted groups, the selection of staff background checks, staff promotions, investigative files and to identify inmates who arrived during the review period for confirmation of PREA education within 30 days, initial risk assessment screenings completed within 72 hours and 30-day follow-ups upon their arrival date.

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

The on-site visit began on Wednesday, May 13, 2021, with an entrance meeting for an introduction and to discuss the audit process. The following were in attendance: DOJ PREA Auditor Debra Dawson; Margena Myrick PREA Auditor Support Staff; David Wolinski DPSCS PREA Coordinator; Funsho S. Oparinde DPSCS Assistant PREA Coordinator; Christopher Smith Warden; Genva Holland Assistant Warden; Robert Dean Chief of Security; Fateem Mobley MCIJ PCM; Chinelo Ukpelegbu Sergeant. The auditor requested the inmate count which was identified as 650. A request was also made to have available upon returning from the tour various inmate rosters, and staff rosters for a selection of staff and inmate interviews. A request for private offices to conduct the interviews was also identified. The auditor advised staff based on the inmate count, a minimum of 30 inmates to include (15 targeted and 15 random), was required to be interviewed. Inmates would be selected from each of the housing units with the exception of inmates currently on isolation and/or quarantine status due to COVID-19 for health safety reasons. It was decided that those inmates without restricted movement would be allowed to report to the office areas provided to the auditing team. Those inmates with restricted movement, such as segregation would be interviewed within those areas.

The auditing team was escorted on a tour throughout the facility by all staff attending the entrance meeting: David Wolinski DPSCS PREA Coordinator; Funsho S. Oparinde DPSCS Assistant PREA Coordinator; Christopher Smith Warden; Genva Holland Assistant Warden; Robert Dean Chief of Security; Fateem Mobley MCIJ PCM; Chinelo Ukpelegbu Sergeant.

The tour consisted of visits to medical, education, recreation, mailroom, inmate base file room, dietary, infirmary, all control centers, mental health department, housing units, segregation units, traffic office, case management, commissary, barbershop, vocational shops, library, auto mechanics shops, gymnasium, outside recreation, compound area, medical, chaplain, Receiving and Property/Intake, Maryland correctional Enterprise (MCE) 3 factories; inmate visiting area to include search area, front entry, maintenance shops, warehouse, and supply department.

The maintenance department consisted of numerous shops located on each side of the corridor to include electrical shop, plumbing, general maintenance, tool cages, welding /metal, tool room, and a breakroom. Inmates are maintained under direct supervision while assigned to these areas. The auditor observed all work areas with full construction of grill cages that allow total viewing in each of the department work cages.

In meeting the mandate of the DOJ PREA Working Group FAQ definition of a housing unit, MCIJ has a total of 19 housing units this count include one temporary dormitory style housing in the gymnasium due to COVID-19. Four of these housing units A (East and West) and G (East and West) have been permanently closed due to construction issues and being a danger to staff and the inmate population. Upon entering the housing units, the opposite gender announcement was made each time by the escorting staff. Logbooks were reviewed by the auditing team during the tour in all housing units and

custody post assignments. Documentation of security supervisory rounds were noted in red ink daily on the three custody shifts by custody supervisors. Assigned staff confirmed there is no specific time that supervisory staff conduct rounds, and they are only aware of their presence upon their entry. Upper-level administrative rounds are also conducted as a requirement.

Installed security mirrors allowed viewing of areas from a distance and the prevention of blind spots during staffing monitoring in housing units, program areas, hallways, dietary, corridors, recreation, medical, and case management, that aided in the security of staff, inmate population and the prevention of sexual abuse. The auditing team also identified the mirrors and cameras within the housing units were not angled in a manner that allowed the observation into the inmate's cell, shower area and or restroom area. A tour into the master control center and other areas with video monitoring capabilities was conducted by the auditing team. There was no camera footage that allowed a direct viewing into the inmate's cells, toilet areas, and/or shower areas. All inmate showers were equipped with appropriate shower curtains that provided privacy during use.

A security mirror was immediately adjusted in the dietary during the on-site visit that increased staff viewing in a potential blind spot.

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

Continuous PREA information to include the PREA hotline number was clear and neatly posted throughout on walls and bulletin boards in all areas in both English and Spanish. The PREA Hotline #410-585-3177 is stenciled on the walls throughout the facility accessible to the inmate and population. The PREA Hotline number posting is available for both staff and the inmate population and is connected to the Life Crisis Center. The auditor initiated a test call via the PREA Hotline with no discrepancies noted. The PREA information posted included the DPSCS zero-tolerance policy, methods of reporting, the inmates right to be free from sexual abuse, sexual harassment, and retaliation from reporting sexual abuse and sexual harassment. The PREA Hotline number was posted and/or stenciled on walls throughout the facility to include housing units, all department areas, inmate dining hall, education, intake area, traffic office, dietary, visiting room, gym, medical, inmate and staff dining areas, mental health, commissary, library, chapel, and front entry. The PREA Hotline number was tested by the auditor with no discrepancies noted.

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

The auditing team was observant to the strategically located safety mirrors and 53 cameras that provided video monitoring throughout the facility this count include 3 cameras located outside the facility. All existing cameras were identified and pointed out throughout the facility during the tour by the escorting staff and the auditing team. It was determined the video monitoring had been strategically installed in a manner that provided proper coverage of the housing units and over areas throughout the facility with the limited cameras.

At the completion of the tour, the auditing team selected and begin and continued with staff and inmate interviews. Identified staff and inmates without restricted movement reported to the interview areas. Random security staff was selected from Post Assignment Worksheet covering the three shifts for

interviews. The auditing team reported to the segregation to conduct interviews with those inmates assigned there. The auditing team hours of work was extended to accomplish interviews with the inmate population and staff on the various 3 shifts. Those staff interviewed included random staff, supervisory staff, security staff, non-security staff, contract staff and specialized staff. Volunteers had not returned to the facility during the on-site visit.

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

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

MCIJ workforce consisted of 208 security staff and 88 non-security staff. There 27 new hires and 4 staff were promoted during the review period. The auditor randomly selected confirmation of 8 new hires background checks and 3 PREA Self-Declaration forms for staff selected for promotions. No discrepancies were noted.

The auditing team conducted 18 random staff interviews and 20 specialized staff interviews. Random staff interviews included security staff from the various shifts of, a variety of non-security staff that included but not limited to maintenance staff, mailroom staff, dietary staff, Volunteer Activity Coordinator; grievance officer, training staff, Maryland Correctional Enterprise (MCE) staff, etc. Specialized staff was selected based on their position and their duty assignment. The 20 specialized staff interviews included: (1) Agency Head Designee (1) Warden; (1) Health Services Administrator (contract); (1) Mental Health Administrator; (1) IID Investigator; (1) Human Resource Manager; (1) DPSCS PREA Coordinator; (1) MCIJ PREA Compliance Manager; (1) JUST Detention International Representative; (1) Incident Review Team Member; (1) Designated staff member charged with monitoring retaliation; (1) Staff assigned to segregation housing; (1) Mercy Medical Center (SAFE); (1) Agency Contract Administrator; (2) Intermediate or higher supervisors; (3) Staff who conduct risk screening; (1) Victim Advocate; (1) Life Crisis Center (YWMA) Victim Advocate;

MCIJ reported a designated facility capacity as 1068. However due to the closure of 8 housing units due to various construction matters, the facility capacity has decreased to 757. The average daily inmate population during the past 12 months of the audit was reported as 757. The inmate count on the first day of the on-site visit was 650. Therefore, 30 inmate interviews were required. The auditing team conducted 34 inmate interviews during the 3-day on-site visit. The audit notice was posted well in advance of the on-site visit; however, the auditor did not receive any correspondence from the inmate population throughout the audit process. There were no inmates housed at MCIJ during the on-site visit within the following targeted groups: youthful inmates; intersex; bi-sexual, blind; lesbian; cognitive disabled and/or who were placed in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse. Current daily inmate rosters were utilized by the auditor for the selection of inmates for interviews. The auditing team conducted 20 random inmate interviews and 14 target group inmate interviews. The 14

inmates identified for the targeted group categories was selected based on their identified category. There were as the following: (2) Deaf; (2) Limited English Proficient (LEP); (2) inmates who reported prior sexual victimization during risk screening; (1) physical disabled; (2) inmate who reported sexual abuse; (1) Reported Sexual Harassment; (1) Gay; (1) vision impaired; (2) Transgenders. There were (0) inmates placed in segregated housing for risk of sexual victimization /who allege to have suffered sexual abuse. MCIJ is a male facility only and does not house youthful offenders nor female inmates (lesbian). All inmates interviewed were aware of various ways to report allegations of sexual abuse and /or sexual harassment and most reference the PREA signage posted throughout the facility and in their housing units.

The MCIJ Annual Staffing Plan Review was reviewed on January 25, 2021 and signed by the MCIJ Facility Administrator and DPSCS PREA Coordinator. The Staffing Plan Review addressed the eleven requirements as indicated the standard provision 115. 13 (c).

All MCIJ staff completed PREA training in 2020 despite the effects of COVID-19. Confirmation of training through rosters and staff's acknowledgement.

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

The auditor was informed of an ongoing federal investigation that involved previous staff and previously assigned inmates. A federal investigation of twenty people, including inmates and officers, was conducted on April 16, 2019, by the Federal Bureau of Investigations. The investigation and arrest of these individuals occurred since the last PREA audit in 2018. These individuals were indicted on racketeering charges and conspiracy in a racketeering case. The investigation involved the introduction of contraband including narcotics, cell phones, unauthorized flash drives and tobacco. Six correctional officers and prison staff, seven inmates, and seven outside facilitators were charged in the smuggling and bribery conspiracy. The officers also allegedly assaulted inmates and had inappropriate relationships with inmates, and one officer is facing additional charges for allegedly sexually assaulting three inmates. These charges remained pending during the on-site visit and the case was identified as sealed.

The PAQ identified 4 reported allegations of sexual abuse and/or sexual harassment in where an administrative investigation was conducted during the review period of April 1, 2020 – March 31, 2021. An additional case prior to the review was uploaded in the OAS for a total of 5 reviewed PREA reported allegations. Each of the 5 PREA investigations were investigated by the IID Unit. The PREA investigations were as the following: 3 staff-on-inmate sexual misconduct with 1 determined as Unfounded; 1 determined as Unsubstantiated and 1 determined as Substantiated. One staff-on-inmate sexual misconduct was determined as Unfounded, and 1 inmate-on-inmate sexual harassment was determined as Unsubstantiated.

The facility completed a sexual abuse incident review within 30 days of the completion of all reported allegations of sexual abuse and sexual harassment to include those determined as Substantiated, Unsubstantiated and Unfounded. There were 0 discrepancies noted in the completion of the Sexual Assault Incident Reviews being conducted within 30 days after the completion of the investigation. The incident review team did make a recommendation to include security staff assignment in an area where the one Substantiated allegation of staff-on-inmate sexual abuse in addition to the area being secured when not in operating use. The recommendation made was approved and applied as an operational

procedure.

There were zero incidents in where an inmate required and/or received a forensic examination by a SAFE/SANE or qualified medical examiner. MCIJ uses Mercy Medical Center for all forensic examinations. The auditor conducted an interview with the Mercy Medical Center Emergency Chare Room Nurse regarding inmates being provided forensic examinations and access to a victim advocate. The Mercy Medical Center has a Sexual Assault Response Team (SART) that consists of SANE and victim advocates that are contacted upon the arrival of a victim of sexual abuse. An interview was also conducted with a Victim Advocate are the Life Crisis Center YWCA as an external reporting service.

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

The auditor utilized rosters provided by the MCIJ PCM to select random personnel files for the 8 of the 27 new hires and 3 of the 4 selected staff for promotions during the review period. Background checks and PREA Self -Declaration forms were reviewed with no discrepancies noted in accordance with the provisions of standard 115. 17.

An exit briefing was conducted on Friday, April 14, 2021, with the following in attendance: DOJ PREA Auditor Debra Dawson; Margena Myrick PREA Auditor Support Staff; Christopher Smith Warden; Genva Holland Assistant Warden; Robert Dean Chief of Security; Fateem Mobley MCIJ PCM; Chinelo Ukpelogbu Sergeant. The auditing team provided an overview of the pre-audit and on-site visit while acknowledging the essential staff members who assisted throughout the site visit. A discussion of the PREA auditor's general observations and preliminary findings, and the post-audit phase that included the timeliness for submitting the additional documentation was delivered to staff in attendance.

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

The auditor determined MCIJ "Exceed the Standard" for standards of 115.11 and 115.86. The facility also was determined as "Does Meet" the remaining 43 standards.

Based on the review of various DPSCS and MCIJ policies, organization charts, interviews, knowledge, skills, and ability demonstrated by the MCIJ PCM and her placement in this position, DPSCS and MCIJ exceeds in the provisions of Standard 115.11. The facility demonstrated its commitment to providing a safe environment for staff and the inmate population from sexual abuse and sexual harassment.

Based on the review of policies, incident reviews, interviews and analysis, and the facility's initiative to conduct incident reviews on all reported PREA allegations to include those of sexual harassment and unfounded sexual abuse conclusion, MCIJ has exceed in meeting the provisions of the standard. Staff has demonstrated their effort in preventing sexual abuse and sexual harassment and effort by applying

corrective actions immediately within all reported PREA allegations to increase the safety of inmates and staff.

AUDIT FINDINGS

Facility Characteristics:

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

The Maryland Correctional Institution Jessup is located at 7803 House of Correction Road, Jessup, Maryland 20794. The location is in the Jessup area of Anne Arundel County. The facility is designated as a male correctional facility and houses medium, minimum and prelease security inmates who are sentenced to the DPSCS. The MCIJ inmate capacity rate was previously set at 1068. However, due to constructional damage and safety concerns for staff and the inmate population, housing unit A -East and West pods, and housing unit H – East and West pods have been permanently housed. Therefore, MCIJ capacity rate has decreased to 757 inmates. The average daily inmate population during the 12-month review period ranged from 600 to 757 due to COVID -19 and restrictions on incoming inmate movement. The age range of the inmate population is 19 – 76 years old. MCIJ does not house youthful offenders. The average length of inmate stay at the facility is 89 months.

MCIJ is a contemporary designed prison that originally opened on April 29, 1981, as an annex to the Maryland House of Corrections. The 18 buildings total about 284,170 square feet. Perimeter security is provided by camera alert systems and a double fence equipped with razor ribbon wire and in some areas up to three and four fences.

DPSCS defines their mission statement as: The Mission of the Department of Public Safety and Correctional Services protects the public, its employees, and detainees and offenders under its supervision.

The MCIJ mission statement is identified as: MCIJ is a medium security institution which serves the public, staff and inmates by providing a safe, secure and human environment with effective and efficient programming and services that encourage inmates' successful reentry to society while recognizing the right of victims.

MCIJ employed 296 staff during the on-site visit that include security and non-security staff. There were 208 security staff and 88 non-security staff. The non-security staff includes support staff such as case management, dietary, medical mental health, administrative staff, MCE, teachers, social worker, 2 chaplains, commissary workers, mail room, and personnel department. There are 33 medical and mental health staff. Due to the effects of COVID-19 and no authorized entry, the facility identified having 0 volunteers.

