

# PREA Facility Audit Report: Final

**Name of Facility:** Maryland Correctional Institution for Women

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/14/2020

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"/>
<b>Auditor Full Name as Signed:</b> Debra D. Dawson	<b>Date of Signature:</b> 12/14/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	Dawson, Debra
<b>Email:</b>	dddawsonprofessionalaudits@gmail.com
<b>Start Date of On-Site Audit:</b>	10/26/2020
<b>End Date of On-Site Audit:</b>	10/27/2020

FACILITY INFORMATION	
<b>Facility name:</b>	Maryland Correctional Institution for Women
<b>Facility physical address:</b>	7943 Brock Bridge Road, Jessup, Maryland - 20794
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Michelle Pacheco
<b>Email Address:</b>	michelle.pacheco@maryland.gov
<b>Telephone Number:</b>	410-379-3803

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Margaret Chippendale
<b>Email Address:</b>	margaret.chippendale@maryland.gov
<b>Telephone Number:</b>	410-379-3801

Facility PREA Compliance Manager	
<b>Name:</b>	Michelle Pacheco
<b>Email Address:</b>	michelle.pacheco@maryland.gov
<b>Telephone Number:</b>	O: 410-540-6370

Facility Health Service Administrator On-site	
<b>Name:</b>	Amintata Jalloh
<b>Email Address:</b>	aminata.jalloh@corizonhealth.com
<b>Telephone Number:</b>	410-379-3872

Facility Characteristics	
Designed facility capacity:	850
Current population of facility:	655
Average daily population for the past 12 months:	692
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	19-83
Facility security levels/inmate custody levels:	Maximum, Medium, Minimum, Pre Release
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	232
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	89
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	464

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:	
<b>Name:</b>	Robert Green
<b>Email Address:</b>	robertl.green@maryland.gov
<b>Telephone Number:</b>	(410) 339-5099

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	David Wolinski	<b>Email Address:</b>	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 for Women (MCIW) on-site was originally scheduled June 8 -10, 2020. 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 Lead Auditor. Ms. Jacqueline Kendall was assigned as support staff to assist in conducting on-site interviews and touring of the facility. DOJ Certified Auditor Ms. Crystal Norment was assigned as the Secondary PREA Auditor during the review of the submitted documentation. A line of communication was developed between the DPSCS PREA Coordinator Mr. David Wolinski, Assistant PREA Coordinator Funsho S. Oparinde and the assigned lead auditor through phone calls and emails. Due to the size of the facility and inmate population the on-site visit was scheduled for two days.

### **Pre-Audit Process:**

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

A line of communication began between the lead auditor and the Maryland Correctional Institution for Women PREA Compliance Manager/Assistant Warden Michelle Pacheco through emails and telephone calls on January 23, 2020 regarding the completion of the Pre-Audit Questionnaire (PAQ), posting of the audit notice and logistics of the audit process. The auditor's pre-audit preparations consisted of a thorough review of all documentation and material submitted by the facility utilizing the Online Automated System (OAS). Confirmation of the audit posting accessibility to all staff and inmate population was delivered through photographs with identified locations to the lead auditor on April 13, 2020. The postings were well more than the six-week requirement.

The lead auditor utilized various forms provided on the PREA Training and Resource Portal submission to the facility completion during the pre-audit process. Specifically, the PCM was provided with the following for completion: PREA Interviews -Specialized Staff; PREA Audit File Review; New Hires within 12 Months; Agency Contract Administrator; Immediate or Higher Staff; Inmates who report Sexual Abuse/Sexual Harassment; Allegations and Investigation overview; Request for rosters of security and non-security staff, random and targeted group inmates for scheduling of interviews and preparedness of file review during the on-site visit. This inquiry also included rosters of contract and volunteers.

The lead auditor received notification from the DPSCS PREA Coordinator on March 16, 2020, it was necessary to postpone the on-site visit due to the global pandemic of COVID-19 indefinitely. The DPSCS Commissioner responded to the global pandemic by indefinitely restricting entry into all Department correctional facilities as a precautionary measure to protect the health and safety of staff, the inmate population, and local communities. Specifically, DPSCS staff not assigned to MCIW, visitors and volunteers were not allowed entry into the facility.

The 12-month review of documentation, practices and procedures was set for April 1, 2019 – April 1, 2020. The auditors, DPSCS PREA Coordinators and MCIW PREA Compliance Manager continued with the pre-audit process through the submission and review of documentation in the OAS and continued communication through emails, phone calls and conference calls.

A joint determination was made to continue with the audit process by conducting several staff and inmate interviews virtually via Skype as a safety precautionary measure-based information provided by the Centers for Disease Control (CDC) and Doctor Anthony S. Fauci. The inmates and staff would be identified for interview by the lead auditor through utilization of current rosters submitted by the MCIW PCM and the facility's completed forms provided by the auditor collected from the PREA Training and Resource Portal. Conducting the interviews virtually via Skype provided the auditor, support staff and inmate population the opportunity to have personal interaction, a sense of comfort during the interview and safety measures from the spread of COVID-19. This procedure of interviews was agreed upon by the DPSCS Commissioners, DPSCS PREA Coordinators, and lead auditor. An email was forwarded to the PREA Resource Center for input and/or guidance by the lead auditor that remained pending. Virtual interviews via Skype began on May 22, 2020 with staff and the inmate population. Interviews with staff and the inmate population was also conducted on-site on October 26 – 27, 2020, while maintaining social distancing safety precautions.

On September 24, 2020, the DPSCS PREA Coordinator requested approval for the auditing team to enter the facility and complete the on-site PREA audit. The lead auditor received final authorization from the DPSCS PREA Coordinator that entry had been granted to complete the on-site phrase of the audit. Conditions for entry allowance was based on pending a negative COVID-19 result within two weeks of arrival and the use of personal protective equipment as mandated by the facility.

The new on-site visit was scheduled for October 26 -27, 2020 on September 28, 2020. The revised notice of the on-site visit was forward to the MCIW PCM on September 28, 2020 for posting. As this notice would not meet the requirement of six weeks posting prior to the on -site visit, the notice would remain posted for an additional two weeks after the on-site visit. However, the lead auditor continuously received confidential letters from the inmate population throughout the first and second posting. Therefore, the inmate population-maintained awareness of confidential communication capability with the lead auditor. The lead auditor received 7 confidential correspondences from the inmate population at MCIW. Six of these inmates were interviewed. The 7th inmate had been released prior to the on-site visit.

Due to the delay in conducting the on-site visit only, the review period of PREA reported allegations were extended through August 2020.

The Maryland Correctional Institution for Women Staffing Plan addresses the eleven requirements as indicated in this provision. The staffing plan was developed for 849 inmates. The average inmate count for the previous 12 months prior to the global pandemic of COVID-19 was 691. However, the number of incoming inmates decreased since March 16, 2020, because of COVID-19. The facility counts of the first day of the on-site visit was 517.