The facility has 8 multiple occupancy cell housing units identified as Housing Units A, B, C, D, E, F, G, H. Each has two pods (East and West), for a total of 16. However, housing units A (East and West) and housing unit (East and West) are permanently closed. Therefore 12 of these multiple occupancy cell housing units are in operation, 4 are not. On each pod, east and west, there are 32-cells with sixteen

cells on each of the two levels to include 4 showers (two upper and two downstairs). The lower levels also include laundry areas and day rooms. Showers curtains were identified at all showers that provide privacy during use by staff of the opposite gender.

The L-Building consist of 2 permanent open bay/dorm housing units L-2 and L-3. Due to facility of COVID-19, the facility created a temporary open bay/dorm housing in the gymnasium identified as L-1 in the upper level of the gymnasium. Therefore, at the time of the on-site visit, MCIJ operated 3 opened by/dorm housing units. Restrooms and showers are located in a areas the provide privacy through barriers and shower curtains for showers.

H- Housing unit is designated as the segregation unit. H- East is disciplinary segregation. H-West is administrative segregation.

In summary the number of housing unit utilized during the on-site visit was 15 and are identified as the following: B, C, D, E, F, H (East and West for all) and L-1, L-2, and L3.

The two housing units pods East and West in each of the A, B, C, D, E, F, G, H housing units are connected to a security vestibule and control center for a total of 16 housing units. On each pod there are thirty-two cells with sixteen cells on each of the two levels to include four showers (two upper stairs and two downstairs). Lower levels also include laundry area and day rooms. The facility has to special housing unit, one for deaf and hard of hearing inmates as this unit is equipped with Deaf Communication Devices.

Housing unit A (East and West) and Housing Unit G (East and West) are permanently closed. due to construction damage which is reflected in the decreased inmate capacity rate from 1068 to 757.

Housing Unit F (East and West) has been designated to inmate's place isolation and/or quarantine due to COVID-19. The inmates previously assigned F Housing Unit East and West are temporary being housed in the gymnasium. Accommodation of appropriate housing in the gymnasium was developed that included the cancellation of some inmate activities. The gymnasium was divided into 2 sections with bathrooms on both sides. Detachable barriers were identified that provide privacy during the temporary housing. Ten telephones were installed for use by the inmate population in the temporary housing. An officer's desk is assigned near the entry of the showers. He retrieves the inmate's identification card and monitor all incoming and outgoing traffic during use. The gymnasium showers renovated and made ADA compliance. Ten inmate telephones were installed for use.

Housing unit A - both East and West, and housing unit H – (East and West) have been permanently closed Inmates previously assigned to the F housing unit (East and West) were relocated to temporary

housing in the gymnasium as these pods became housing for inmates who are placed on 14-day quarantine upon arrival and/or isolation status due to COVID - 19.

E- Housing Unit is designated for the service dog program for veterans. The dogs are enrolled in a 14 month training program.

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

Fifty-three cameras with 45 days retention assist staff in the prevention and detention of sexual abuse and/or sexual harassment, and other prohibited acts by the inmate population. The video monitoring did not include the inside of showers and or inmate cells. Due to COVID-19, numerous program areas and inmate activities were closed. Although the facility are limited on video monitoring, the cameras were strategically installed with the consideration of inmate and staff safety to include in the prevention and detention of sexual abuse and sexual harassment

The outside grounds include a large outdoor exercise area, with combined baseball, soccer and football fields, two basketball courts, a volleyball court, and a running track. All group activities continued to be closed during the on-site visit due to COVID-19. Cameras assist staff in monitoring these areas.

Accessibility of viewing from the corridor due to large windows in each classroom, office areas, vocational shops, barbershop through windows throughout. The program areas were located on the left and right sides of the corridor. Constant viewing is accessible a continuous flow of windows throughout on both side of the corridor in the facility programs and service buildings such as the gymnasium building which contains the barbershop commissary, weight room and various program areas.

The MCE has three plants that offer training in the fields of Graphics: Print Shop, Envelope Shop and Quick Copy Shop. The MCE employees more inmates than any other work detail. Inmate than any other detail. Eighty-five inmates were assigned within the various MCE departments. Fourteen MCE staff and 2 roving security officers was assigned to the details. Numerous cameras and security mirrors are strategically located throughout the plants that aid in the monitoring of inmates assigned. Entry doors are constructed with ½ style windows. The graphic areas an officer upstairs with window viewing from three angles. The inmate restrooms are behind a solid door that privacy doing use.

The warehouse, maintenance and supply are under one roof. Designated work cages are assigned for the electric, plumbing, shop, welding /metal shop, tool room and breakroom, The welding /metal shop is the largest area and has 4 cameras to assist assigned staff in monitoring the area. This shop construct bunk beds for the facility. There are additional cameras strategically installed throughout the MCE and can be monitored by the supervisor.

Eighteen inmates were assigned to the garden detail and was supervised by security and escort officers working overtime.

Religious services programs are provided by 2 MCIJ Chaplains. There has been no religious program since the breakout of COVID-19 in March 2020. The religious services area is a small open space with complete viewing throughout. The inmate restroom is always secured and is accessible to the inmate population individually upon request to staff.



AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	2
Number of standards met:	43
Number of standards not met:	0

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

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

115.13, Supervision and monitoring - Meets Standard

115.14, Youthful inmates - Meets Standard

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

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

115.17, Hiring and promotion decisions - Meets Standard

115.18, Upgrades to facilities and technologies - Meets Standard

115.21, Evidence protocol and forensic medical examinations - Meets Standard

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

115.31, Employee training - Meets Standard

115.32, Volunteer and contractor training - Meets Standard

115.33, Inmate education - Meets Standard

115.34, Specialized training: Investigations - Meets Standard

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

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

115.42, Use of screening information - Meets Standard

115.43, Protective Custody - Meets Standard

115.51, Resident reporting - Meets Standard

115.52, Exhaustion of administrative remedies - Meets Standard

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

115.54, Third-party reporting - Meets Standard

115.61, Staff and agency reporting duties - Meets Standard

115.62, Agency protection duties - Meets Standard

115.63, Reporting to other confinement facilities - Meets Standard

115.64, Staff first responder duties - Meets Standard

115.65, Coordinated Response - Meets Standard

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

115.67, Agency protection against retaliation - Meets Standard

115.68, Post-allegation protective custody - Meets Standard

116.71, Criminal and administrative agency investigations - Meets Standard

115.72, Evidentiary standard for administrative investigations - Meets Standard

115.73, Reporting to inmates - Meets Standard

115.76, Disciplinary sanctions for staff - Meets Standard

115.77, Corrective action for contractors and volunteers - Meets Standard

115.78, Disciplinary sanctions for inmates - Meets Standard

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

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

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

115.86, Sexual abuse incident reviews - Exceed the Standard

115.87, Data collection - Meets Standard

115.88, Date review for corrective action - Meets Standard

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

115.401 Frequency and scope of audits - Meets Standard

115.403 Audit contents and findings - Meets Standard

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> 1. MCIJ Completed Pre-Audit Questionnaire (PAQ) 2. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. Facility Directive MCIJ.020.0026.01 PREA Standards Compliance 4. DPSCS 020.0026 PREA – Federal Standards Compliance 5. Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited 6. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 7. MD Criminal Law Code Ann § 3-314 8. DPSCS Organizational Chart 9. MCIJ Organizational Chart <p>Interviews</p> <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. MCJ PCM <p>115.11(a) DPSCS 020.0026 identify the Department does not tolerate sexual abuse or sexual harassment of an inmate. The Department requires an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge according to Department procedures for reporting employee misconduct or inmate rule violation. The policy identifies sexual abuse of an inmate by another inmate to include the following acts, if the victim inmate does or does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse: (i) Acts listed under §§ .04B(3)(a)(i) and (ii) of this directive; (ii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and (iii) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin breast, inner thigh, or the buttocks of another inmate, excluding contact incidental to a physical altercation.</p> <p>Facility Directive MCIJ.020.002.01 states It is the policy of the Maryland Correctional Institution -Jessup to provide a written policy for zero-tolerance for any acts of sexual abuse, sexual assault, sexual harassment, or any form of sexual misconduct of any employee, volunteer, or contractor. MCIJ will take immediate actions to protect an inmate when reports are made of a substantial risk of imminent sexual abuse. MCIJ provides education and training to all employees, contractors, and volunteers to ensure they have a clear understanding that the facility strictly prohibits any type of sexual relationship with an individual under the supervision of the DPSCS and consider such relationship a serious violation of the standards of conduct (DCD 50-2). Engaging in a romantic relationship, sexual relationship, or acts of sexual</p>

gratification may result in employment termination and termination of a contractual volunteer status, and imposition of criminal charges.

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

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

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

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

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

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

115.11(c) The MCIJ's organizational chart identify staff in the position of PCM reports directly

to the Assistant Warden, Chief of Security and Warden. The auditor interviewed the PCM and confirmed she has sufficient time to perform her duties as the PCM. She also serves as the facility liaison for the transgender inmate population. Due to COVID-19, the group sessions have been cancelled. However, she continues to maintain an open line of communication with each and address all issues of concerns as they arise. She utilizes the PREA Resource Center to complete various training sessions in an effort to educate herself and become more informative and effective in her role as the facility PCM. She reviews the intake process upon inmate's arrival and track the completion of the initial and 30-day follow-up completion of inmate risk assessments. She ensures inmates who are referred to mental health are seen within 14 days to include all incoming inmates who are required to be placed on 14-day quarantine status due to COVID-19. She monitors the receipt of PREA education of incoming inmates to ensure it is completed in accordance with the DPSCS policies and the PREA standards. She identified her chain of command is the Chief of Security, Assistant Warden and Warden and each are open to meeting with her to discuss any areas of concern and immediately provide needed corrections.

The MCIJ PCM was observed by the auditing team to be extremely confident and competent in her role as the PCM. Her attention to detail, knowledge of Department policies, PREA standards, and devotion to her role as the MCIJ PCM was noticeable and impressive observed during the pre-audit phase and continued throughout the on-site visit and post-audit. She was identified as well known, approachable and respected by both staff and inmate population as a supervisor and as the facility PREA Compliance Manager.

Based on the review of various DPSCS and MCIJ policies, organization charts, interviews, knowledge, skills, and ability demonstrated by the MCIJ PCM and her placement in this position, DPSCS and MCIJ Exceed the Standard. The facility demonstrated its commitment to providing a safe environment for staff and the inmate population from sexual abuse and sexual harassment.

115.12	Contracting with other entities for the confinement of inmates
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 890 360">Evidence Reviewed, (documents, and interviews)</p> <ol style="list-style-type: none"> <li data-bbox="252 400 903 434">1. MCIJ Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 474 1034 508">2. Contract DPSCS Q00B9400025 for Pre-Release Services <li data-bbox="252 548 770 582">3. PREA audit reports of Threshold, Inc. <li data-bbox="252 622 643 656">4. Interview with the following: <ol style="list-style-type: none"> <li data-bbox="252 696 970 730">a. DPSCS PREA Coordinator/ Agency Contract Monitor <p data-bbox="252 736 1477 1111">The DPSCS has entered into one contract for the confinement of inmates. The contract is with Threshold, Inc. for pre-release services. Threshold Inc. is a private non-profit agency incorporated under the Laws of the State of Maryland to provide community-based treatment and work release services for persons incarcerated in the State Prison System. A copy of the contract was provided for review and contained language that the facility is to comply with the requirements of the Prison Rape Elimination Act. In compliance with laws – the contract states “It shall fully comply with the standards set forth in the Prison Rape Elimination Act 2003 PREA Audit Act of 2003, and with all applicable regulations issued by the U.S. Department of Justice.”</p> <p data-bbox="252 1153 1433 1317">The auditor also reviewed the 2015 and 2018 PREA reports for Threshold on the DPSCS website @ Maryland.gov. MCIJ does not contract for the confinement of inmates. Interview with the DPSCS PREA Coordinator indicated the agency does monitor compliance with the contract and he serves as the Agency Contract Monitor for this contract.</p> <p data-bbox="252 1357 1477 1646">An interview with the Agency Contract Monitor/DPSCS PREA Coordinator, indicated due to the effects of COVID-19, the facility has not been operated in several months. Currently there are no staff assigned nor inmates assigned to the facility. Residents were released as scheduled, placed on home detention as applicable and/or returned to DPSCS facilities. The latest contract was renewed in September 2020. However, the facility remains vacate of staff and residents at the completion of this report and an unknown date of return remain due to the current ongoing status of COVID-19.</p> <p data-bbox="252 1686 1468 1765">Based on the review of the contract, audit reports and interview, the facility has demonstrated compliance with all provisions of this Standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed, (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> 1. MCIJ Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management 3. DPSCS Staffing Analysis and Overtime Management Manual 4.. MCIJ Staffing Plan Summary of Authorized Positions 5. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 6. Supervisory Log Round 7. MCIJ Staffing Plan Annual Review 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. Warden b. Intermediate or Higher-Level Staff c. DPSCS PREA Coordinator <p>115.13(a) (b) Directive OPS.115.0001 states the requirements of a facility staffing plan. The requirements contain the eleven requirements stated in this provision. The Overtime Manual provides guidance regarding minimum operational staffing levels and requirements for documenting any deviations with these requirements. The facility staffing plan is developed with these requirements in mind and a daily Post Assignment Worksheet (PAW) is developed to deploy staff in accordance with the stated staffing plan. The PAW identifies positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. Per the PAQ, the facility's constructed designated capacity is identified as 1068 inmates. However, numerous housing units are not operational due to extensive plumbing, electrical, and other construction, and inmate and staff safety issues. Therefore, the facility's inmate capacity has been reduced to 757. The average daily number of inmates at MCIJ during the past 12 months was identified as 757 inmates. The inmate count on the first day of the on-site visit was 650.</p> <p>Per an interview with the Warden and DPSCS PREA Coordinator, the staffing plan is developed a can comply with the staffing plan as outlined in the Staffing Analysis and Overtime Management Manual. The facility documents the staffing plan that provides for adequate level of staffing, to include video monitoring to protect inmate against sexual abuse within the 11 requirements identified within the standard and all areas are considered. The Staffing Plan is reviewed annually to ensure an adequate level of staff on each shift.</p>

115.13 (b) The Warden stated he reviews the Post Assignment Worksheet (PAW) daily for each shift and security supervisory staff are required to document any collapsed post on the PAW. He ensures adequate staffing operation is on all wings of the housing units as these are the most critical post to deter violent inmate behavior and to provide a safe environment for all. All vacated posted are required to be justified on the PAW. There have not been any instances of non-compliance with the Staffing Plan during the 12-month review period. The reassignment of collapsible post and/or overtime is always authorized to ensure proper security coverage is maintained that meets that Staffing Plan.

Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution. Furthermore, it was observed that staff deployment is increased during shifts where inmate activity is increased. The auditor randomly selected daily PAW from various days, weeks, and months throughout the review period. The review of these selected daily PAW confirmed no deviations were noted in post assignments that were equivalent to the facility being non-compliance with the facility staffing plan.

115.13(c) Directive OPS.115.0001 states, "At least annually, or on an as needed basis, consulting with the Department PREA Coordinator to review, assess, determine, and document if adjustments are necessary to the facility's: (a) Staffing plan based on topics identified under §.05C(2)(d) of this directive; (b) Use and deployment of video monitoring system and other surveillance technology; and (c) Resources available to commit to ensure compliance with the established staffing plan." The staffing plan review is documented on an agency-wide standardized form. Per an interview with the Warden and DPSCS PREA Coordinator, the staffing plan is developed and comply as outlined in the Staffing Analysis and Overtime Management Manual and is reviewed annually for compliance. The facility documents the review for an adequate level of staffing, that includes video monitoring to protect inmates against sexual abuse within the 11 requirements identified.

MCIJ provided a copy of the Staffing Plan Review dated January 25, 2021, signed by the MCIJ Facility Administrator and the DPSCS PREA Coordinator. The Staffing Plan Review form considers all the criteria required for a staffing plan review as required in this Standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility administrator and agency wide coordinator. The review documented that no adjustments to the plan was recommended.

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

MCIJ.020.0026.01 require supervisory staff to conduct unannounced security rounds on all shifts to identify and deter sexual abuse and harassment. Security rounds shall be documented in the logbook in red ink. Security rounds shall be conducted on all shifts and in all areas of the facility. Employees who alert other employees of unannounced rounds shall receive discipline sanctions.

During the pre-audit process, the auditor submitted a request to the MCIJ PCM identifying the weeks for both even and odd months of logbook entries for documentation of completed unannounced rounds made in all housing units. Additionally, the auditor reviewed logbooks during the on-site visit for confirmation of unannounced being conducted regularly and documented in red ink. Documented rounds were completed in all areas on the 3 shifts consisting of 7:00 a.m.- 3:00 p.m. 3:00 p.m. - 11:00 p.m. and 11:00 p.m. – 7:00 a.m.

Interviews with intermediate or higher levels staff indicated unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted each shift by security supervisory staff and at least weekly by upper-management staff. Review of various logbooks in all housing units confirmed supervisory shift conduct rounds during each shift and document such rounds in red ink. Upper-level management staff document their rounds in the visitor's logbook. These rounds were noted throughout the facility. Security supervisory staff indicated they do not complete their rounds in one setting, and they are not conducted in a pattern that allow other to become aware of their anticipated arrival.

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

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

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

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 1481 1473" style="list-style-type: none"> <li data-bbox="252 400 911 434">1. MCIJ Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 474 1209 508">2. Executive Directive OPS.200.0006 Assessment for Risk of Victimization <li data-bbox="252 548 1305 582">3. DPSCS Executive Directive OPS.110.0047 Personal Search Protocols-Inmates <li data-bbox="252 622 1401 656">4. The Maryland Police and Correctional Training Commissions Lesson Plan Title LGBTI <li data-bbox="252 696 1414 813">5. The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices <li data-bbox="252 853 699 887">6. DPSCS Search exception cards <li data-bbox="252 927 523 960">7. MCIJ 020.0026.01 <li data-bbox="252 1001 616 1034">8. Observation while on-site <li data-bbox="252 1075 847 1108">9. Opposite Gender Announcement Stop Sign <li data-bbox="252 1149 501 1182">10. Interviews with: <ol data-bbox="252 1223 580 1473" style="list-style-type: none"> <li data-bbox="252 1223 427 1256">a. MCIJ PCM <li data-bbox="252 1296 580 1330">b. Random Selected staff <li data-bbox="252 1370 564 1404">c. Transgender Inmates <li data-bbox="252 1444 512 1478">d. Random Inmates <p data-bbox="252 1514 1481 1805">115.15(a) The Maryland Police and Correctional Training Commissions Lesson Plan Title LGBTI and The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices states male inmates may be searched by both male and female staff, however a female staff person may not touch the genital area of the male inmate. If there is reason to believe that the inmate to be searched is transgender or intersex, a frisk search is to be conducted by a female staff member.</p> <p data-bbox="252 1917 1481 2119">Directive OPS.110.0047, states that an inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer. Section .05F(3)(b) states that when circumstances allow, staff should consult with a transgender or intersex inmate before</p>

conducting a search to determine the inmate's preference in the gender of the officer conducting the search. Section .05H(2) states, "Only a certified medical professional may perform a body cavity search of an inmate and only the certified medical professional and the inmate being searched may be present during the procedure. Executive Directive OPS. 110.0047 indicates if search and detection equipment indicate that suspected contraband has been ingested or inserted within the inmate's body, the inmate will be strip searched in accordance with the provisions of the directive that includes placing the inmate in a single dry cell or room until such time as the inmate has excreted or disgorged the contraband in accordance with the dry cell procedures status or transported to an off-site medical facility for a body cavity search in accordance. Therefore, a body cavity check will not be conducted at the facility.

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

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

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

115.15(d) Executive Directive OPS.050.0001 identifies voyeurism meaning that an employee

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

Facility Directive MCIJ.020.0026.01 states, Staff of the opposite sex shall verbally announce and document in the logbook their presence where inmate are likely to be showering, performing bodily functions, or changing clothing. Signage of "Opposite Gender Must Announce Their Presence When Entering," is located at each entry upon entering housing unit and on each tier as a reminder to opposite gender (female) staff prior to entering. Transgender and intersex inmates shall be offered the opportunity to shower separately from other inmates. Interviews were conducted with 5 inmates identified as transgender and each inmate stated they are given the opportunity to shower at separate times from other inmates within the housing unit. All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status. There were 0 reported inmates identified as intersex during the review period and/or during the on-site visit at MCIJ.

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

Housing unit camera coverage was noted as not having the ability to see into the inmate cells and/or the showers in the various housing units.

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

115.15(e) Directive OPS.110.0047, Section .05F(3)(a) regarding strip searches of transgender and intersex inmate's states, "A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate's genital status." If an inmate's status is unknown, it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. Facility Directive MCIJ.020.0026.01 indicates transgender strip searches are documented and performed in accordance with the proper directives pertaining to search as stated indicated previous in OPS 110.0047, Personal Search Protocol-Inmates. Interviews were conducted with 5 inmates who were identified as transgender. Each stated they carry the Personal Search Exception card, and their searches are conducted by female staff.

115.15(f) The Maryland Police and Correctional Training Commissions Lesson Plan Course Title Correctional Entrance Level Training, Lesson Title Frisk/Body Searches, Restraints, and Scanning Devices is provided to staff during the pre-service and in-service training. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The training includes instructing staff on conducting transgender and intersex inmate pat-down searches in a professional and respectful manner by female staff. The Pre-Audit Questionnaire noted 100% of staff have receive training on conducting cross-gender pat

down searches. The term “Frisk Search” is defined as a search not requiring the removal of all clothing. It is conducted by running your hands across clothing to detect hidden objects.”

Policy notes that frisk searches may be conducted by females on males, but it is not permissible for female staff to search the groin area of male inmates. Likewise, policy also states, “Males shall not conduct searches of females” except during exigent circumstances a managing official or a designee may authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate. Strip searches are performed exclusively by two staff of the same gender this including a provision for transgender or intersex inmates who prefer to be searched by a specific gender of staff. Directive OPS.110.0047, Section.05F(3)(b) states, “When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate’s preference in the gender of the officer conducting the search.” Section .05F(3) speaks to searches of transgender and intersex inmates stating, “The inmate is responsible for carrying the Search Exception Card at all times and shall present the card to the correctional officer prior to the start of a personal search. Failure to present the card may result in the inmate being searched in accordance with the gender associated with the institution.” Random staff interviews indicate they received training regarding cross gender, transgender, and intersex search procedures. Current day rosters indicated 5 inmates identified as transgender housed at the facility and all were interviewed. Each were issued a search exception card that identifies their choice of being searched by female staff and stated they have not been required to submit to a frisk search and/or visual body search by a male staff member.

Staff’s confirmation of search training was provided as staff completed the Annual Staff Awareness training that included search protocol. Staff documented their signature as receipt of the required training.

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

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. MCIJ Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy 3. DPSCS Executive Directive OSPS.050.0011 American with Disabilities Act of 1990, Titles I and II 4. Correction Entrance Level Training title “Special Management Issues Corrections.” 5. PREA Brochure – Spanish 6. OOE Translation Services 7. Overview Contract Services 8. Hearing Impaired Manual 9. Captel Phone 10. MCIJ.020.0026.01 PREA 11. Observation while on-site 12. Interviews with: <ol style="list-style-type: none"> a. Agency Head/Designee b. Random staff c. Inmates d. Staff Who Conduct Risk Screening <p>115.16(a)(b) Agency policy OSPS.050.0011 and OEO.020.0032 requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP). Agency policy also requires the head of the facility (or designee) that is responsible for the custody and security of an inmate shall ensure that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of the first responder duties, or the investigation of an inmate’s allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates. DPSCS has a contract with Ad Astra for all their interpreter needs. Ad Astra services are available in-person, or via phone call and email. They also provide services for the hearing impaired. Part of the intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This</p>

brochure covers the zero-tolerance policy and reporting information and is available in both English and Spanish. At orientation inmates are provided a copy of the Inmate Handbook that covers the agency's zero-tolerance policy. Additionally, inmates also participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. All PREA posters, PREA Orientation packets, inmate handbooks, to include information for outside resources to report PREA allegations are available in English and Spanish as they are the most common languages spoken. Staff identified upon the arrival of an inmate that speaks a language other than English and Spanish, services would be provide through the Ad Astra, or an available staff translator. Sign language services are available through Statewide Visual Communication Services. Staff were aware of flyers that provide instructions for use of Ad Astra language line that include contacting their supervisor if translation services are needed.

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

An interview with the Agency Head Designee indicated the Department employees an American with Disabilities Act (ADA) Coordinator who assigned at each DPSCS facility and another is assigned in the Central Office has oversight of efforts of all facilities while serving as the Subject Matter Expert for the Agency. Documents are translated into the language spoken by various inmates (mostly Spanish). The Department has established a contract with Ad Astra for all their interpreter needs. Services are also available for inmates who are deaf. Documents are printed in large print for vision impaired inmates. Inmates identified as deaf have access to electronic message boards and are assigned appropriate cellmates after proper screening. Deaf inmates are issued devices that alert them of various activities.

MCIJ.020.0026.01 identify disabled inmates will have the same opportunity to participate in or benefit from all aspects of the facility's effort to prevent, detect, and respond to sexual abuse and sexual harassment. (2) Inmates with limited English proficiency have access to the use of interpreters and translation services to ensure inmates benefit from all aspects of the facilities effort to prevent, detect, and responds to sexual abuse and sexual harassment. (a) Translation of documents - Schreiber Translation, Inc. 1(800) 752-9096; (b) Onsite Ad Astra, Inc 301-408-4448. (c) Language Line – 886-874-3972. (3) American Sign Language interpreters and other hearing tools (i.e. Video Remote Interpreter – VRI) are available to all deaf inmates. (4) Inmates who have intellectual, psychiatric, speech disabilities or comprehension disabilities will have the information read and explained in a manner that affords them the opportunity to benefit from all aspects of the facilities effort to prevent, detect, and responds to sexual abuse or sexual harassment.

Additionally, the facility has a Deaf and Hard of Hearing Inmate Orientation Handbook developed/revised February 2020. The handbook identifies communication option for the

Deaf and Hard of Hearing to includes (a) American Sign Language Interpreters; (b) Video Relay Interpreting (VRI) Equipped Tablets (c)Text Telephone (TTY); (d) Video Relay Services (VRS); (e) Deaf Inmate Communication Books; (f) agers System; (g) Albertus Technologies; (h) Marquee Board; (i) Captel Phone. Designated facility staff hold quarterly Deaf and Hard of Hearing Meetings. The facility also has an ADA Coordinator. There are various programs and services available include Hard of Hearing Support Group, Hard of Hearing Bible Study, Medical Care, Employment and Education. Deaf and Hard of Hearing inmates sign an acknowledgement form upon receiving a copy of the handbook.

Two inmates identified as deaf were housed at the facility during the on-site visit. These inmates were interviewed by the auditor with the aid of a full time employed interpreter who provided translations through the use of sign language. The facility employees full time sign language interpreters Monday – Friday 7:30 a.m. through 4:30 p.m. who provide services to inmates identified as deaf with educational and daily needs to include communication with staff as needed. Various aids are provided to the inmates identified as deaf through a variety of tools that allow them to effectively communicate with staff and/or the local community to include a Captel Phone, Video Relay Service, a clock and pager that alerts them of the various daily operational schedules. Both inmates stated they also communicate with staff and other inmates via writing notes. Both stated they were provided PREA information in a manner he understood as he can also read without difficulty.

Two inmates were identified as Limited English Proficient (LEP) and their first language was identified as Spanish. The auditor utilized the language line to translate during the interview process. Both inmates identified they were provided PREA education in their Spanish language in which they fully understood. They also identified the continued PREA education material is also posted in Spanish throughout the facility.

An inmate identified as vision impaired (glasses) confirmed his ability to understand the various presentations of PREA education provided to him and posted throughout the facility. One inmate identified with a physical disability was interviewed and expressed his understanding of PREA education and information provided to him with no concerns. There were 0 inmates assigned at MCIJ identified as cognitive disability and/or blind.

MCIJ did not house inmates with disabilities as cognitive disabled, Limited English Proficient (LEP) and/or blind during the on-site visit.

115.16(c) Directive OPS 050.0001 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Directive OPS.200.0005 states, "Except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation, inmate interpreters, inmate readers, or other inmates." Per the PAQ, and staff who conduct risk screening there were 0 instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

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

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCIJ Pre-Audit Questionnaire (PAQ)
2. DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance
3. Criminal History Records Check – Non-Mandate Employees ADM.050.0041
4. COMAR 12.10.01.05 Correctional Training Commission
5. COMAR 17.04.03.10 Employment Background Checks
6. Code of Maryland COMAR 12.15.01.19 State Rap Back Program
7. Hiring and Promotional Records
8. Criminal History Background Records Check Documentation
9. Interview with:
 - a. Human Resource Manager

115.17(a) Directive DPSCS.020.0026, section .05F(1) regarding the Human Resources Services Division (HRSD) states, “shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B(3) of this directive. (2) The HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with to a service provider if the individual may have contact with an inmate. (3) Before hiring a new employee to perform duties involving contact with nan inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse. (c) Before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background record check of the contractor’s employees who may have contact with an inmate.

Criminal History Records Check – Non-Mandate Employees ADM.050.0041 identifies the Department responsibility and procedure as (a) A hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history record check is performed in order to determine the existence of criminal convictions that my

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

The MCIJ PCM presented a letter submitted to the Assistant Secretary/Chief of Staff DPSCS Correctional on August 18, 2014 by the Executive Director of office of Personnel Services and Benefits acknowledging the Office of Personnel Services and Benefits approval to not hire and/or promote employees with a "sexual abuse" criminal history if the person may have contact with inmates. The letter also spoke on the obligation to meet the provision of conducting criminal background checks on all agency employees at a minimally every 5 years on basis that any DPSCS employee could potentially come into contact with inmates. Lastly the approval for the request to make all DPSCS positions for which the conviction question can be asked on the application was approved while prohibiting the hiring of individuals with certain criminal convictions. The applicants select the general geographic area in where they would like to be assigned if selected for employment. The determined location is made by the Centralized Hiring Unit which is section of the Human Resource services Division. The background investigation consists of a 38-page personal history of and utilized a variety of 10 criminal history checks programs during the background investigation prior to determining an applicant is eligible for employment. If any one of the 10 criminal history checks return with a negative finding, the applicant would be disqualified for hiring. The background investigation is extensive in the collection of data regarding applicants that includes but not limited to: consideration of the applicant's' criminal background; previous employment history; review of current tattoos for possible gang affiliation; through identification of tattoos; psychological examination; physical examination; completion of a polygraph examination; wanted person check; RAPS (MD CJIS); National Crime Information Center (NCIC) query; civil and criminal record check; consumer credit check; Interview with Background Investigator; reference checks with neighbors and others known by the applicant and more. Polygraph test for new hire applicants is completed at the Central Hiring Unit.