The completed Pre-Audit Questionnaire (PAQ) was submitted timely for review prior to the site visit. It consisted of links to DPSCS Directives facility policies, inmate handbook, training curriculums, organizational charts, background checks, confirmation of staff and inmate PREA education and other PREA related material. However, documentation was not sufficient to support compliance with numerous standards. The auditing team identified numerous standards that required additional documentation, that included policies, documentation of practice and procedures. The facility was identified as submitting documentation for various standards that did not support evidence for the specific standard. The lead

auditor work diligently with the MCIW PCM in identifying the correct policies and supporting documentation that would be required to meet the numerous standards. This information was shared with the MCIW PCM and DPSCS PREA Coordinators worked as a team to submit the necessary material. The requested documentation was uploaded in the OAS supplemental files and was continuously added throughout the post-audit phase.

The PREA auditors reviewed the Department's website and observed the annual PREA reports and prior PREA Audit Report for MCIW. The lead auditor contacted Just Detention International (JDI) regarding any PREA allegations submitted by the inmate population. JDI confirmed receipt of 1 confidential correspondence for an inmate. The inmate was not identified, and limited information was provided to the lead auditor.

#### Day 1 on-site visit:

The on-site visit began on Monday, October 25, 2020, at approximately 8:00 a.m. An entrance meeting for an introduction and to discuss the audit process. Those in attendance was: PREA Auditor Debra Dawson, PREA Auditor Support Staff Jacqueline Kendall, Warden Margaret Chippendale, DPSCS Assistant PREA Coordinator Oparinde Funsho, Assistant Warden/MCIW PREA Compliance Manager (PCM) Michelle Pacheco, Acting Chief of Security Renee Sanders, Sergeant Sherrell McQueen, Corporal Chajuanette Proctor. 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 upon returning from the tour. A request for private offices to conduct the interviews was also made and identified. The inmate count of the first day of the on-site visit was reported as 517. The auditor advised the management staff that a minimum of 30 inmates to include (15 targeted and 15 random) would be interviewed and the selection of inmates would be from a selection of inmates identified from a current roster and those identified within the targeted groups.

Immediately following the entrance meeting, the auditing team was taken on a tour of the facility lead by the Assistant Warden/MCIW PREA Compliance Manager (PCM) Michelle Pacheco, Sergeant Sherrell McQueen, and Corporal Chajuanette Proctor. The tour consisted of visiting all areas and departments to include gatehouse, administration building, dietary, visiting room, classrooms, shift area, mental health, Intake, medical, MCE Shops, housing units, maintenance, and supply.

A recommendation was made during the tour of housing unit 192 that an additional shower curtain was required to be added to each of the three showers on the second tier in pods A, B, and C. The additional shower would provide fullness and prevention of opposite gender staff viewing into either side of the shower from the lower tier. These shower curtains were immediately added to the identified showers and verified by the auditing team.

A blind spot was identified in the inmate kitchen dish room that prevented staff observation of inmate activities. A 360 mirror was relocated from an area in the kitchen and placed in the center of the dish room entry that eliminated the blind spot of the dish room. The 360 provided a view of the entire dish room area. A large convex mirror was installed to replace the 360-mirror original location and enabled staff to monitor the inmates from other areas while in the kitchen.

While conducting a tour of housing unit 192, the oldest housing unit at the facility, the auditing team identified the inmate telephones on the walls in units A, B, and D were grouped in a manner that did not allow the inmate population privacy to report a PREA allegation to the PREA Hotline, family, and/or friends. It was determined the facility would contact the outside telephone company to redesign the layout of the inmate telephones in these pods. Specifically, the phones would be appropriately spaced on the

walls that allowed the inmate population privacy when electing to utilize the telephones to report PREA allegations. Confirmation of the correction was documented via photos of the service being provided and the completion of service on October 26, 2020.

At the completion of the tour, the lead auditor randomly selected inmates from each of the 8 housing units for interviews. The auditing team was provided a current inmate roster and Post Assignment Worksheet (PAWS) of staff schedule for the day. The auditing team was provided rosters identifying targeted group inmates, and random inmates for interview. Inmates were selected from each of the 10 housing units that included administrative segregation, protective custody, segregation, and restricted status. Inmates with no movement restrictions reported to the designated locations for interviews with the auditing team. The lead auditor elected to begin interviews with specialized staff to accommodate their work schedules.

#### Day 2 on-site visit:

Upon arrival to the facility, the auditing team continued with conducting random staff, random inmates, targeted inmates, and specialized staff interviews.

The facility reported 232 employees, 89 contractors, and 464 volunteers. Nineteen random staff interviews were conducted, and 22 specialized staff was interviewed. Those specialized staff include: (1) Agency Head (1) Warden; (1) Mental Health Practitioner; (1) Health Service Administrator (Contract); (1) Investigator; (2) Supervisory Human Resource Personnel; (1) DPSCS PREA Coordinator; (1) MCIW PREA Compliance Manager; (1) Staff assigned to supervise segregation; (1) JUST Detention International Representative; (1) Incident Review Team Member; (2) Designated staff member charged with monitoring retaliation; (1) Local Hospital Charge Nurse; (1) Agency Contract Administrator; (2) Intermediate or higher supervisors; (2) Staff who perform risk screening; (2) Intake staff.

MCIW reported the inmate population of 517 inmates on the first day of the on-site visit. Therefore, 30 inmate interviews were required. However, 50 inmate interviews were completed that included those conducted virtually via Skype and during the on-site visit. Current daily inmate rosters were utilized by the lead auditor for the selection of 22 random inmate interviews. Inmates identified for the targeted group categories was selected based on their identified category. Twenty-eight inmates within the targeted groups were interviewed as the following: (1) gay; (2) lesbian; (1) bi-sexual; (11) inmates who reported sexual victimization during risk screening; (6) who reported sexual abuse; (1) physical disabled; (1) blind; (1) cognitive disabled; (1) vision impaired; (1) hearing impaired; (2) Limited English Proficiency; (1) vision impaired. There were no inmates at MCIW who were identified as the following: youthful inmate; transgender; inmate in segregated housing for high risk of sexual victimization. The lead auditor received 7 confidential letters from the inmate population. Six of these inmates were interviewed and included in the count. One of the inmates who submitted a letter to the auditor was released prior to the on-site visit. All inmates during Skype and in person interviews acknowledged receipt and understanding of their rights and responsibilities regarding the facility policies and PREA standards. Each was aware of numerous ways to report PREA allegations that included but not limited to the PREA Hotline numbers and/or to staff. However, interviews with two inmates who reported the first staff member they reported their PREA allegation was not immediately responded too. The two inmates' allegations where staff was accused of failing to immediately respond to their PREA allegation could not be substantiated by the PREA auditor due to the investigative reports did not note any instances of a delayed report by staff. However, the lead PREA auditor recommended a refresher course to be provided to staff during shift briefings regarding their first responder duties as outlined with DPSCS policies and the PREA standards and their obligation to immediately report all PREA allegations to the security staff supervisor shift. This training was provided to all correctional staff on all shifts in which receipt of their training was documented through their



signatures and uploaded in the OAS.