115.17(b) Directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, which was effective August 7, 2015 notes the Department shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate. Applicants are required to complete a PREA Self-Declaration of Sexual Abuse/Sexual Harassment form that is included in the application packet and the response can determine any future consideration for employment. The Self-Declaration of Sexual Abuse/Sexual Harassment form require all applicants to include those for promotions to respond to questions of having engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile, or other institutions, have they ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercions, or

if the victim did not consent or was unable to consent or refuse; have they ever been civilly or administratively adjudicated to have engaged in sexual activity, sexual abuse or sexual harassment. A response of yes to any one of these questions would automatically disqualify an applicant for the DPSCS and/or as a contract worker within the DPSCS.

The Human Resource Manager reported Investigators within the IID Unit conduct the vetting process on all DPSCS individuals who apply for promotions. The investigative IID Unit conduct a thorough review of the staff's work history, evaluations, pending investigations, and information obtained since employed and/or last background check. Prior to staffing entering the office for an interview, they are required to complete a PREA self-declaration form. The Human Resource Manager reported all incidents of sexual harassment and sexual abuse are considered during the application, interview, and background investigation for all DPSCS applicants and contract staff. She stated if it were discovered any one of the 10 background checks returned with a negative result such as misdemeanor offense to include numerous years prior, human resource would contact the contracting agency human resource staff advising them of the findings. The contract agency has the option to hire or not hire the applicant. However, the discovery of a felony charge and/or offenses any history of sexual abuse and/or sexual harassment would result in the applicant being disqualified for employment. She stated if a substantiated allegation of sexual abuse and/or sexual harassment is identified during the background check, the contract applicant would not be considered for hire.

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

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

Per an interview with the DPSCS Human Resource Manager, the hiring process is centralized, and applicants must submit their application on-line through the Department's website. Upon receipt of the application and the Background Investigation Unit that consists of 22 Investigators throughout the State conduct thorough life history background checks of all new applicants. The department can only release the former employee's history if he/she sign a release of information form authorizing the release. As far as a new hire for the facility and

DPSCS, the applicants are required to sign a release of information authorization form in which a copy of the release is forwarded to all previous employees for completion. If the applicant refuses to authorize the release of their employment history, the applicant cannot be considered for hiring. The Central Hiring Unit conducts the polygraph testing for new hires.

The PAQ identified 28 new hires during the 12-month period, however this number was later determined as incorrect. Per the MCIJ PCM and Human Resource Staff there were 27 new hires and 4 staff promotions during the 12-month review period. The auditor randomly selected 8 of the 27 new hires files to include DPSCS and contract medical staff for confirmation of completed background checks prior to hiring. The review confirmed a thorough background investigation check was completed for each of the 8 (4 DPSCS and 4 contract medical) selected staff prior to the applicant being offered the position. Records indicated that applicants were asked about behavior described in 115.17(a) (1-3). Documentation indicates that all applicants were asked again during a polygraph examination. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who do not meet the requirements of this provision.

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

The IID Background Investigations Unit conducts all background checks to include new hires and contract staff. There were no new contract staff hired within the review period. However, per the Human Resource Manager, backgrounds are completed on contract staff in the same manner as Department staff. If any of the 10 background checks return with negative results of a felony, the contract applicant would be disqualified. The human resource staff would contact the vendor, advise them of the findings and discuss if the vendor would like to continue to hire them. However, a contractor would not be eligible for hiring if/when discovered that PREA related issues were committed. There were 0 new hires for the mental health (Centurion) during the review period and/or Keefe. However, the auditor did request 2 previous background investigation for the Keefe contract staff.

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

115.17(f) Directive DPSCS.020.0026, section .05F(4)(a)-(b) states, "The HRSD shall inquire of each applicant and current employees who may have contact with an inmate directly about

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

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

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

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

substantiated allegations of sexual abuse and/or sexual harassment involving a former employee upon receiving a request from the employee upon receiving a request from an institutional employer for whom such employee has applied to work. The former employee is required to authorize release of the information via his or her signature prior to releasing to the requesting agency.

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

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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

The following modifications have been completed since the last PREA audit in 2018. The MCIJ gymnasium showers were renovated and have been made ADA compliance. The D-Housing Unit (older inmates and those with disabilities assigned) bathrooms were renovated with grab bars. ADA drinking water fountains were added throughout the facility. Air conditioners were purchased and/or fixed in the housing unit control centers. The sally port gate control panel was upgraded.

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

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

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.21 (a) Confirmation of the DPSCS responsibility to meet the requirements of this standard is outlined in the IIU.110.0011 that states the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sexual related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the

Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. Per an interview with a IIU Investigator, DPSCS PREA Coordinator, and Agency Head Designee, detectives with the IIU are sworn law enforcement officers by the Attorney General in Baltimore and are authorized under Maryland law to conduct both administrative and criminal investigations. These investigators are assigned to the Internal Investigative Unit/Division. All reported PREA allegations are initially identified as criminal. However, upon the conclusion that no criminal acts committed, and/or the victim elect to not pursue criminal prosecution, the investigative case is closed as an administrative case. All investigations criminal or administrative are tracked and conducted by and IIU.

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

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

115.21(c) A review of the PAQ and investigative PREA casefiles and an interview with the MCIJ PCM identified there were zero inmate who receive forensic medical examination via SANE or/SAFE and/or qualified medical staff.

Executive Directive Number: OPS.050.0001 states If medically appropriate or necessary to

preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by (i) A Sexual Assault Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); (iii) If after documented attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examination.

MCIJ.020.0026.1 states Forensic medical examinations shall be given without financial cost to the victim. When SAFE or SANE is not available, medical and custody staff shall document all efforts made to provide the inmate with an examination by a SAFE or SANE medical professional. SAFE or SANE staff at local hospitals shall conduct examinations. MCIJ uses Mercy Medical Center in Baltimore, MD for all forensic examinations. The auditor conducted an interview the Emergency Room Charge Nurse at the medical center regarding inmates being provided forensic examinations and access to a victim advocate. She explained the medical center does not have a SANE/SAFE at the hospital 24/7. However, she explained once the Charge Nurse on duty make notification to the SANE, who is required to report to the medical center within one hour. Duval notification and respond are required to the SANE and Victim Advocate for services. The medical center with SAFE Programs has specially trained Forensic Nurse Examiners (FNE) or physicians available to provide both medical attention and evidence collection services. Medical care provided during SAFE includes acute injury care and medication for the prevention of sexual transmitted infections (STIs), and HIV. MCIJ does not house female inmates, therefore medication for the prevention of pregnancy was not applicable. All services and medical care, including HIV prevention medication (nPEP), provided at free of cost to the inmates.

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

Per an interview with the MCIJ PCM and observation during the tour, the hotline number for MACASA 410-585-3177 is stenciled on the walls throughout the facility accessible to the inmate population, visitors and staff. During the orientation process, inmates receive a PREA Intake and Reception Sheet that provides a list of outside confidential support services to include: YWCA of Annapolis Anne Arundel County 1517 Ritchie Highway, Suite 201 Arnold, MD 21012 (410) ; 222-6800; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring, MD 20907 (310) 328-7023/ (800) 328-7023; Sexual Assault Legal Institute P.O. Silver Spring, MD 20907 (301) 564-227/(877)-96-SALI; JUST Detention International 1900 L St. NW, Suite 601 Washington DC, 20036 (202)506-3333; RAIN Rape, Abuse & Incest National Network No Written Correspondence (800) 656-4673.

Although the DPSCS PREA Coordinators continue to develop procedures during the development of a MOU with the individual facilities, DPSCS and the MCASCA has a contract to

provide the services. The contract is an agreement to accept phone calls from victims of sexual abuse and victim advocate services are also available upon request. Advocacy services include, but are not limited to accompaniment during the exam, safety planning, and referrals for long-term services.

The YWCA of Annapolis and Anne Arundel County provides a 24-hour hotline as well as hospital accompaniment for victims of sexual assault. The 24-hour hotline provides a safe and secure connection to a trained advocate who can assist with the emotion and resource needs of individuals who are victims of sexual assault. This may include arranging for counseling, referral for legal assistance, accompaniment to the hospital for an exam, or simply a committed individual who understands and will listen without judgement.

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

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

In addition to the designed victim advocate at the MCIJ, the MCIJ PCM is also a victim advocate at a Life Crisis Center in another county. She has held this position for 2 years. Her experience in this position at the Life Crisis Center is an additional asset to the facility and inmate victims of sexual abuse and sexual harassment.

Although there were 3 reported allegations of sexual abuse, forensic medical examinations were not warranted. Neither of the 3 inmates requested a victim advocate.

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

115.21 (g) Not applicable

115.21(h) An interview with a Victim Advocate at YWCA of Annapolis, indicated a Victim Advocate is available to provide services to the inmate population upon notification. Additionally, MCIJ has a designated staff member appointed by the Warden to serve as a victim advocate. The staff's member is a Licensed Certified Social Worker – Clinical and education and experience level exceeds that required by the provision of this standard. An interview with the assigned facility victim advocate confirmed her availability and training to

serve in the role as needed. She stated her services has not been requested recently.

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

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence reviewed to include documents and interviews.

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

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

Four PREA allegations was reported during the review period of April 1, 2020 through March 31, 2021. However, an additional allegation of staff-on-inmate sexual abuse allegation was included for review. Each of the 5 PREA investigations were investigated by the IID Unit. The PREA investigations were as the following: 3 staff-on-inmate sexually misconduct with 1 determined as Unfounded; 1 determined as Unsubstantiated and 1 determined as Substantiated. One staff-on-inmate sexual misconduct was determined as Unfounded, and 1 inmate-on-inmate sexual harassment was determined as Unsubstantiated.

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

Correctional Services Title 10. State Correctional Services Subtitle 7. Internal Investigative Unit

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

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

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

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

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

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

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

31 Evidence reviewed to include documents and interviews.

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

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

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

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

Annual Refresher PREA training material was presented to all staff at MCIJ. The PREA training material received was the following: Prison and Jails Investigations; Prison and Jail Ways Inmates Can Report; Prison and Jails PREA Basics; Helping Inmates Who Primarily Speak Another Language; First Responder Duties; Completing an Incident Report. Rosters with staff names and positions within each department were used to track completion of the required training. Specifically, staff submitted their signature as acknowledgement of “My signature below verifies that I shall review the content of the above post order(s) and or directive(s). I further understand that I shall be held responsible for adhering to the provision implemented in these post order(s) or directives(s).” Staff completed the refresher PREA training December 31, 2020, throughout March 2021. However as new staff transferred to MCIJ they are also noted as acknowledging completion of the refresher PREA training. Staff noted as not completing the required refresher PREA was noted as being on extended sick leave, military leave, and/or on temporary duty assignment.

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

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

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

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

A DPSCS Purchase Request dated July 15, 2020 was submitted for the description of services

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

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

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

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

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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

acknowledged of receipt for the booklet with their signature.

Volunteers complete an application to become a volunteer on-line through the DPSCS website. The auditor verified an informative page on the DPSCS website specifically for volunteers, with contacts for further information as well as other convenient links. The Volunteer Orientation Manual on the DPSCS website provide training material to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per the Department policy and procedures. The DPSCS .020.0026, Prison Rape Elimination Act Federal Standards Compliance and OSPA. 050.0001 Sexual Misconduct - Prohibited are included for review on the under-Volunteer Forms: Additional Material. Per an interview with the Chaplain and Volunteer Activity Coordinator who provides training to volunteers. The Volunteer Guide includes PREA education of the Department's Zero Tolerance Policy, Sexual Misconduct, Sexual Harassment, Volunteer Responsibilities, Retaliation and Sanctions for violations of such acts. Volunteer document their initials and signature as an agreement to comply with facility and agency rules and policies.

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

The most recent training session was in 2019 due to COVID-19. The refresher training presented by the Volunteer Activity Coordinator is conducted throughout every year and is based on the initial training period provided to the volunteers and recertification of the volunteer. The volunteers are given training material in literature and lecture format in addition to on-line training. As of the on-site visit to MCIJ, volunteers have not been allowed to enter the facility since March 2020 due to COVID-19 and the facility identified having 0 volunteers. Per the Chaplain, he was unaware of the interest of any volunteers returning to MCIJ upon the COVID-19 restriction left. He added their determination to return could be based on their requirements to enter the facility and their individual health and safety concerns. Per the Volunteer Activity Coordinator, all individuals who elect to return as a volunteer will be required to complete the required PREA training again.

MCIJ has 32 mental health and medical staff that consist of both DPSCS and contract employees. PREA training was provided for all medical and mental health staff through certificates. The staff are contracted through CORIZON and/or Centurion. Interviews conducted with medical, mental health contract staff confirmed their receipt of PREA training. Permanent contract staff such as medical and medical health who has direct contact with the inmate population attend the Non-Academy Pre-service Orientation training for new employees in addition to bi-annual in-service training. The Health Services Administrator indicated staff attend PREA training before contract with the inmate after the hiring process and during in-service through Learning Management System – CORIZON (contracting agency) University on -line training. Those interviewed stated they were notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report it. Each stated they would report to a security supervisor and their immediate supervisor. Rosters confirming the receipt of PREA training for all medical and mental health were presented for review. However, it was uploaded in conjunction with standard 115. 35 specialized training for medical and mental health.

The MCIJ PCM provided confirmation of PREA training completed by 15 vendors and/or

maintenance contractors who entered the facility for various services. All maintenance and service vendors are always escorted by security staff.

There are 2 Keefe contract workers approved for entry and have completed PREA training. Confirmation of their training was provided. As of March 2020, due to COVID-19 Keefe contract staff was restricted with entering for over 15 months. DPSCS staff distributed the commissary items to the inmate population. Keefe staff returned in May 2020. Keefe employees does not have direct contact with the inmate population. These workers are escorted and remain with DPSCS security staff.

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

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

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

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. MCIJ Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
3. DPSCS Executive Directive OPS.020.0032 LEP Policy
4. PREA Hotline signs (English and Spanish)
5. MCIJ Inmate handbook
6. PREA Brochure in English and Spanish
7. PREA Education Video
8. PREA Training Acknowledgement Inmate Education Forms
9. Inmate PREA Orientation Receipt
10. MCIJ. 020.0026.01 PREA Compliance Standards
11. DCD.2002.0001
12. Observation on site
13. Interviews with:
 - a. MCIJ PCM
 - b. Traffic Officer
 - c. Inmate population

115.33(a)(b) (c) The PAQ and interview with the MCIJ PCM identified 423 inmates arrived at the facility during the review period who was given PREA education at intake. Per an interview with the Traffic Officer, she identified staff assigned to this position are responsible for issuing the inmates the “PREA and Sexual Assault Awareness Sexual Assault is a Crime Not a Punishment - What Every Inmate Needs to Know” pamphlet. Per interviews with 34 inmates, all acknowledged receiving the pamphlet on the day of arrival. Inmates also acknowledged receiving various other PREA educational material during orientation within days of their arrival at MCIJ. Inmates also acknowledged their awareness of the PREA Hotline and PREA posters on the walls and bulletin boards posted throughout the facility. The MCIJ PCM provided dated rosters with inmate signatures acknowledging receipt and acknowledgement of the content Provided a Guide to the Prevention and Reporting of Sexual Misconduct with Offenders. Inmates also acknowledged having the pamphlet and understanding it was their responsibility to read it and follow the procedures. While stating if they had questions, they would contact a

staff member or call the PREA Hotline.

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

MCIJ.020.0026.01 indicates all inmates entering MCIJ receives information concerning the zero-tolerance policy for sexual abuse, sexual harassment, and sexual misconduct during orientation. Orientation classes are mandated for inmates new to MCIJ. Classes are in held at least weekly. Orientation contains information relevant to the (i) Intervention. (ii) Self-Protection; (iii) Reporting; (iv) Treatment and counseling. Inmates shall complete the PREA Orientation Acknowledgement and Orientation Acknowledgement upon completion of inmate orientation. Education is available in formats accessible to all inmates, including those who are, (a) Limited English proficient; (b) Deaf; (c) Visually impaired and Limited in reading skills.

The PAQ and interview with the MCIJ PCM identified 261 inmates was admitted during the past 12 months whose length of stay in the facility was for 30 days or more. These inmates received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents in addition to agency policies and procedures for responding to such incidents within 30 days of intake. Prior to COVID-19 inmates received the comprehensive education within 7 days of intake. Since COVID-19, inmates are required to place on quarantine and/or isolation status at a minimum of 14 days upon intake.

Inmate orientations include the PREA video "PREA and You: Preventing, Reporting and Treating Sexual Abuse and Harassment" Inmates receiving an Intake and Reception that provides inmates a list of various outside the facility confidential resources for reporting sexual abuse and/or sexual harassment in addition to victim advocate services, a chance to ask questions, and advisement that an inmate handbook is available in the housing and library. An individual copy of the inmate handbook is available upon request. Inmates signed the PREA Training Acknowledgement Inmate Education form that they have participated in a PREA education session as required by 28 C.F.R. Part 115.31. "During the education session information was provided regarding my rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents."

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

115.33(d) The Department shall provide inmate education in formats accessible to all inmates,

including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Directive OPS.050.0001 section .05C(5) states, "Procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under §.05E(4) of this directive." When necessary, telephone interpretation services are needed, the available services are through the Language Line. The auditing team conducted interviews with 2 inmates identified as LEP (Spanish) using the language line. The inmates identified they were able to read the PREA information posted throughout the facility in their Spanish language and was provided with an inmate handbook and PREA brochures in their Spanish language. The auditor also conducted interviews with two inmates identified as Deaf through sign language translation from contract staff who assigned to provide education and other translation services for the deaf inmates. The Deaf inmates acknowledged receipt of PREA education in a manner they could understand as they stated they are able to read.

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

115.33 (e) The auditor requested a random selection of 43 inmates' documentation of PREA education. They also acknowledged receiving an orientation packet that included material such as the DPSCS PREA and Sexual Assault Awareness brochure and a copy of the Intake and Reception Sheet. The PREA brochure, inmate handbook, and Intake and Reception are informative on various ways to report PREA allegations: talk to any staff member that you feel comfortable with. This can be a correctional officer, teacher, nurse, chaplain – ANYONE. Report the incident to the PREA Hotline at the toll-free number (410) 585-3177 while giving instruction on doing so. Inmates are also informed they may report the incident through the Administrative Remedy Process (ARP).

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

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

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. MCIJ Completed Pre-Audit Questionnaire (PAQ)
2. IIU Investigators Orientation Training
3. OSPS.200.0004 Inmate Sexual Misconduct
4. IID Investigators Field Training Schedule
5. OSPS.050.0030 Sexual Conduct
6. MD Correctional Services Article 10-701
7. Police Entry Level Objectives
8. Investigative Staff Training Record
9. Confirmation of Facility Investigator and MCIJ PCM Specialized PREA Training
10. Interview
 - a. IID Investigator

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

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

Directive IIU.110.0011, section .03B states, "Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the

correctional setting.” IID has jurisdiction over both administrative and criminal investigations. IID investigators are required to meet training standards in order to maintain law enforcement certification and are sworn officers. IID Investigators training Organization Principle and Law - 01 training includes but not limited to: Identifying the basic element of a Rape Crime; Identifying the basic elements of Sex Offenses; Identifying the various styles of attack in Rapes; and defining the terms most often used in dealing with various sex offenses. IID handles all allegations of sexual abuse and sexual harassment. All investigations of sexual abuse and sexual harassment, criminal and administrative, are initially forwarded to the IID unit. IID will subsequently determine if the allegation will be investigated locally by facility staff or investigated by an IID investigator. The Maryland Police and Correctional Training Commission Lesson Plan – Specialized Training: Investigations which is required of all IID detectives before conducting sexual abuse and sexual harassment investigations was reviewed and covers the requirements of this standard. Upon completion of training, the IID detectives are issued a certificate of completion indicating that the detective has successfully completed training in conducting PREA investigations. An interview was conducted with an IID Investigator whom training exceeds that required via the standard of 115.34.

The DPSCS employ 36 IID Investigators who are assigned to the different Regions through Maryland to conduct facility investigations. Confirmation of the completed specialized training is maintained, and computer-generated roster was provided that documented completion, date completed, hours created and test scoring. Additionally, confirmation was provided that supported the successfully completion of the of PREA: Specialized Training for Investigators 8-hour course by the facility investigator and the MCIJ PCM.

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

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. MCIJ Completed Pre-Audit Questionnaire (PAQ)
2. CORIZON Health Site Orientation
3. Nursing Encounter Tools Support Document PREA Recommended Interventions
4. Patient Information Fact Sheet
- 5 CORIZON General Health Services Policy and Procedures
6. DPSCS Directive Number 020.0026 PREA – Federal Standards Compliance
7. PREA- CHSSO eLearning Module
8. Training Certificates for Medical and Mental Health Staff
9. Interviews:
 - a. Health Service Administrator
 - b. Mental Health Supervisor

115.35(a) DPSCS.020.0026 states The Coordinator shall, on PREA related matters, have the authority of the Secretary and at a minimum, is responsible for: Ensure that Department PREA related activities comply with federal PREA standards to include in medical and mental health. Directive OPS.050.0001 defines “employee” as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C (1) states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;” The Medical and Mental Health staff at MCIJ complete a variety of specialized PREA related training. The CORIZON Health CHSSO Clinical Module dated November 2016 is an 18-page lesson plan that details What PREA Is, custody staff responsibilities, health care role and responsibilities, detecting and accessing, preservation of evidence, key components to evidence preservation, response, reporting, and follow-up care while identifying immediate respond is of the utmost importance. The medical and psychological trauma of sexual abuse can be minimized by prompt and appropriate health intervention. The training course is followed by the required completion is a 19-page examination that challenges the knowledge of clinical staff through a test they must score 90% or better. The CORIZON Health Nursing Encounter Tools Support Document PREA Recommended Interventions detailing the Do’s and Do Not as an immediate response to sexual abuse as it is of the utmost importance. Additional training is provided through Centurion referencing a PREA overview consisting of 57 pages with the learning objectives: (1) Increase understanding of the goals of PREA; (2) Review general expectation of PREA National Standards; (3) Review expectations of PREA

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

Interviews were conducted with the Health Services Administrator and the Mental Health Supervisor. There were 27 medical staff, 1 mental health staff, and 1 social worker assigned at MCIJ during the on-site visit. Training rosters and certificates document all staff received the specialized training in addition to PREA training required by all DPSCS staff in 2020. Specialized training is completed before staff are allowed to have contact with the inmate population. PREA Specialized training is conducted through literature, educational material and on-line yearly ad as needed.

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

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

115.35(d) Directive OPS.050.0001, section .04B(6) defines "employee" as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C(1) states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;" with regard to contractor training. As indicated in the provisions above all mental health and medical staff completed PREA training throughout 2020.

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

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
2. MCIJ.020.0026.01 PREA Federal Compliance Standards
3. Initial and 30-day Follow-up Risk Assessment Form
4. Interviews
 - a. Staff Who Conduct Risk Screening

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

The MCIJ .020.0026.01 section G. Screening for Risk of Victimization and Abusiveness. (1) The traffic officer shall screen each intake inmate within 24 hours of arriving to the facility. (2) The PREA screening instrument shall be used to evaluate the inmate's risk of victimization abusive behaviors (3) The screening instrument is a safety measurement to determine housing and programming for potential risk of sexual victimization for potential for abusiveness. The goal is to keep those at high risk of being victimized from those who are at high risk of abusiveness. Traffic officers shall enter the PREA screening results in the OCMS.

The PAQ identified 423 inmates reported to the facility who stayed was 72 hours or more and 261 inmates were admitted to the facility who stay was 30 days or more during the review period of April 1, 2020 – March 30, 2021, and all inmates received risk assessments upon their arrival. MCIJ is a time building facility. The Traffic Officers are responsible for conducting the initial 72-hour risk screening assessments of all newly arriving inmates and Case Managers are responsible for conducting the 30-day risk assessments. Interviews were conducted with Traffic Officers and Case Manager Management Staff who are assigned to

conduct the inmate's risk assessments indicated the inmate received the initial risk assessment on the day of arrival to the facility. Traffic Officers and Case Managers are responsible for ensuring the screening instrument is used to objectively assess an inmate's risk of victimization and/or an inmate being sexually abusive. They indicated the PREA Intake Screening is the one form utilized to conduct screening for the risk of sexual victimization and risk of sexually abusing other inmates. Inmates are scored on their responses and are identified as at risk of victimization and/or risk of abusiveness and/or neutral.

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

At the pre-audit phase, the auditor requested a roster of all inmates who arrived at MCI-H during the review period. The auditor randomly selected 44 inmates risk assessment for review from April 1, 2020, through March 31, 2021. All risk assessments were conducted using an objective screening instrument. The PREA Intake Screening form is a one-page form that assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12 separate questions to determine a detainee being at risk of victimization factors and 6 additional questions to determine an inmate's risk of abusiveness factors. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the detainee history during the initial screening. The Department does not include a question of "whether the inmate is detained solely for immigration services," as the DPSCS does not house inmates solely for civil immigration purposes.

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

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

115.41(f) Directive OPS.200.0006, section .05B (2) and MCIJ.020.0026.01 require case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility. The PAQ and MCIJ PCM identified 261 inmates entered the facility within the past 12 months of the audit whose length of stay was 30 days or more. These inmates were identified as being reassessed for their risk of sexual victimization or of being sexually abusive within 30

days after their arrival at the facility based upon any additional, relevant information received since intake. The auditor randomly selected 43 inmates for review of their initial PREA Intake Screening and 30-day follow-up PREA Intake Screening. There were zero discrepancies noted in the completion of the inmates receiving the initial PREA Intake Screening and/or the 30-day follow-up. An interview with a Case Manager Supervisor identified 21 days as the set date in scheduling inmates for their 30-day reassessments. An interview with a Case Manager stated she maintain a tracking system of all upcoming 30-day reassessment as to not exceed the required 30-day follow-up requirement. Inmates provided various responses to the questions of being asked the following questions upon their arrival if they were asked whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify with being gay, lesbian, or bisexual, and whether they thought they might be in danger of sexual abuse at the facility? Responses range from yes, maybe I don't recall, I think so, no I don't remember being asked, no I wasn't asked, and I was asked by medical. However, during further interview, most inmates acknowledged they were asked the questions related to the PREA Intake Screening form and most inmates interviewed who arrived at the facility less than 12 months did recall being asked questions from the PREA Risk Screening during the reassessment during the intake process and/or Case Manager. Additionally, staff assigned to conduct risk assessments demonstrated their knowledge, practice, and the procedure of conducting risk assessments in accordance with DPSCS and provisions of this standard through the documentation of the initial risk assessment completion on the day of the inmate's arrival and within 30 days for the reassessments.

115.41(g) Directive OPS.200.0006, section .05B (4) requires case management staff to re-assess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. MCIJ.020.0026.01 states an inmate's risk will be reassessed by a Case Manager within 30-days of the inmate's arrival to the facility; and when necessary due to a referral, request, incident of sexual abuse, or receipt of additional information. Interviews with a Case Manager Management Staff identified an additional risk assessment is completed upon the receipt of new information, a referral from staff, and upon an inmate being identified as a victim and/or aggressor in a PREA investigation, disciplinary sanctions that could change their scoring, etc. Their responses coincided with the requirements for screening for risk of victimization/abusiveness outlined in OPS.200.0006 as an inmate's risk level can be reassessed any time during incarceration and when new relevant information becomes available. Confirmation of reassessments were provided for an inmate involved in a Substantiated staff-on-inmate sexual abuse case and another inmate who later identified as transgender.

115.41(h) Directive OPS.200.0006, section .05B (5) states inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening reported the inmates are not disciplined for refusing to respond or for not disclosing complete information and stated most are cooperative and provide responses. Interviews staff assigned to conduct PREA risk assessment screening confirmed the inmates are never discipline for refusing to answer questions during the risk assessments. If an inmate refused to response to any of the questions, screening staff document the inmate's refusal to answer.

115.41(i) Directive OPS.200.0006, section .05B(6) requires, "Appropriate controls to be in place for facility dissemination of information collected during screening to ensure that

sensitive information is not exploited to the inmate's detriment by staff or other inmates." Per an interview with the Case Manager Management Staff upon completion, the PREA Intake Screening forms are placed in the inmate's base file. Interviews with the DPSCS PREA Coordinator, MCIJ PCM, the inmate base files are secured in a designated base file room that is double locked.

During the tour of the facility, the Traffic Officer identified procedures in conducting the inmate PREA risk screening and the circulation of the completed forms to Case Management. Staff explained during the PREA risk screening, staff place a sign on the door that notes "PREA Interview in Process" that aid in providing privacy during the screening process. Upon completion of each risk assessment, the risk assessment is inserted in a lockbox within the officer area. Only authorized staff within the Case Management Department have been issued a key to the lockbox to retrieve the risk assessments from the lockbox.

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

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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

A computer-generated roster of inmates who scored as prior victim, prior aggressor and those who served as both. The auditor randomly reviews the housing assignment/cell assignment of these inmates. There were 0 inmates identified as a prior victim and prior aggressor housed within the same housing units. The review of inmates' bed assignment coincided with an interview with the MCIJ PCM. An inmate's housing assignment is based on the scoring of their risk assessment. Inmates identified as a prior victim and/or or at a high risk of being sexually abused are never assigned to a housing unit with an inmate identified as a prior aggressor. Additionally, neither would be housed in a dormitory style housing for safety concerns. The inmate PREA scoring was identified as:

49 - PREA AP- PREA AP (Aggressor Potential): Inmates designated by the PREA screening as having characteristics of an inmate with a higher-than-normal likelihood of sexually aggressive towards other inmates inside an institution. May not be housed with PREA VP;

2 - PREA MX- PREA MX (Mixed) Inmates designated by the PREA screening as having both an aggressor potential (AP) and victim potential (VP). May not be housed with PREA VP;

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

assaulted inside an institution. May not be housed with PREA AP, MX.

MCIJ.020.0026.01 states (1) The traffic officer shall screen each intake in mat within 24 hours of arriving to the facility. (2) The PREA screening instrument shall be used to evaluate the inmate's risk of victimization abusive behaviors; (3) The screening instrument is a safety measurement to determine housing and programming for potential risk of sexual victimization or potential for abusiveness. The goal is to keep those at high risk of being victimized from those who are at high risk of abusiveness. Traffic Officer shall enter the PREA screening results in the OCMS.