There were no discrepancies noted in the specialized training for the Intelligence and Investigative Division (IID) investigators who conduct both administrative and criminal investigations. Investigative files were reviewed during on-site visit and appeared to thoroughly document the investigative process per the Department procedures and PREA standards. There were 16 allegations of sexual abuse and/or sexual harassment alleged during the audit cycle. There was one substantiated allegation of inmate - on -inmate sexual abuse. The victim declined the Intelligence and Investigative Division (IID) Investigator's opportunity to continue with criminal charges against the abuser.

The auditing team reviewed inmate risk screening for sexual victimization and abusiveness for 72-hours and the 30-day follow-up. The risk screening was completed in accordance with the Department's policies and PREA standards. There were inmates identified as transgender or intersex designated at MCIW during the review period and/or on-site visit for interview.

The auditing team utilized rosters provided by the PCM to select random personnel files for staff, volunteers, and contract staff. Background checks and self-evaluation PREA forms for new hires and those staff promoted during the 12-month auditing period was reviewed. In addition to the review the confirmation of PREA training of those requested by the auditing team.

There were no discrepancies noted in the specialized training for the Intelligence and Investigative Division (IID) investigators who conduct both administrative and criminal investigations. Investigative files were reviewed during on-site visit and appeared to thoroughly document the investigative process per the Department procedures and PREA standards. There were 16 allegations of sexual abuse and/or sexual harassment alleged during the audit cycle. There was one substantiated allegation of inmate - on -inmate sexual abuse. The victim declined the Intelligence and Investigative Division (IID) Investigator's opportunity to continue with criminal charges against the abuser.

There was no supporting documentation of the two inmates who received forensic examinations at outside hospitals. However, an interview with the Mercy Medical Center Emergency Room Charge Nurse indicated a Victim Advocate is part of the Sexual Assault Response Team and is always called to report to the hospital to provide services to victims of sexual assault. Interviews with the alleged victims who received forensic examinations revealed one acknowledged being provided a victim advocate and the second denied being offer a victim advocate. The lead auditor made a recommendation to the facility that the escorting security staff who transport inmates to the local hospitals for a forensic examination submit a memorandum documenting services provided to the inmate to be placed in the investigative case.

DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide reporting options to include an external PREA hotline number, victim advocate services and numerous counseling services.

At the conclusion of the interviews, the lead auditor attempted to review the information uploaded in the OAS with the MCIW PCM. However, there were difficulty in the utilization of the OAS system within the facility. The auditor identified additional supporting documentation and explained the reasons of why they needed to be added to the supplemental files in attempt to meet compliance of numerous standards. A joint effort was established between the lead and secondary PREA auditors, DPSCS PREA Coordinator, DPSCS Assistant PREA Coordinator, and MCIW PCM and various facility departments during the post-audit to achieve certification.

An exit briefing was conducted on Tuesday, October 27, 2020 with the Warden Margaret Chippendale,

DPSCS Assistant PREA Coordinator Oparinde Funsho, PCM/Assistant Warden Michell Pacheco, Acting Chief of Security Renee Sanders, Sergeant Sherrell McQueen, Corporal Chajuanette Proctor. The auditing team thanked staff for their hospitality, the assistance and cooperation provided during the pre-audit and on-site visit while acknowledging the essential staff members who assisted throughout the site visit. The lead auditor discussed the general observations and preliminary findings, and the post-audit phase was described that included the timeliness for submitting the additional documentation.

## 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 for Women is located at 7943 Brock Bridge Road, Jessup, MD 20794, in Hanover Maryland and was opened in 1936. Numerous condemned buildings remain on the grounds and are boarded up in a manner to prevent entry. The facility has received accreditation from the American Correctional Association. The facility is located approximately ten miles southwest of the Baltimore Washington International Airport and is the facility grounds are comprised of thirty-five acres. It is the only DPSCS facility designed to house female offenders committed to the Commissioner of Corrections within the State of Maryland. The facility houses all security levels that include maximum, medium, minimum, pre-release and work release. The facility has a capacity rate of 850 inmates. The average daily inmate population during the review period was 692 prior to March 2020, due to inmate releases but no incoming inmate movement until August 2020.

The average length of stay for the inmate population is 3 years and 8 months. The age range of the female inmate population is 19 - 83 years old. The facility has a designated facility capacity of 850 inmates. The inmate base count on the first day of the on-site visit was 517.

There were 232 staff employed, 89 contractors, and 464 approved volunteers assigned to the facility during the review period. No volunteers have been allowed entry into the facility since March 16, 2020, due to COVID-19.

There are three buildings designated for housing units with individual pods in each: (A - Building, B - Building and 192 - Building) The pods within the various housing units are unique to accommodate the needs of the facility.

A- Building has two pods. Each pod has 112 double bunked beds with a maximum capacity of 224. The A - West pod is designated to house general population inmate and inmates with special needs. Inmates assigned to the special need's unit are monitored by the psychology department and are learning how to function in the general population with minimal supervisions. A - East - houses general population inmates. The American's VET DOGS program is in this unit.

The B - Building has two pods also and each has 112 doubled bunked beds with a maximum capacity of 224 for the general population inmates. B - West unit houses inmate in general population and may be Pre-Release status. Inmates assigned are work released and work in the local community. B - East- houses general population inmates and those who may be Pre-Release status. Some are assigned to outside detail. The Rescue Cat Association (RCA) is in this unit.

Building 192 is the oldest housing unit being utilized and has 4 wings, A, B, C, and D. Each pod has a capacity rate of housing 96 inmates that would be doubled bunk. C -Wing houses inmates on restricted status; Administrative segregation, segregation, and protective custody on housed in separated pods. Inmates on protective custody status are single celled. Administrative segregation and disciplinary segregation inmates are doubled bunked and housed with inmates with the same security level/inmate's custody levels are maximum, medium, minimum and pre-release.

All showers are in single stalls and privacy is provided through shower curtains, doors and or both. An all-in-one toilet and sink are located in each inmate cell. A review of video monitoring was conducted from the central control. Staff assigned to monitor the cameras are not allowed the opportunity to view inside inmates' cells and/or showers. The cameras are at each end of the pods and at the entry door of the housing units. There were no identified blind spots that was not corrected during the on-site visit and/or post audit.

## 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	45
<b>Number of standards not met:</b>	0

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

115.12, Contracting with other entities for the confinement of inmates

115.13, Supervision and monitoring

115.14, Youthful inmates

115.15, Limits to cross-gender viewing and searches

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

115.17, Hiring and promotion decisions

115.18, Upgrades to facilities and technologies

115.21, Evidence protocol and forensic medical examinations

115.22, Evidence protocol and forensic medical examinations

115.22, Policies to ensure referrals of allegations for investigations

115.31, Employee training

115.32, Volunteer and contractor training

115.33, Inmate education

115.34, Specialized training: Investigations

115.35, Specialized training: Medical and mental health care

115.41, Screening for risk of victimization and abusiveness

115.42, Use of screening information

115.43. Protective Custody

115.51, Resident reporting

115.52, Exhaustion of administrative remedies

115.53, Inmate access to outside confidential support services

115.54, Third-party reporting

115.61, Staff and agency reporting duties

115.62, Agency protection duties

115.63, Reporting to other confinement facilities

115.64, Staff first responder duties

115.65, Coordinated Response

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

115.67, Agency protection against retaliation

115.68, Post-allegation protective custody

116.71, Criminal and administrative agency investigations

115.72, Evidentiary standard for administrative investigations

115.73, Reporting to inmates

115.76, Disciplinary sanctions for staff

115.77, Corrective action for contractors and volunteers

115.78, Disciplinary sanctions for inmates

115.81, Medical and mental health screenings, history of sexual abuse

115.82, Access to emergency medical and mental health services

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

115.86, Sexual abuse incident reviews

115.87, Data collection

115.88, Date review for corrective action

115.89, Data storage, publication, and destruction

115.401 Frequency and scope of audits

115.403 Audit contents and finding

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. MCIW Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited</li> <li>3. MCIW Organizational Chart and DPSCS Organization Chart</li> <li>4. MCIW.020.0026.1 PREA Rape Elimination Act</li> <li>5. DPSCS.020.0026 PREA Rape Elimination Act- Federal Standards Compliance</li> <li>6. Inmate rule book</li> <li>7. Interviews with: <ol style="list-style-type: none"> <li>a. DPSCS PREA Coordinator</li> <li>b. MCIW PREA Compliance Manager</li> </ol> </li> </ol> <p>115.11(a) The DPSCS and the facility have multiple comprehensive written policies and procedures in place to support the Department's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. Executive Directive 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 contains information on inmate discipline in addition to the inmate rule book identifies the inmate rule violation 117 - as any manner, arrange, commit, perform or engage in a sex act or sexual conduct. Inmates who are determined by the IID Investigator to have committed the criminal act of sexual misconduct to another inmate and or staff will be prosecuted.</p> <p>115.11(b) In accordance with a review of the DPSCS organizational chart, the Department has designated an upper-level Special Assistant who reports directly to the Deputy Secretary of Operations as the DPSCS PREA Coordinator. An Assistant DPSCS PREA Coordinator is also employed to assist the DPSCS PREA Coordinator in overseeing the agency's efforts regarding PREA in all its facilities. The Assistant DPSCS reports directly to the DPSCS PREA Coordinator. The auditor interviewed the DPSCS PREA Coordinator who confirmed he has the</p>



time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

115.11(c) The facility has designated a PREA Compliance Manager, who is assigned these duties along with duties as Assistant Warden. The facility's organizational chart was provided for review. The chart shows the PCM position as a dedicated position who reports directly to the Warden. The auditor interviewed the PCM and confirmed she has time to oversee the facility's efforts to comply with the PREA standards. She identifies PREA training being the most important avenue used to comply with the standards. She continued in stating while ensuring staff have a clear understanding of the PREA standards, staff are equipped to perform the duties in accordance to meet compliance of them during the daily operations of the facility.

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

<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. MCIW Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. Threshold, Inc. Contract for Pre-Release Services</li> <li>3. DPSCS Website</li> <li>4. Threshold, Inc. 2015 and 2018 PREA Audit Reports</li> <li>5. Interviews with the following: <ol style="list-style-type: none"> <li>a. DPSCS PREA Coordinator</li> </ol> </li> </ol> <p>The DPSCS has entered into one contract for the confinement of inmates. The contract is with Threshold, Inc. for pre-release services. Threshold Inc. is a private non-profit agency incorporated under the Laws of the State of Maryland to provide community-based treatment and work release services for persons incarcerated in the State Prison System. Review of the contract confirmed it contained language that the facility is to comply with the requirements of the Prison Rape Elimination Act. The auditor also reviewed the 2015 and 2018 PREA Audit reports for Threshold on the DPSCS website @ Maryland.gov. Maryland Correctional Institution for Women 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>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	<b>Supervision and monitoring</b>
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 1378 1285" style="list-style-type: none"> <li data-bbox="252 400 927 434">1. MCIW Completed Pre-Audit Questionnaire (PAQ)</li> <li data-bbox="252 474 1378 553">2. DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management</li> <li data-bbox="252 593 1075 627">3. DPSCS Staffing Analysis and Overtime Management Manual</li> <li data-bbox="252 667 932 701">4. MCIW ID-020-0026-1 PREA Rape Elimination Act</li> <li data-bbox="252 741 762 775">5. Post Assignment Worksheet (PAWS)</li> <li data-bbox="252 815 655 848">6. Log of unannounced rounds</li> <li data-bbox="252 889 539 922">7. MCIW Staffing Plan</li> <li data-bbox="252 963 612 996">8. Observation while on-site</li> <li data-bbox="252 1037 485 1070">9. Interviews with: <ol data-bbox="252 1111 852 1285" style="list-style-type: none"> <li data-bbox="252 1111 389 1144">a. Warden</li> <li data-bbox="252 1184 628 1218">b. DPSCS PREA Coordinator</li> <li data-bbox="252 1258 852 1292">c. Intermediate and Higher-Level Supervisors</li> </ol> </li> </ol> <p data-bbox="252 1326 1485 2132">115.13(a) Directive OPS.115.0001 states the requirements of a facility staffing plan. These requirements contain the eleven requirements stated in this provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels requirements and documentation of any deviations to these requirements. The Maryland Correctional Institution for Women Staffing Plan addresses the eleven requirements as indicated in this provision. The staffing plan was developed for 849 inmates. The average inmate count for the previous 12 months prior to the global pandemic of COVID-19 was 691. However, the number of incoming inmates has decreased since March 16, 2020, because of COVID-19. The facility's count on the first day of the on-site visit was 517. An interview with the Warden and DPSCS PREA Coordinator indicated the facility does develop and comply with a staffing plan as outlined in the Staffing Analysis and Overtime Management Manual and meet to discuss and review it regularly. She indicated video cameras are a major asset in assisting staff with providing security to the facility. Each housing unit have a minimum of 16 cameras. The location and need for additional cameras are often discussed and reviewed. Furthermore, it was indicated that the facility does consider each element of provision and that upper-level administration as well as the PREA Coordinator's review the staffing plan. An interview with the Warden, indicated meetings are held regularly to review the staffing plan and if any changes were made, they are required to be forwarded to the Deputy of Operations.</p>

115.13(b) Directive OPS.115.0001 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 Work Sheet (PAWS) is developed to deploy staff in accordance with the stated staffing plan. The PAWS identify positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. Any deviations from the staffing plan are documented on the PAWS with an explanation. The Warden reported correctional post are identified as level 1 - 4. Level 4 identifies critical post, and these posts are never vacated. Level 3 post can be vacated if necessary, but these are post where a second person would remain on the post such as a number 2 in the control center. Supervisory correctional on duty ensures the required post are always covered on the PAWS during each shift. There is never any deviation from the staffing plan regarding the vacating of critical post, and any level 4 post vacancies would be covered by hiring overtime. All deviations would be documented, on the PAWS however non have occurred. Utilization of the PAWS ensures the staffing levels are maintained at the required level. Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution. The Warden concluded that due to COVID-19, the facility has experienced a great deal of staff shortages throughout the facility to include in all departments. However, she manages to continue to comply with the established staffing plan in providing correctional coverage. There were no deviations from the staffing plan noted during the review period.