The Traffic Officer and Case Management staff stated they use information from the inmate's risk assessment risk to gather information from the inmate in response to the questions and based on his responses and other available information obtained is how housing is assigned is determined.

OSPS.200.0006 Assessment for risk of sexual victimization and abusiveness indicate to deter prison rapes, only inmates with PREA compatible types should be housed in the same cell. Screening information shall be considered: (a) When assigning an inmate to housing, the traffic officer shall ensure that the cell mate and inmate are PREA type compatible. The PREA compatibility rules are identified as such:

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

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

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

115.42(b) Directive OPS.200.0006, section .05C(1)(b) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using

information obtained during screening required under this directive: When making individualized determinations as how to ensure the safety of each inmate.” As indicated above, the information from each inmate’s individual risk screening is reviewed and utilized to keep inmates safe. The Traffic Officers are responsible for maintaining an accurate and up-to-the-minute total institution population count. The Traffic Officer shall record all movement in and out of the institution on the Daily County Running Sheet. The Traffic Officers have access to the inmates’ scoring result when housing and bed assignments are required.

(b) When making individualized determination s as how to ensure the safety of each inmate.

(c) When deciding to assign a transgender to intersex in Relevant alerts shall also be placed on all facility and agency data systems by case management to assist in housing and programming decisions. Housing decisions should be made using the PREA Compatibility Rules.

115.42(c) Directive OPS.200.0006 states, “When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case-by-case basis, determining if the placement or assignment: (i) Ensures the inmate’s health and safety; and (ii) Presents management or security problems.”

MCIJ.020.0026.01 states Information received from the intake screening may affect housing, job and programming assignment on case-by caser basis. A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. (2) Individualized determinations may be made to ensure the safety of each inmate, including placing an inmate in special housing (protective custody and administrative segregation) if no other means of separation from likely abusers if possible. (3) Housing placement of a transgender or intersex inmate shall be determined by the views of the inmate with respect to their safety.

OSPS.200.0005 states when making deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by basis determining if the placement or assignment: (i) ensures the inmate’s health and safety; and presents management or security problems. Transgender or intersex inmate’s own view with respect to personal safety shall be seriously considered.

The MCIJ PCM indicated inmates identified as transgender and/or intersex are not assigned to the intake building with newly arrival inmates as a safety and security measure due to be at a higher risk of sexual abuse. Although the transgenders inmates are assigned to designated housing, newly arriving transgender inmates are assigned to various housing units with older and more mature inmates where the inmates in the housing units are established and have jobs.

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

The auditor requested a roster of inmates identified as transgender for a random selection of reassessments conducted twice yearly. The auditor’s review of 2 transgender files confirmed

one inmate identified as transgender arrived at MCIJ in February 2021. Therefore, an assessment beyond the 30-day follow-up was not warranted. The second inmate identified as transgender arrived at MCIJ on September 12, 2019. The first 6-month review was conducted March 12, 2020, followed by October 2, 2021, and the third review was March 25, 2021.

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

Transgender and intersex inmate can request a personal search exception card issued by the warden which allows the inmate to be searched by staff of a preferred gender. The auditor interviewed 2 inmates who were identified as transgender each they felt their own concerns to their safety is given consideration by staff. If they have any concerns, they could always speak with the MCIJ PCM, case manager and/or other staff. Both stated they felt safe at MCIJ.

115.42(f) Directive OPS.200.0006, section .05C (4) states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The 2 inmates identified as transgender stated they are awarded the opportunity to shower at separate times from the general population of male inmates. They are awarded the opportunity to shower during times that the showers are closed to the remaining inmates within their housing unit. There has not been an inmate identified as intersex at the facility during the audit review period and/or on-site visit.

115.42(g) Directive OPS.200.0006, section .05C (5) states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates." Interviews with 2 inmates identified as transgender, and 1 inmate identified as gay, confirmed they and other inmates identified a such were not housed in a dedicated unit and/or wing. These inmates in addition to staff expressed no knowledge of an inmate identified as intersex housed at the facility during the review period and /or on-site visit.

The PREA Coordinator stated that the State of Maryland places gay, bisexual, transgender, or intersex inmates throughout their facilities throughout their agency. He also stated that the State of Maryland does not have a consent decree.

The MCIJ PCM stated the facility does not place inmates identified as gay, bi-sexual, transgender, or intersex in dedicated units, wings solely on the basis of such identification or status and the facility does not have a consent decree, legal settlement, or legal judgement for the purpose of protecting such inmates. Direct observation and inmate housing unit rosters corroborated the inmates interview results. At the facilities they are placed in general population housing units.

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

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

115.43(a) OPS.200.0006 states Placement of an inmate in special confinement housing shall be in accord with provisions for special confinement housing established in the Case Management Manual. The DOC– Case Management Manual section .18E (1)(a)-(f) states, “Protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. Per the PAQ and an interview with Warden, there has been 0 inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for 12 to 24 hours awaiting completion of assessment. Per the Warden, the alleged aggressor would be placed in involuntary segregation pending an investigation, not the alleged victim.

115.43(b) The DOC-Case Management Manual section .18F(1)-(17) states in part that an inmate assigned to administrative segregation or protective custody shall be subject to the conditions of confinement and those conditions of confinement outline opportunities that have been limited, and the duration of these limitations. Opportunities for those in protective custody include institutional movement, hygiene, property, out-of-cell activities, access to health care, case management, education, library, legal, visits, religion, food, mail, commissary, and segregation status. The rationale for any limitations would be documented on the Administrative Segregation Investigative Report and the Notice of Assignment to Administrative Segregation. Per an interview with the Warden the facility does not utilize involuntary segregation for inmates identified at a high risk of victimization. An interview with staff who supervise segregation confirmed inmates in segregation indicated all inmates placed in segregation would have access to education, book carts, mail, legal work, haircuts, telephones, and showers daily, 1 hour of recreation daily, legal visits, medical and mental health care. Due to the degree of required security in segregation, no inmates assigned in segregation are awarded are released from their cells for work opportunities. There were zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement to include during the review

period of April 1, 2020, through March 31, 2021, nor during the on-site visit.

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

115.43(d) The DOC– Case Management Manual section .18E requires the use of the Administrative Segregation Investigative Report and Notice of Assignment to Administrative Segregation to document the basis for concern and reasons why no alternative means of separation can be arranged. The Notice of Assignment to Administrative Segregation is provided to the inmate and provides the inmate a rationale for placement. However, per interviews with the Warden, MCIJ PCM, and staff assigned to supervise inmates in segregation and the PAQ, there were 0 inmates placed in segregation for being at a high risk of victimization. An interview with staff assigned to supervise inmates in segregation indicated an inmate identified as at risk of being sexually abused would be asked where he would feel safe. The aggressor would be placed on administrative review period pending an investigation. Therefore, there were no cases of inmates placed involuntary segregated housing due to being at a high risk of victimization for interview and/or review of casefile.

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

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

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

The auditing team observed the PREA Hotline 410-585-3177 and other PREA information stenciled on walls throughout the facility. This information is accessible to staff, visitors, and the inmate population. All departments, and inmate housing provide continued PREA awareness, methods of reporting and the PREA Hotline number for reporting PREA allegations. Interviews with the staff and inmate population confirmed their awareness of methods to report PREA allegations while stating the hotline number is posted everywhere throughout the facility.

Inmates have access to the facility inmate handbook that is located in each housing unit control center upon request. A copy of the inmate handbook is also located in the library available upon an inmate's request.

A review of the 5 PREA investigative files revealed, 1 was reported through the PREA Hotline, 1 was reported via third party (note from another inmate), 1 was observed during staff video monitoring, 1 was reported through the Administrative Grievance Process and 1 were reported by the alleged victim.

Interviews with 18 random staff indicated each would immediately report any knowledge and suspicion of sexual abuse and/or sexual harassment. The most common method staff identified the inmate population could report PREA allegations was through the PREA hotline, verbally, in writing, anonymously, via third parties, and/or any staff member to include a staff member that the inmate feel comfortable reporting the incident too.

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

115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 discusses methods that allow detainees to make a report of sexual abuse or sexual harassment outside the department to the Office of the Attorney General or any other private or public office. MCASA serves as the umbrella throughout the state of MD in which a contract has been established to receive reports of sexual abuse and sexual harassment from inmates as an external reporting entity. Inmates receive as a part of their orientation packet an Intake & Reception Sheet that assist in supporting the provision of this standard. The Intake and Reception Sheet list various alternatives for an inmate to report to outside agencies to include for emotional support services related to sexual abuse. These available services include YWCA of Annapolis & Anne Arundel County 1517 Ritchie Highway, Suite 201 Arnold, MD 21012 (410) 222-6800; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring, MD 20907 (301) 328-7023/ 800-939.7273; Sexual Assault Legal Institute P.O. Box 8782 Silver Spring, MD 20907 (301) 564-2277/877-496-SALI; JUST Detention International 1900 L St, NW, Suite 601 Washington DC, 20036 202-506-3333; RAINN Rape, Abuse & Incest National Network No Written Correspondence 800.656.4673. The auditor contacted the YWCA via phone and spoke with a Victim Advocate representative. The YWCA Victim Advocate stated staff accept Hotline calls

24/7 and upon receiving a report of sexual abuse and/or sexual harassment, staff offer emotional support, further counseling and legal services if requested. Due to the confidentiality, staff are not allowed to release the information given outside the center without prior approval from the inmate/alleged victim. She stated the services for the inmate population are different than that of individuals within the community as those victims of abuse may be taken to a shelter.

MCIJ does not house detainees solely for civil immigration.

115.51(c) Directive OPS.050.0001 and Directive OPS.200.0005 requires an employee receiving a complaint of sexual abuse or sexual harassment to immediately report the complaint to a supervisor, manager, shift commander, or head of the unit and subsequently document the report in a written format. Additionally, reports of sexual abuse or sexual harassment may be submitted verbally, in writing (including electronic documents), anonymously, and by third parties. Interviews with 18 random staff indicated they would immediately notify their supervisor and document any verbal reports of sexual abuse or sexual harassment as soon as possible and always prior to departing from their assigned shift. MCIJ.0200026.01 states "All employees have a duty to report immediately knowledge, suspicion, or information, regarding an incident of sexual abuse through the chain of command.

115.51(d) Directive OPS.200.0005 states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice regarding privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. MCIJ.020.0026.1 section J. Staff Reporting states sexual abuse and sexual harassment of inmates can confidentially be reported by employees by calling the employee hotline (443) 660-6323. (2) Employees who report sexual misconduct is protected against any type of retaliation. (3) All information concerning sexual misconduct or harassment reported to the employee hotline may be kept confidential. (4) Any staff member who fails to report, take immediate action, initially inflicts humiliation or retaliation toward a victim or informant regarding sexual abuse, sexual harassment, sexual misconduct, and sexual assault shall be subject to the appropriate level of discipline, up to and including termination. Most staff cited the PREA hotline, directly notifying their supervisor, Warden, and/or notifying the facility investigator as their primary ways to make a private report of sexual abuse or sexual harassment.

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

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title 12-DPSCS, Subtitle 02-Division of Correction, Chapter 28-Administrative Remedy Procedures (ARP) to Resolve Inmate Complaints, Section .04B), An inmate may not use the ARP to resolve a complaint concerning: (5) The following acts by staff or another inmate, which shall be addressed according to Department procedures for addressing complaints under the Prison Rape Elimination Act: (a) Rape; (b) Sexual assault, sexual harassment, sexual abuse; and (c) Other sexual misconduct. If a complaint is made through the ARP, it is treated as any other written form of reporting and forwarded directly to the supervisory correctional staff on duty, Grievance Chairperson and to IID to be processed for investigation. Per the MCIJ Grievance Chairperson, all reported allegations are addressed immediately and reported to the IID Investigators for a thorough investigation. There was 1 staff-on-inmate sexual abuse allegation reported through the Administrative Remedy Process during the review period and was immediately forward to the IID Unit for an investigation.

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

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

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCIJ Completed Pre-Audit Questionnaire (PAQ)
2. MCIJ.020.0026.01 PREA – Federal Compliance Standards DPSCS Executive Directive
3. Maryland Coalition Against Sexual Assault (MCASA) Information Packet
4. PREA Intake & Reception Sheet
5. Draft MOU Between DPSCS and MCASA
6. Interviews with:
 - a. Inmates Who Reported Sexual Abuse
 - b. DPSCS Assistant PREA Coordinator
 - c. Random Inmates

115.53(a) (b) MCIJ.020.0026.01 section K. Confidential Access to Support Services states (1) Inmates shall be provided access to outside victim advocates for emotional support services including toll-free numbers, if possible, to local, state, and national victim advocacy or rape crisis organizations. (2) Individuals detained solely for civil immigration purposes can receive emotional support services from an immigrant service agency. (3) Inmates are advised of the mandatory reporting rules governing privacy and confidentiality including limitations under federal, state, and alternatively local law.

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

Interviews with random inmates indicated they were unaware of outside services available to them as most stated they have had not encountered a reason to become knowledgeable of them. They did state they have seen various PREA information identifying such, but they had

not taken an interest to education themselves with it. Inmates were conducted with 2 inmates who remained that the facility who were identified as victims of sexual abuse. Both indicated they were advised of victim advocate services but declined to utilize such services.

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

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

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

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

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.61(a) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident." Directive OPS.050.0001 and Directive OPS.200.0005 requires employees who receive a complaint of or otherwise have knowledge of alleged sexual misconduct/sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document the incident. It also requires the supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct/sexual conduct occurred notify the managing official responsible for the facility receiving. If the incident occurred at another facility, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the

incident, shall notify the managing official of the facility where the incident occurred. If the incident occurred at a facility that is not under the authority of the department the facility head or agency head responsible for the facility where the incident occurred and the IID regardless of the jurisdiction where the incident occurred. Directive OPS. 020.0003 identify PREA related incidents as a priority #2 within the serious incident category descriptions. The policy lists staff responsibility and procedures in reporting such incident. All reporting incidents are to be documented on an incident report (matter of record) by the initial reporting staff member. Interviews with 18 random staff indicated they were aware of their responsibility to report any knowledge of PREA allegations to include harassment, sexual abuse, and retaliation. All stated they would report to the correctional supervisor on the shift. Non-security staff also indicated they would report to their immediate supervisor in addition to the security supervising staff on duty. All reported they would document verbal reports of PREA allegations in a matter of record as soon as possible and always prior to the end of the shift. The requirement for the shift commander who receive PREA allegations during their shift to report to the IID is also noted in OPS.020.0003.

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

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

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

115.61(b) Directive OPS.050.0001 and Directive OPS.200.0005 identify information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing,

investigation, and resolution of alleged inmate on inmate sexual misconduct and immediate and continued care of the victim. Interviews with random staff confirmed they would have a private conversation with supervisory staff and only those who in an authority position who had a need to know such as MCIJ PCM, investigative staff, medical and mental health. Staff indicated they would not document the circumstances of the reported PREA allegation in their unit logbooks.

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

An interview with the Health Services Administrator (HSA) with oversight at MCIJ indicated the staff within the department are required to report to the Director of Nurses, Director of Operations, Doctor on call, MCIJ PCM, Dental, Mental health and Shift Commander on duty.