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. MCIW provided a copy of the Staffing Plan. The facility staffing plan for 2020 was reviewed on June 17, 2019 and approved by the Commissioner on July 26, 2019. The 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 compliance manager and agency wide coordinator. Interviews with the DPSCS PREA Coordinator, Warden and DPSCS PCM indicated that the facility does conduct a review of the staffing plan regularly in addition to the annual review.

115.13(d) Facility Directive MCIW.020.0026.1 indicates that the facility will 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. The auditor reviewed copies of logbooks demonstrating that rounds are made on all shifts by correctional supervisory staff and made weekly by higher level management staff. An interview with intermediate or higher-level staff indicated that unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted each shift by correctional supervisors and those in upper management positions at least weekly. These rounds are made by Lieutenants, Major, Chief of Security, Assistant Warden and Warden. These rounds are noted in the

housing unit logbooks and are conducted on all shifts by correctional supervisors daily on all shifts. Staff entering the housing units to conduct rounds note their signature in the unit logbooks.

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

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (interviews, on-site observation):</p> <ol style="list-style-type: none"> <li>1. MCIW Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. Observation during onsite tour</li> <li>3. Interviews with the following: <ol style="list-style-type: none"> <li>a. Warden</li> <li>b. DPSCS Assistant PREA Coordinator</li> <li>c. MCIW PCM</li> </ol> </li> </ol> <p>Interview with the Warden, Assistant Warden/PCM and DPSCS Assistant PREA Coordinator and observation during the on-site visit, MCIW does not house youthful offenders (those under 18 years old).</p> <p>Review of the PAQ, policy and interviews, confirmed the facility does not house youthful offenders.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, on-site review):</p> <ol style="list-style-type: none"> <li>1. MCIW Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. DPSCS Executive Directive OPS.110.0047 Personal Search Protocols-Inmates</li> <li>3. MCIW.020.0026.1 PREA Rape Elimination Act</li> <li>4. Lesson Plan- LGBTI</li> <li>5. DPSCS Search exception cards</li> <li>6. Training records</li> <li>7. Observation while on-site</li> <li>8. Interviews with: <ol style="list-style-type: none"> <li>a. MCIW PCM</li> <li>b. Random staff</li> <li>c. Inmates</li> </ol> </li> </ol> <p>115.15(a)Directive OPS.110.0047, Section .05F states, “(4) 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.” MCIW ID 020.0026-1 indicates that frisk, pat, and strip searches of female inmates must be conducted by correctional officers of the same gender except exigent circumstances when deemed so. In the event this occurs, approval must come from the Warden, Assistant Warden, or Chief of Security. Documentation must be provided of these exigent circumstances when deemed is mandatory. Directive OPS.110.0047 indicate a strip search of a gender dysphoric or intersex inmate may not be conducted for the sole purpose of determining the inmates' genital status. If an inmate's genital status is unknown, it is to be determined through conversation with the inmate; a review of available medical records; or part of a broader medical examination conducted in private by a licensed medical profession. Section .05F(3)(b), “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” with regard to conducting strip searches of transgender and intersex inmates. Section .05H (2) states, “Only a certified medical professional may perform a body cavity search of an inmate.” Section .05H (4) states, “Only the certified medical professional and the inmate being searched may be present during the procedure.” 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. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates during the</p>

review period. MCIW houses female inmates. Inmates interviewed did not report being subjected to cross-gender viewing by staff during a strip search and none reported being subjected to visual cavity search.

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 MCIW utilize female staff to search female inmates and transgender inmates are authorized to retain a search exception card which identify their selection of the staff member gender to conduct the search. Interviews were conducted with both staff and inmates. There were no inmates identified as transgender at MCIW during the interview process via Skype and/or on-site visit. Staff indicated there are always female staff on duty within the facility and there had never been any instances in which an inmate was not awarded the opportunity to participate in activities or out of cell time due to no female staff on duty to perform a pat-search. This statement was confirmed by the inmate population during interviews.

115.15(c) Directive OPS.110.0047, Section .05F(6)(b) regarding all strip searches states, “(b) Log or report the search in accordance with established procedures.” Section .05H(1)(b) regarding body cavity searches requires prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero 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 months. Staff interviews did not indicate any occurrence of 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 months. Likewise, inmate interviews did not indicate any occurrence of cross-gender viewing by staff during a strip search or visual cavity search.

115.15(d) ID Number: MCIW ID 020.0026-1 state, it is the policy of the MCIW to not tolerate sexual abuse or sexual harassment of an inmate. The policy enables inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genital except in exigent circumstances when such viewing is incidental to routine cell check (this includes viewing via video camera). Interviews with the inmate population indicated they are provided privacy while changing clothes, showering and performing other bodily functions. The on-site visit observed all inmates have toilets and lavatories in their assigned cell. In each of the inmate housing units, there are three showers upstairs and three showers downstairs. There are three showers on the top and lower tier in all pods of housing units A and B. The shower curtains provided privacy to the inmates while in use. There are two showers on the upper and lower tier in all pods of housing unit 192. The auditor recommended an additional shower curtain was added to the existing one in the two upper tier showers to eliminate any possible view from the bottom tier. The curtains were added during the on-site visit. Full privacy was given to all inmates during the use of showers in their respective housing unit. All inmate restrooms throughout the facility in program areas and work sites are designed for single entry and have full doors that provide privacy. Formal and informal interviews with the inmate population indicated no concerns in regard to being awarded privacy during showering, while changing clothes and/or performing bodily functions. Review of camera footage confirmed the inmates are awarded the provisions of this standard.



MCIW ID020.0026-1 states "a person of the opposite gender entering a housing unit must conduct the Gender Announce Practice. This practice is mandatory to be announced when entering a housing unit at least at the start of their shift." A sign is posted on all entry doors into the housing units. The signage identify staff of the opposite gender must announce themselves. This practice was also observed by the auditor during the on-site tour. Most inmate interviews acknowledged the male staff announce themselves when entering the housing unit. Interviews with random staff to include male and female staff indicated the male staff announce themselves at the beginning of each shift they are assigned and others 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. All staff interviewed reported that the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status. There were no inmates identified as transgender and/or intersex designated at MCIW for interview.

Based on policies, interviews, on-site visit, and analysis, the facility meets compliance for all provisions of this Standard.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. MCIW Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. DPSCS Office of Equal Opportunity Limited English Opportunity (LEP) Plan</li> <li>3. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy</li> <li>4. DPSCS Executive Directive OSPS.050.0011 American with Disabilities Act of 1990, Titles I and II</li> <li>5. Translation Services Documentation and Contract</li> <li>6. Observation while on-site</li> <li>7. Interviews with: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Random staff</li> <li>c. Inmates with Disabilities</li> </ol> </li> </ol> <p>115.16(a)(b) DPSCS policy 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. The MCIW also utilize services with Language Line Services, Inc. a solutions company in which the account was active effective November 6, 2019. A contact number, client ID number and instructions was presented. They also provide services for the hearing impaired. Part of the intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This brochure covers the zero-tolerance policy and reporting information and is available in both English and Spanish. At orientation inmates are provided a copy of the Inmate Handbook that covers the agency's zero-tolerance policy. Additionally, inmates are shown a PREA 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. The video presentation has audio and is also available in Spanish. Staff are present during inmate orientation and conducted a question-and-answer session at the end of the presentation. Sign language services are available through Statewide Visual Communication Services. An interview with the agency head/designee,</p>

indicated that language line and sign language services are available to inmates. LEP inmates, disabled inmates and a hearing-impaired inmate were interviewed. The following inmates were identified for various disabilities: blind, vision impaired, physical disabled, cognitive disabled, LEP, and hearing impaired. One of two inmates identified as LEP (Spanish) reported not receiving PREA education in a manner she was able to understand. This information was shared with the PREA PCM and the inmate was immediately provided PREA information in her language of Spanish. The staff member who provided translation services provided PREA education through a review of the PREA pamphlets and various information with the inmate. All others acknowledged receiving PREA education in formats they fully understood.

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. During interviews, staff indicated that they were aware that inmate interpreters should not be used regarding a PREA allegation. The following inmates were identified for various disabilities: blind, vision impaired, physical disabled, cognitive disabled, LEP, and hearing impaired. Each of the inmates acknowledged receiving PREA education in a manner that they fully understood. The inmate identified as blind, became blind during the review period, and indicated she have extraordinary support from staff and the inmate population in assisting her to include with PREA updates and/or any other information she may need. The inmate identified as LEP stated she knew no English upon her arrival and was given PREA education in Spanish. She continued in stating she later learned English through the facility's educational classes. Another inmate identified as LEP was also interviewed during the on-site visit. A bi-lingual staff member was used to translate the conversation between the lead auditor and the inmate. The inmate stated she had not received PREA education in a way she understood (Spanish). This inmate was provided a copy of the inmate handbook and pamphlets in the Spanish language immediately following the interview and was given verbal PREA education by the staff member who performed translation services for the auditor.

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

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. MCIW Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance</li> <li>3. Code of Maryland COMAR 17.04.14.10 and .20</li> <li>4. Code of Maryland COMAR 12.15.01.19</li> <li>5. PREA DBM DPSCS JOBAPS Application Form</li> <li>6. PREA Interview Questions</li> <li>7. Polygraph Questions for Mandated Positions</li> <li>8. DPSCS Interview form – Correctional Applicant</li> <li>9. Hiring and Promotional Records</li> <li>10. Criminal History Background Records Check Documentation</li> <li>11. Interviews with: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Administrative (Human Resources) Staff</li> </ol> </li> </ol> <p>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.” Human resources staff reported that hiring and background checks of new employees, promotions, and contractors are performed by the centralized hiring unit which is located offsite of the facility. 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 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;</p>

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. A review of 10 background investigations and personnel documentation for new hires and staff promoted within the review period confirmed a thorough background is completed prior to the applicant being offered the applying 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. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who do not meet the requirements of this provision. It also prohibits the acquisition of services from any contractor who does not meet the requirements of this provision

115.17(b) Directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, which was revised August 19, 2016 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. Human resources staff reported that incidents of sexual harassment are considered during the application, interview, and background investigation for all staff to include contract staff. The Human Resource Service Division (Central Hiring) is responsible for initiating background checks on all DPSCS and contract staff assigned to various departments in the DPSCS. Per an interview with the PCM background checks are completed at the facility for all vendors who are required to entry for repairs and individual vendors who enter the institution to conduct repairs and other installation prior to their entry. These individuals are always escorted by DPSCS staff and have no direct contact with the inmate population. Due to the confidentiality of these background checks, they are destroyed after entry. Records indicate that the contract applicants were asked about the types of behavior described in 115.17(b) regarding sexual harassment.

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." Human resources staff reported that the centralized hiring unit performs all criminal background checks and efforts to contact all prior institutional employers of new employees. It was reported that investigators are assigned and attempt to contact all previous employers. There were 16 new staff hiring during the review period. The auditor reviewed 10 employee records and it was noted that a criminal background check and efforts to contact all prior employers was performed for all applicants. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers.

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." The DPSCS includes in the contracts with of other agencies such as Corizon, Centurium and Keefe that all background checks are required to be completed by the DPSCS Human Resource Services Division. Confirmation of contract staff with Corizon and Centurium background checks was provided for review. The background checks were forwarded from the DPSCS Human Resource Service Division.

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.

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. Human resources staff interviewed indicate that hiring and promotion applications include these questions. This was confirmed via a review of application documents. Human resource staff also reported agency policy requires staff to report such conduct within 24 hours.

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

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 institutional 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.

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

115.18	<b>Upgrades to facilities and technologies</b>
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li data-bbox="252 400 924 434">1. MCIW Completed Pre-Audit Questionnaire (PAQ)</li> <li data-bbox="252 474 608 508">2. On-site visit observation</li> <li data-bbox="252 548 485 582">3. Interviews with: <ol style="list-style-type: none"> <li data-bbox="252 622 397 656">a. Warden</li> <li data-bbox="252 696 592 730">b. Agency Head Designee</li> <li data-bbox="252 770 437 804">c. MCIW PCM</li> </ol> </li> </ol> <p data-bbox="252 844 1474 1346">115.18(a) The Audit Manual states, “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 indicated that there have been no new additions and/or modification to the facility since the previous PREA audit in 2017. An interview with the agency head designee indicates that when designing, acquiring, or planning substantial modifications to facilities the agency considers PREA requirements and relevant blind spots in building plans regarding camera placement. The agency also considers statistics (e.g. a prevalence if incidents), considers needs, past problem areas and evidence-based practices. Interviews with the Warden and PCM identified there have been no new additions and/or modifications to the facility since the previous audit in 2017.</p> <p data-bbox="252 1386 1474 1845">115.18(b) The Audit Manual states, “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 Pre-Audit Questionnaire indicates that there has been no new installation of new cameras. However, a purchase order was provided supports the Warden's effort in ensuring discrepancies in the operation of video monitoring is corrected timely. An inoperable camera was replaced in July 2019 and per interview an additional two cameras was added. An interview with the Warden indicated ensuring the safety of staff and inmates is consistently considered during the reviewed in the installation of additional cameras while considering statistics (e.g. a prevalence if incidents), past problem areas, blind spots and evidence-based practices.</p> <p data-bbox="252 1886 1342 1964">Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p>