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

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

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

anonymous. An interview with Warden and review of the 5 PREA investigative casefiles indicated the reported PREA allegations were referred to the IID Unit for investigation. As stated by the IID Investigator, all investigations are initially opened as a criminal case and are conducted the in the same manner no matter of how the allegation is reported to include those reported by third party, by the alleged victim, and anonymously. A review of the 5 PREA investigative casefiles identified 1 allegation was reported by a third party, 1 was reported via the PREA Hotline, 1 was discovered during security staff monitoring, and 2 were reported to staff by the alleged victims.

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

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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

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

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

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

The PAQ indicated in the past 12 months, there was 1 reported allegation of staff-on-inmate sexual abuse reported by an inmate having occurred at his previous facility. The alleged inmate victim arrived at MCIJ on July 12, 2020 and reported the allegation to MCIJ staff upon his arrival during the initial risk screening. Confirmation of notification to the affected DPSCS facility was documented through a Notice of Incident on July 13, 2020 from the MCIJ Assistant Warden to the Warden at the receiving facility.

MCIJ received 0 reported PREA allegations from other DPSCS and/or agencies where an inmate reported a PREA allegation occurred at MCIJ after his departure.

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

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCIJ Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
3. DPSCS Executive Directive Investigating Sex Related Offenses
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. Review of PREA Investigations
6. Interviews with:
 - a. Inmates who reported sexual abuse

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

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

There were 4 reported allegations of sexual abuse during the review period. However, there were 0 occurrences where security and/or non-security staff served as a first responder that included separating the alleged abuser from the alleged victim. There were 0 reported sexual abuse allegations where a collection of physical evidence was preserved and/or collected for forensic medical examination.

115.64(b) Directive OPS.0050.0001 states, "that if the first employee responding to an incident of sexual misconduct is not a correctional officer, the employee shall immediately request that a correctional officer respond to the scene and take steps to ensure that the victim not do anything that might destroy physical evidence, i.e., brushing teeth, bathing, changing clothes, urinating, defecating, drinking, or eating. There were zero times in where an allegation of

sexual abuse the incident was reported within a time period that allowed for the collection of physical evidence and the advisement of the alleged victim or abuser to not take any action that could destroy physical including, washing, brushing teeth, changing clothes, urinating, defecation, drinking or eating. Staff were aware of their responsibilities as first responders. Each stated they would report immediately through their chain of command and the shift commander.

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

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

An interview with the Warden identified the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is in the MCJI.020.0026.01 details the responsibility and practices of staff to include once an allegation is received by the Custody (first responders), Custody Supervisors, Medical Department, Rape Crisis Center Advocate, Access to Emergency Medical and Mental Health services, Ongoing Medical Treatment, Inmate Notifications, Sexual Abuse Incident Review, Data collection, storage, and retention.

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

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

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

4. Interviews with:

- a. Agency Head Designee

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

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

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

115.67(c) (d) (f) Executive Directive OPS.050.0001, identifies changes that may suggest possible retaliation by inmates or staff, which may include, but is not limited to unreasonable or unjustified: Discipline; Changes in work or program assignments; Transfers or placements; or Denial of privileges or services. These must be monitored. The facility presented Retaliation Monitoring forms, that includes inmate's name and case number, the facility, victim, report

date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a place for reporting within 2 weeks, within 30 days, within 60 days, final 90 days, and addition space available for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates.

The MCIJ PCM (Retaliation Monitor) conducted and documented retaliation monitoring for the 4 alleged victims of sexual abuse and 1 alleged victim of sexual harassment. The one inmate who was involved in a Substantiated sexual abuse case, refused to continue meeting with the MCIJ PCM as a Retaliation Monitor. He stated he was not a victim of sexual abuse while alleging the activity involved kissing only and he did not want to continue with the one-one sessions. Although the MCJI PCM discontinued the one-on-one meeting as requested by the inmate, she did continue to monitor the inmate from a distance to include monitoring of changes in housing, work assignments, disciplinary, etc. She stated she also frequently monitored him during meals, recreation and other inmate movement throughout the facility. Neither of the 5 inmates expressed a fear of retaliation and/or concerns with their safety during the 90 -day retaliation monitoring period that would result in an extended monitoring period.

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

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

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

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

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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

An interview with the IID Investigator, indicated upon the affected facility notifying the IID Duty Officer, the case is assigned a case number upon receipt to the reported allegation. Allegations of alleged sexual assault that involves a forensic examination and/or crime scene, the on-call Detective will report to the hospital and facility immediately. Allegations that are reported to have occurred several months ago and/or at a previous institution where there is no physical evidence to collect and/or alleged participants have transferred and/or been

released for example would come second to a more recent sexual assault case.

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

Per review of PAQ, PREA tracking log, PREA investigative casefiles and interview with the MCIJ PCM, 4 PREA allegations were reported at the facility during the 12-month review. An additionally sexual abuse allegation that occurred prior to the 12-month review period was also uploaded for review. These cases included: 1 staff-on-inmate sexual misconduct with an investigative finding of Substantiated; 1 staff-on-inmate sexual misconduct with investigative findings of Unsubstantiated; 1 staff-on-inmate sexual misconduct with an investigative finding of Unfounded; 1 inmate-on-inmate sexual misconduct with an investigative finding of Unsubstantial; 1 inmate-on-inmate sexual harassment with an investigative finding of Unfounded.

Documentation demonstrated the investigations were initiated shortly after an incident was reported and/or identified during the staff investigation and a thorough and objective investigation was conducted. This was verified via the supporting documents (i.e. investigation narrative, medical documentation, and witness statements, various records completed, available video footage) contained within the investigation files. An interview was conducted with an IID Investigator who is assigned to conducted sexual abuse and sexual harassments reported allegations. Investigative staff indicated the investigations are typically initiated immediately, however, the amount of information received, when the incident was alleged to have occurred, and when it was reported compared to a more recent incident reported timely to collect circumstantial evidence and the circumstances surround the alleged incident is given consideration. All interviews are conducted privately. Investigators reported anonymous and third-party reports of sexual abuse and sexual harassment would be processed in the very same manner as any other reported verbally or in writing of sexual abuse and sexual harassment.

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

115.71(c) Directive OPS.050.0001 and Directive OPS.200.0005 states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department or agency procedures, or

other reasonably accepted standards related to: (a) Collecting and preserving evidence; (b) Interviewing victims, witnesses, and suspected perpetrators; (c) Conducting and using polygraph examinations; (d) Identifying suspects; (e) Preserving an individual's personal dignity and legal rights; and (f) Maintaining confidentiality of the investigation." Directive IIU.110.0011 addresses investigator responsibilities including interviews and the collection and preservation of evidence. Review of Investigation documents demonstrate that investigators do "gather and preserve direct and circumstantial evidence." Investigation documents contained such information as victim and witness interview statements, electronic case management information, physical evidence such as letters, and photographs. The facility did not report any cases where a forensic exam was conducted for the collection of DNA evidence. Per interviews the investigators they gather all physical evidence, review phone records, witness statements, search the crime scene, video review, prior history of inmates, ensure safety of alleged victim from the alleged aggressor, interview the alleged victim and alleged aggressor, develop a report and refer to the prosecutor for possible criminal charges as applicable. Each stated sometimes those allegations reported anonymously are investigated no difference than any other reported allegation. However, on occasions there is not enough information provided to continue with an investigation, but the investigators make every effort to complete a thorough investigation just as all other reported allegations. A review of the 5 completed PREA investigative files contained a variety of detailed supporting documentations that met the elements listed.

115.71(d) When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." Directive IIU.110.0011 states, "If appropriate, work with the prosecutor to develop the case for criminal prosecution." The IID investigator indicated they are sworn peace officers therefore, they communicate with prosecutors for presenting criminal charges, request of a search warrants to include body searches, but are not required to consult with the prosecutors prior to conducting compelled interviews. There were 1 Substantiated allegation of sexual abuse and 0 Substantiated allegation of sexual harassment determined during the official review period of April 1, 2020, through March 1, 2021. The Substantiated sexual abuse case was determined not criminal in nature.

However, on April 16, 2019, twenty people, including inmates and officers, were indicted on racketeering charges and conspiracy in a racketeering case at a Maryland Correctional Facility in Jessup. According to the U.S. State's Attorney, documents said bribes were paid to officers to smuggle in contraband including narcotics, cell phones, unauthorized flash drives and tobacco. Six correctional officers and prison staff, seven inmates, and seven outside facilitators were charged in the smuggling and bribery conspiracy. Per the Federal Bureau of Investigations (FBI) U.S. States Attorney's Office, 6 inmates, 6 correctional officers, 7 outside facilitators were indicted. Contraband was smuggled in through officer's hair, clothing, underwear and in their bodies. According to the 11-count indictment, prisoners and facilitators paid the officers with cash, money orders, Green Dot cards and by using PayPal. Prisoners used the contraband cell phones to also pay officers on the spot from within the jail. The officers also allegedly assaulted inmates and had inappropriate relationships with inmates, and one officer is facing additional charges for allegedly sexually assaulting three inmates. These criminal charges remained pending during the onsite visit.

115.71(e) Directive OPS.050.0001 and Directive OPS.200.0005 prohibits victims of alleged

sexual misconduct or sexual conduct from being compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct. Directive IIU.110.001, section .05E states, "(1) Credibility of a victim, witness, or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. (2) A victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of an incident involving a sex related offense." Review of investigation files did not indicate the use of a polygraph or other truth-telling device or examination. Additionally, credibility assessments appear to be appropriate given the information contained within the investigation report. Investigators were able to articulate the main ideals of the standard stating that credibility of an alleged victim, suspect, or witness is considered on an individual basis. Additionally, the investigator indicated under no circumstances would an alleged victim of sexual abuse be required to submit to a polygraph examination. Interviews were conducted with 2 inmates who reported sexual abuse and 1 inmate who reported sexual harassment. The 3 inmates reported they were not requested to submit to a polygraph and/or other truth telling device during the investigation. A review of the 5 PREA investigative casefiles did not reveal any documentation where an inmate was requested/required to submit to a polygraph or other truth telling device.

115.71(f) Directive OPS.050.0001 and Directive OPS.200.0005 requires agency investigators to thoroughly document all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution. Directive IIU.110.0011, section .05D(6) states, "Conduct post-incident investigative actions to complete a comprehensive investigation of the incident that intends to: (a) Identify the perpetrator; (b) Determine if employee action or lack of action contributed to the occurrence; and (c) Collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings. Although a staff-on-inmate sexual misconduct was determined to be Substantiated, the charges were not identified as criminal.

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

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

Department. (c) Powers of investigator – Other property (1) An investigator in the Internal Investigative Unit may exercise the powers of a peace or police officer in the State on property that is owned, leased, operated by, under the control of the Department when (i) engaged in fresh pursuit of a suspected offender; (ii) requested or authorized to do so by the chief executive officer or chief police officer. Directive OPS.050.0001 and Directive OPS.200.0005 states, “Thoroughly document all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution.” Directive IIU.110.0011, section .05H (6) states, “If appropriate, work with the prosecutor to develop the case for criminal prosecution.”

There were zero substantiated allegations of conduct that appeared to be criminal and/or were referred for prosecution during the review period of April 1, 2020, through March 31, 2021. The 1 Substantiated allegation of staff-on-inmate sexual misconduct during the review period did not include conduct that appeared to be criminal that required a referral for prosecution.

The PAQ identified there were 0 substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. This information is incorrect. A federal investigation of twenty people, including inmates and officers at MCIJ resulted in their arrest on April 16, 2019, by the Federal Bureau of Investigations. The arrest was made after a lengthy investigation of several years. The investigation and arrest of these individuals occurred since the last PREA audit in 2018. The MCIJ staff identified in this case were no longer employed at MCIJ at the time of the arrest. The identified staff had previously retired, resigned and/or transferred from MCIJ. The individuals were indicted on racketeering charges and conspiracy in a racketeering case. The investigation involved the introduction of contraband including narcotics, cell phones, unauthorized flash drives and tobacco. Six correctional officers and prison staff, seven inmates, and seven outside facilitators were charged in the smuggling and bribery conspiracy. The officers also allegedly assaulted inmates and had inappropriate relationships with inmates, and one officer is facing additional charges for allegedly sexually assaulting three inmates. All charges in this extensive case remained pending during the on-site visit and the case remained sealed by the FBI. DPSCS staff and/nor the auditor had access to documentation regarding this ongoing criminal case.

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

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

115.71(k) (l) DPSCS conducts its own criminal as well as administrative investigations into

cases of sexual abuse and sexual harassment. Interviews with the DPSCS PREA Coordinators, Warden and IID Investigator confirmed the Intelligence and Investigation Division Investigators are sworn law enforcement peace officers and conducts all DPSCS investigations.

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

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

115.72 (a) OPS. IIU. 110.0011 indicates upon conclusion an investigation involving an inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence. A review of the two completed investigative files to include one sexual abuse and one sexual harassment, confirmed the investigative findings were determined on the collection of evidence recovered during the investigative process, to include interviews conducted, and physical evidence collect, available video monitoring, review of inmate recorded telephone calls, and medical examinations. A review of the 4 completed investigative files confirmed the IID Investigators does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse/sexual harassment is substantiated as confirmed by the IID Investigator. She confirmed the preponderance of evidence is the standard necessary to substantiate an allegation for sexual abuse/harassment through collected evidence and interviews.

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

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
2. OPS.050.0001 Sexual Misconduct - Prohibited

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

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

The IID Investigator indicated there are occasions in where the inmates are notified of the investigative findings during the interview process based on the evidence previously collected prior to the interview. In other cases, the IID Investigator notifies the PCM upon determining an investigative conclusion of whether Substantiated, Unsubstantiated or Unfounded and the PCM makes notification to the inmate. The IID Investigator then documents all notifications in the summary of the investigative report. Additional interviews with the Warden and MCIJ PCM and review of the 5 completed PREA investigative casefiles confirmed all inmates received notification of the investigative findings in accordance with the OPS.050.0001. The MCJI PCM and inmate each signed and dated the notification of investigative finding forms.

115.73 (b) The PAQ identified there were 4 investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months. However, this information is incorrect. There were 0 investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency during the 12-month review period. DPSCS

conducts its own administrative and criminal investigations that includes all sexual harassment and sexual abuse reported allegations. The 4 PREA allegations reported during the review period and the additionally 1 provided was investigated by IID Investigators who are not outside law enforcement agencies of the DPSCS.

However, a federal investigation of twenty people, including inmates and officers at MCIJ resulted in their arrest on April 16, 2019, by the Federal Bureau of Investigations. The arrest was made after a lengthy investigation of several years. The investigation and arrest of these individuals occurred since the last PREA audit in 2018. The MCIJ staff identified in this case were no longer employed at MCIJ at the time of the arrest. One inmate remained housed at MCIJ who was alleged to be involved in a sexual abuse case during the arrest of a retired staff member. The MCIJ PCM notified the inmate of the former staff member's arrest. Due to the circumstances of the ongoing federal investigation, the case was sealed with little to no information provided. All charges in this extensive case remained pending during the on-site visit and the case remained sealed by the FBI.