115.21	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="252 165 895 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 244 523 280"><b>Auditor Discussion</b></p> <p data-bbox="252 322 991 358">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 398 1460 1534" style="list-style-type: none"> <li>1. MCIW Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing</li> <li>3. DPSCS Executive Directive OSPS.200.0004 Inmate on Inmate Sexual Conduct- Prohibited</li> <li>4. DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses</li> <li>5. COMAR 10-701 Internal Investigative Unit</li> <li>6. National Protocol for Sexual Assault Forensic Examinations</li> <li>7. Memo from Agency-Wide PREA Coordinator regarding Protocol</li> <li>8. MCASA Website</li> <li>9. Maryland VAWA Forensic Compliance Guidelines</li> <li>10. Investigation Files</li> <li>11. Interviews with: <ol style="list-style-type: none"> <li>a. IID Investigator</li> <li>b. Warden</li> <li>c. MCIW PCM</li> <li>d. MCIW Health Services Administrator</li> <li>d. Mercy Medical Center Charge Nurse</li> </ol> </li> </ol> <p data-bbox="252 1574 1481 2123">115.21 (a) Confirmation of the DPSCS responsibility to meet the requirements of this standard is outlined in the numerous Departmental policies: OPS.050.0001 § .05D &amp; G; OPS.200.0005 § .05D, F &amp; G; IIU. 110.0011§ .05C &amp; D and IIU. 220.002. IIU 110.0011. 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. A reported allegation of PREA related incidents 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. Per the IIU Investigator, 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</p>

Investigative Unit/Division. 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." Per an interview with an IIU investigator, all reported PREA allegations are initially identified as criminal. However, upon the conclusion that no criminal acts committed, the investigative case is continued and closed as an administrative case. All investigations criminal or administrative are tracked and conducted by and IID investigator. Interviews with random 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 responders 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.

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

115.21(c) Executive Directive Number: OPS.050.0001 sated If medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by (i) A Sexual Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); (iii) If after documented attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examination. MCIW use Mercy Medical Center for all forensic examinations. The lead auditor was unable after several attempts to contact a SANE and/or SAFE employee at Mercy Medical Center even after leaving voicemails requesting a returned call. However, the lead auditor was able to conduct an interview with the hospital Emergency Room Charge Nurse. The Charge Nurse explained the hospital has a Sexual Assault Response Team that is called in upon an incoming individual report of sexual assault. The forensic nurse examiners program at the hospital offer treatment 24 hours 7 days a week by trained forensic nurse examiners for sexual assault victims. Although they are not on duty at the hospital 24/7, they are on call 24/7 and required to report to the hospital within 1 hour. Hospitals with SAFE Programs have specially trained Forensic Nurse Examiners (FNE) or physicians available to provide both medical attention and evidence collection services. Medical care provided during SAFE includes acute injury care and medication for the prevention of sexual transmitted infections (STIs), HIV, and pregnancy. All services and medical care, including HIV prevention medication (nPEP), provided during a SAFE are free of cost. However, the inmate must

consent to receipt of a forensic examination and all medical treatment.

115.21(d) DPSCS utilizes 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. Inmates are given a MCASA brochure upon their arrival to the facility during intake in which services offered are explained in detail. MCASA indicate when receiving a SAFE the inmate will have to opportunity to receive advocacy services. These services will be provided by a local Rape Crisis Center or the hospital at where the services are being performed. Advocacy services include, but are not limited to, accompaniment during the exam, safety planning, and referrals for long-term services. MCIW uses the local Hospital (Mercy Medical Center) for all forensic examinations. An interview with the Charge Nurse after several unsuccessful attempts to communicate with a SANE/SAFE, indicated the hospital staff contact the Sexual Assault Response Team and members of the team who serve as victim advocates offer support to the victim as an advocate upon acceptance by the victim. The PAQ indicates that there have been 2 forensic exams performed in the last 12 months and confirmed during a review of the casefiles.

115.21 (e) PREA Information Packet was reviewed and it stated If requested by the victim and the services are reasonably available, have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigation interviews with a qualified victim advocate, a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role or a non-Department community-based organization representative who meets the criteria for a Department employee established under §.05G(3)(b)(ii) of this directive (e). A Psychologist who is licensed with the Maryland Department of Health State Board of Professional Counselors and Therapists who is employed at MCIW has received appropriate training to serve as a victim advocate as needed at the facility level.

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

115.21 (g) Not applicable

115.21 Victim advocate services are offered by the Mercy Medical Center as part of the forensic medical examination. Medical staff makes notification to the Sexual Assault Response Team (SART) that includes a victim advocate. The members of the SART and provide all services relating to the forensic examination. This procedure was confirmed by the Mercy Medical Center Emergency Room Charge Nurse.

Interviews were conducted with two inmates who received forensic medical examinations at local hospitals. One inmate acknowledged speaking a victim advocate while at the hospital and being follow-up by the facility's Psychologist upon returning to the facility and on a regular basis afterwards. The second inmate stated she was not offered an opportunity, nor did she request to speak with victim advocate while at the hospital. However, she did confirm meeting with the Psychologist upon her return to the facility regularly. The investigative case confirmed the inmates received forensic examination but does not provided any documentation of the inmates being offered a victim advocate at the hospital during the forensic examination. However, an interview with the Mercy Medical Center Emergency |Room Charge Nurse contradict the second statement by stating all victims of sexual abuse are provided a victim

advocate when reporting to the hospital for a SANE/SAFE and have the option of refusing the services if they choose. The lead auditor made a recommendation to the facility that the escorting security staff who transport inmates to the local hospitals for a forensic examination submit a memorandum documenting services provided to the inmate to be placed in the investigative case.

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

## **115.22 Policies to ensure referrals of allegations for investigations**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

1. MCIW 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. 2019 and 2020 PREA Tracking Logs
6. Investigation Files
7. Interviews with:
  - a. ID Investigator
  - b. Warden

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 also indicates, "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 and maintain an annual PREA tracking log of all reported sexual abuse and sexual reported allegations. Copies of all PREA reported allegations for 2019 and 2020 was provided for review by the auditing team. In the past 12 months there were 16 allegations of sexual abuse and sexual harassment reported. Although the PAQ, identified all 16 PREA investigations were not completed by the IID, they were completed prior to the on-site visit. Each allegation was completed as an administrative investigation. There were no criminal investigative findings.