115.73 (c) Directive IIU.1100011 requires if an investigated incident involved an employee committing a sex related offense on an inmate and the incident was Substantiated or Unsubstantiated, the investigator will arrange for the inmate to be advised when the employee is no longer assigned to the inmate's housing unit, when the employee is no longer employed at the facility, when, if known, the employee was indicted or charged with a sex related offense occurring at the facility, or if known, the employee was convicted of a charge related to a sexual related offense occurring at the facility. There were 1 Substantiated reported sexual abuse findings and 0 Substantiated sexual harassment allegation for staff during the review period of April 1, 2020, through March 31, 2021. The inmate was advised by the MCIJ PCM in writing that the staff member was no longer employed at MCIJ at the conclusion of the staff-on-inmate sexual abuse case. No criminal charges were referred for prosecution.

115.73 (d) Directive IIU.1100011 requires if an investigated incident involved an inmate committing a sex related offense on another inmate, the investigator will arrange for the victim detainee/inmate to be advised, if known that the perpetrator was indicted or a charge related to a sex related offense occurring at the facility; and if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. There were zero Substantiated allegations of inmate-on-inmate sexual abuse during the extended review period.

115.73 (e) IIU.110.0011 states the investigator shall document victim notification in the investigative report to include the name of the individual who notified the victim: the date, time, and location that the victim was notified and how the victim was notified. Four 4 reported PREA allegations during the review period of April 1, 2020, through March 31, 2021, and an additional case prior to the review period was reviewed for confirmation of the alleged victim's notification of the investigative findings. Confirmation of the inmate's receipt of investigative findings were documented in the summary of the investigative report upon the IID Investigators' notification to the facility PCM. Additionally, during the review period, the facility PCM began the utilization of notifying the alleged victims via an Inmate Notification form in which the inmate provides his signature upon being advised of the investigative findings. The form is then signed by the facility's PCM.

115.73 (f) IIU.110.001 states the victim reporting requirements under this standard shall terminate at the time the victim inmate is released for the DPSCS custody. A review of the

audit period PREA investigative casefiles and reported allegations, zero inmates were released from DPSCS custody during the reporting and/or investigations of such cases.

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

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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

One substantiated allegation of staff - on- inmate sexual misconduct was determined by the IID Unit during the review period of April 1, 2020, through March 31, 2021. The investigative findings determined staff violated 5 codes of the DPSCS Standards of Conduct and Internal Administrative Disciplinary Process. The staff member resigned her position prior to termination.

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

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. MCIJ Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. PREA Investigative Casefiles
4. Interviews with:

a. Warden

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

115.77 (b) Executive Directive OPS.050.0001 identifies "Employee" (a) Means an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification. (b) Includes: (i) A contractor; (ii) An intern; (iii) A volunteer (iv) An employee of the Maryland Department of education, Maryland Department of Labor, Licensing and Regulation and Baltimore City Public Schools.

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

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

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

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

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

115.78(b) & (c) An interview with the Warden indicated an Independent Discipline Hearing Officer who is DPSCS employee within a different division and is not assigned to the facility. COMAR 12.02.27 states that the hearing officer before imposing a sanction would consider mitigating factor such as the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories and the inmate's mental health status at the time the rule violation occurred. COMAR 12.03.01.8 states If the defendant is assigned to a mental health unit in the facility or in the community, staff designated to schedule a hearing shall hold the defendant's appearance before the hearing officer in abeyance until the defendant is released for the

mental health treatment facility, except when mental health staff provide documentation there the defendant is competent to participate in a disciplinary proceeding. Whether or not the defendant is currently under the care of mental health staff, if there is cause to believe that the defendant may not be mentally competent and is unable to participate in the inmate disciplinary process, the hearing officer shall postpone the disciplinary proceeding and the facility representative or other facility staff shall refer the defendant to the Department' mental health staff to: (1) Assess the defendant's mental health status; (2) determine whether the defendant is competent to participate in the disciplinary process. If mental health staff determines that the defendant is not competent to participate in the inmate disciplinary process, the: (1) Disciplinary proceeding shall be held in absentia; and (2) Hearing officer shall enter a disposition of "Not Competent" and conclude the disciplinary proceeding. The Warden indicated in accordance with DPSCS policy, an inmate's mental disability and mental illness would be considered when applying disciplinary sanctions.

115.78(d) OPS.200.0005 state: If therapy, counseling, or other intervention designed to address and correct underlying reasons or motivation for sexual conduct is available, may be required to participate in available therapy, counselling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process. An interview was conducted with the Mental Health Supervisor who stated services available to the aggressor would include "Understanding the Victim and their Impact on the Victim. Participation is voluntary and the inmates have the right to refuse the services offered. the available intervention services are provided to the inmate upon the inmate volunteering to attend the programs. Sessions are offered an individual counseling service.

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

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

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

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

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

This was confirmed via review of mental health referral conduct by staff who conduct risk screening during intake. Fourteen inmates were offered a follow-up with mental health during the risk assessment due to being identified subject to prior sexual victimization and or prior aggressors.

Interviews with staff who perform screening for risk of victimization confirmed if a screening indicates that an inmate has experienced prior sexual victimization whether in an institutional setting or in the community, the inmate is offered a follow-up meeting with mental health. Those inmates that are identified as previously perpetrated sexual abuse are also offered a follow-up meeting with a mental health practitioner. The PAQ indicated that 100 % of inmates who arrived at MCIJ during the review period who had previously perpetrated sexual abuse are offered a follow-up with mental health. However, per staff who conduct risk screenings and a review of the PREA Follow-Up forms, the inmates have the option of declining by marking "No, I would not like to be seen for mental follow-up to discuss the results of my PREA screening." Two inmates who reported prior sexual victimization was interviewed. One of the inmates stated he elected to see mental health during the risk screening and stated he met with mental health staff within two weeks of his arrival. The second inmate stated he declined the offer to see mental health upon being offered during the initial risk screening. The auditor randomly selected 14 inmates who were identified as prior victims and/or aggressor and only one inmate accepted to the mental health referral.

115.81(c) MCIJ is not a jail.

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

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

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

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

facility for forensic examination. Interviews with the Health Services Administrator and Mental Health Supervisor verified victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical staff is scheduled 24/7 therefore, is always on duty to provide medical care. The inmate would receive emergency medical treatment as soon as medical staff are notified. An interview with the Health Services Administrator indicated screening is limited to HIV and Hepatitis C. Additional testing is conducted at the local hospital for sexually transmitted infections and if the test results are positive, medical care services would be provided by facility medical staff. Staff would retrieve a consent form from the inmate and provide necessary treatment to include collecting clothing and in accordance with policy. Facility medical staff would call the hospital prior to the inmate and escorting staff departure and advise hospital staff that an inmate is in route for a forensic medical examination. There were no inmates who were provided forensic medical examinations during the review period.

Per the mental health supervisor, a victim would be seen within 24 hours of reporting the allegation and staff notification. However, the mental health staff are not scheduled for on-call duty. Their scheduled hours of work are Monday – Friday. The inmate would be seen on the following scheduled workday. Both mental health and medical staff stated their belief is the medical care and mental health care provided to the inmate population is equal to that in the community, their professional judgement while ensuring the state requirements are followed.

An interview with an inmate who reported an allegation of inmate-on-inmate sexual abuse had previously occurred in May 2019, stated fellow inmates reported the incident to staff. He stated it is his belief that staff response rather quickly upon being notified. He was escorted to medical upon his advisement of staff's awareness. The inmate was documented as receiving a mental health follow-up in addition to being a regular patient of mental health.

A second inmate who was identified as a victim during a staff-on-inmate sexual abuse case stated he was escorted to medical within minutes upon being advised of staff's awareness of the reported occurrence. The reported sexual abuse allegation had an investigative finding of Substantiated but did not conclude penetration. The inmate was referred for a mental health follow-up.

The auditor was provided medical and mental health documentation that confirmed the 4 inmates who reported both sexual harassment and sexual abuse were seen by medical staff upon staff receipt to the PREA allegation to include an allegation that was reported to have occurred in 2019.

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

115.82(c) CORIZON Health has a policy which addresses the requirement of this provision

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

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

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

Per DPSCS Office of Clinical Services/Inmate Health Administrative Manual Chapter 9

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

Per an interview with the Regional Social Worker, the facilities social workers schedule after-care services for inmates who experience sexual abuse while incarcerated upon their release from incarceration. She stated upon being notified of a sexual abuse victim being released, follow-up appointments are scheduled in the inmates' local community for mental health, medical and other available resources.

115.83(c) In an interview with the Health Services Administrator and the Mental Health Supervisor indicated the level of care provided to the inmates are consistent with the community level of care.

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

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

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

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

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

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

An investigative report of staff -on-inmate sexual abuse was closed on August 26, 2020, with an investigative finding of Substantiated. The Sexual Assault Incident Review was conducted on September 21, 2021.

An investigative report of staff-on -inmate sexual abuse was identified as closed as Unsubstantiated on February 11, 2021. The Sexual Assault Incident Review was conducted February 16, 2021.

The MCIJ Incident Review Committee also conducted a Sexual Assault Incident Review for the remaining 3 PREA reported allegations to include: 1 Unsubstantiated inmate-on-inmate Sexual Harassment, 1 Staff-on-inmate sexual abuse with an investigative finding of Unfounded; and 1 inmate-on -inmate sexual abuse with an investigative finding of Unfounded. All incident reviews were conducted within 30 days of the completed investigations.

A review of the Incident Review Team committee signature sheets identified members consisted of upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners who served members. Medical health was not observed as a member of the team; however, the mental health practitioner did attend and/or provided input as her work schedules at the facility were altered due to the effects of COVID-19 throughout the DPSCS with staff and the inmate population. The incident review committee signature sheets documented a variety of the following staff: Warden, Assistant Warden, Security Chief, Major, facility investigative staff, case managers, mental health, various security supervisory staff, and the MCIJ PCM.

115.86(d) OSP.S020.0027 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the location where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing in these areas. The team is required to prepare a report of findings for the managing official and MCIJ PCM that identifies problem areas, necessary corrective action, and recommendation for improvement. An interview with the Chief of Security who is also a member of the Incident Review Team. He indicated the committee take all factors into consideration. The committee review at the identified areas to see if there are any blind spots, if additional mirrors or cameras are needed, or more staff is need. Also consider if policy and procedures were followed by staff. A review of each of the 5 completed incident reviews confirmed the team thoroughly reviewed each case in accordance with the provision of the standard. Recommendations were made that included adding an additional staff for monitoring and securing the identified area outside of operational hours.

115.86(e) OSP.S020.0027 requires the managing official shall work with the PCM to implement the facility incident review team's recommendations for improvement from the review team; or if a recommendation is not implemented, document the reason for not adopting the recommendation. The recommendations made by the incident review team was implemented during the review of the Substantiated staff-on-inmate sexual abuse case. There were no other recommendations made by the committee, however a consideration of all factors was documented as made.

Based on the review of policies, incident reviews, interviews and analysis, and the facility's initiative to conduct incident reviews on all reported PREA allegations to include those of sexual harassment and unfounded sexual abuse conclusion, MCIJ has exceed in meeting the provisions of the standard. Staff has demonstrated their effort in preventing sexual abuse and sexual harassment and effort by applying corrective actions immediately within all reported PREA allegations to increase the safety of inmates and staff.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

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

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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

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

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

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

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

a. DPSCS PREA Coordinator

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

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

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

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

The auditor and support staff were provided access to all areas of the facility with the opportunity to observe practices and procedures in the various departments, in addition to inmate movement, activity in work assignments, medical, dietary, programs, recreation and inmate housing. The auditing team was provided office space to conduct staff and inmate interviews. Additionally, the auditor conducted informal interviews with staff and inmates during the tour of the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information during the audit process. The auditor received one correspondence from an inmate prior to the on-site visit. This inmate was interviewed during the on-site visit by the auditor. An interview with staff assigned to the mailroom confirmed the inmate's outgoing mail is sealed for by the inmates prior to placement in outgoing mail. This procedure allowed the inmate population confidentiality in communicating with the auditor just as communicating with a legal counselor.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

Per DPSCS directives and standard requirements, all PREA final reports be published on the Department website and available to the public. A review of the DPSCS website at <https://dpscs.maryland.gov/prea/prea-audits.shtml> presented the completed PREA audits for 24 operational facilities. However, the Popular Hill Pre-Release Unit has been identified as closed since their last PREA audit conducted in 2017. The PREA audits posted included the one contract facility Threshold for 2015 and 2018. All posted PREA audits were posted on by the Department within 90 days of completion. The most recent posted PREA audit report was dated May 31, 2021.

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	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.)	na
		Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
		Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.17 (a) Hiring and promotion decisions

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

115.17 (b) Hiring and promotion decisions

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

yes

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

yes

115.17 (c)	Hiring and promotion decisions	<p>Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? yes</p>
		<p>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</p>
115.17 (d)	Hiring and promotion decisions	<p>Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? yes</p>
115.17 (e)	Hiring and promotion decisions	<p>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</p>
115.17 (f)	Hiring and promotion decisions	<p>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</p> <p>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</p> <p>Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? yes</p>
115.17 (g)	Hiring and promotion decisions	<p>Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? yes</p>

115.17 (h) Hiring and promotion decisions

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

yes

115.18 (a) Upgrades to facilities and technologies

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

na

115.18 (b) Upgrades to facilities and technologies

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

na

115.21 (a) Evidence protocol and forensic medical examinations

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

yes

115.21 (b) Evidence protocol and forensic medical examinations

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

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

115.21 (c) Evidence protocol and forensic medical examinations

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

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

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

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

115.21 (d) Evidence protocol and forensic medical examinations

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

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

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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

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

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

115.31 (a) Employee training

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

yes

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

yes

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

yes

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

yes

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

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

na

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

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

yes

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

115.41 (d) Screening for risk of victimization and abusiveness

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

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

115.42 (a) Use of screening information

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

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

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

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

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

115.42 (b) Use of screening information

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

115.42 (c) Use of screening information

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

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

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

115.43 (a) Protective Custody

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

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

115.43 (b) Protective Custody

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

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

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

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

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

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.) na

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.) na

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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.52 (b) Exhaustion of administrative remedies

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

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

115.52 (c) Exhaustion of administrative remedies

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

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

115.52 (d) Exhaustion of administrative remedies

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

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

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

115.52 (e) Exhaustion of administrative remedies

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

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

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

115.52 (f) Exhaustion of administrative remedies

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

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

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

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

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

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

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

115.52 (g) Exhaustion of administrative remedies

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

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

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

115.62 (a) Agency protection duties

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

115.63 (a) Reporting to other confinement facilities

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

115.63 (b) Reporting to other confinement facilities

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

115.63 (c) Reporting to other confinement facilities

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

115.63 (d) Reporting to other confinement facilities

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

115.64 (a) Staff first responder duties

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

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

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

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

115.64 (b) Staff first responder duties

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

115.65 (a) Coordinated response

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

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

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

115.67 (a) Agency protection against retaliation

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

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

115.67 (b) Agency protection against retaliation

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

115.67 (c) Agency protection against retaliation

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

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

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

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

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

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

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

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

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

115.67 (d) Agency protection against retaliation

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

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

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

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

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

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

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

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

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

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

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

115.86 (a) Sexual abuse incident reviews

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

115.86 (b) Sexual abuse incident reviews

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

115.86 (c) Sexual abuse incident reviews

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

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

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

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

115.401 (b) Frequency and scope of audits

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

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

If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) no

115.401 (h) Frequency and scope of audits

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

115.401 (i) Frequency and scope of audits

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

115.401 (m) Frequency and scope of audits

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

115.401 (n) Frequency and scope of audits

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

115.403 (f) Audit contents and findings

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