115.22(b) 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." An interview with the Warden and IIU Investigator noted that every allegation of sexual abuse or sexual harassment goes through IID.

115.22(c) (d) (e) Per interviews with the Agency Head designed, Warden, IID Investigator, and

review of PREA investigative case files, DPSCS IID investigators are responsible for investigations of sexual abuse and sexual harassment. 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, interviews and analysis, the facility has demonstrated compliance with all provisions of this Standard.

## **115.31 Employee training**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS 030.0001 Pre-Service and In-Service Training
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
5. COMAR 12.10.01.16 Correctional Training Commission requires annual training
6. PREA Training Lesson Plans
7. PREA Training Records and Rosters
7. Shift Briefing PREA Refresher Training
8. Interviews with:
  - a. PCM
  - b. Training Staff
  - c. Random staff

115.31(a) 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.”

Additionally, COMAR 12.10.01.16 Correctional Training Commission requires completion of annual training by December 31st of each calendar year. PREA training is part of the annual training curriculum. DPSCS utilizes two PREA lesson plans. 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 in order to complete the training. The lesson plans cover the 10 topics specified in this provision.

A review of staff training records confirm staff completed the required PREA training. Random staff interviews indicated in-service training is provided annually during Day 2 in-service training. The training department tracks staff progress via computer-generated spreadsheet to ensure completion of training. Furthermore, anyone who did not complete training or may

have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline. 100% of random staff interviewed reported that in-service training contains all the information required by this provision.

115.31(b) The PREA Audit Manual states, "Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall 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." Training is designed for officers to be able to function in both female and male facilities. MCIW houses female inmates. Therefore, in addition to the entrance level and in-service training, MCIW provide staff with training material on "Managing the Female Offender." A sign-in sheet documenting staff's completion of this training was provided indicating the course was completed throughout the months of September 2020 and early November 2020.

115.31(c) The PREA Audit Manual states, "All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the Department shall provide each employee with refresher training every two years to ensure that all employees know the Department's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the Department shall provide refresher information on current sexual abuse and sexual harassment policies." MCIW PAQ indicates that 100% of staff have received PREA training. Documentation also supports refresher PREA training is completed during correctional staff roll call at all shift briefings. Staff signatures are noted as attending the shift briefing and receiving the refresher training. Due to several random staff appearing to not be comfortable with their responses during the interview process, the lead auditor recommended a refresher course on first responder duties was delivered to correctional staff during a shift briefing after the on-site visit. The agenda of the training and staff signatures confirmed completion.

115.31(d) The PREA Audit Manual states, "The Department shall document, through employee signature or electronic verification that employees understand the training they have received." COMAR 12.10.01.16 Correctional Training Commission section F(3) states, "An agency head or training director sending a mandated employee to another academy for Commission-approved mandated employee training shall maintain records of in-service training and firearms training and qualification provided by the academy conducting the training until audited by the Commission. A review of staff training records was conducted, and staff signatures serves as confirmation of receipt.

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, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPSP.050.0001 Sexual Misconduct
3. DPSCS Volunteer Services Orientation Manual
4. PREA Training records and Rosters
5. DPSCS Website
6. Interviews with:
  - a. PCM
  - b. Contract Staff

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 attends approved training related to preventing, detecting, and responding to acts of sexual misconduct." The PAQ and PCM identified the facility with a total of 481 contractors and volunteers. At the time of the on-site visit there were 62 Corizon contract staff, 2 contract correctional officers, 2 Centurion contact staff in mental health and 3 Keefe contract staff. The contract Keefe staff require escort at all times. Due to COVID-19, only contract correctional officers, medical and mental health contract staff through Centurion and Corizon continue to be allowed entry into the facility. However, the approved 371 volunteers (not all active) have not been allowed entry into the facility since March 16, 2020.

Volunteers complete an application to become a volunteer on-line through the DPSCS website. The lead 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 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. Interviews conducted with medical, mental health contract staff and confirmed receipt of PREA training. Contract staff attend the Non-Academy Pre-service Orientation training for new

employees in addition to annual pre-service. The contract Health Services Administrator indicated staff attend PREA training before hiring, during in-service and every 6 - month through Corizon, the contracting agency. 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. No volunteers, nor contract Keefe staff were available for interviews due to restricted entry as of March 16, 2020 resulting from COVID-19.

115.32 (b) Per the PCM, most contractors attend in service using the department's PREA lesson plan. 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. It should also be noted that as of January 1, 2019, the DPSCS changed health care contracts from Wexford Health to Corizon Health Services. Medical and mental health contract staff receive PREA training through both DPSCS and their contract agency, Corizon and/or Centurion.

115.32(c) The Volunteer Coordinator is responsible for providing training to all volunteers. The Volunteer Orientation Manual is provided to each volunteer and includes a signed and dated agreement by the volunteer and witnessed by the trainer. The agreement indicates the volunteer understands and will comply with the requirements provided to them in the Orientation Guide, rules of conduct, written guidelines and handouts provided and explained to them during orientation. Pages 21 -23 in the Volunteer Orientation Manual covers the agency's policies regarding sexual abuse and sexual harassment, as well as the expectations, responsibilities, and rules of conduct for each volunteer. Additionally, the volunteer coordinator reviews PREA information with them, including zero tolerance for sexual abuse and sexual harassment, that incidents must be reported and how to report. The lead auditor was provided with 10 copies of receipt of PREA training by volunteers.

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, site review):

1. MCIW 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. MCIW Inmate handbook
6. PREA Sexual Assault Awareness Brochure (English and Spanish)
7. PREA Training Acknowledgement Inmate Education
8. MCASA Maryland Coalition Against Sexual Assault (MCASA) Brochures
9. Inmates Signatures Acknowledging Viewing PREA Video
10. Observation on site
11. Interviews with:
  - a. PCM
  - b. Intake Staff
  - c. Case Managers/Staff Assigned to Conduct Risk Screening
  - d. Random inmates

115.33(a)(b) (c) Executive Directive OPS.050.0001 states that Receiving and ID departments are responsible for providing inmate orientation. Under this directive, they shall ensure that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate on inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation. An interview with intake staff indicated upon the inmates' arrival at the facility, the inmate is given a PREA brochure, a facility handbook with PREA information and a Maryland Coalition Against Sexual Assault (MCASA) brochure. Although the MCIW PCM noted 192 of the 197 inmates who arrived at the facility within the original 12 month review period, she later stated and submitted a memorandum stating all 197 inmates who arrived at the facility received PREA education upon their arrival. 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 sexual abuse and sexual harassment.

An interview with intake staff indicates inmates often report to the facility who are not sentence but arrive for mental health and/or medical services. These inmates are only housed at the facility for a few days but also receive the inmate handbook, PREA brochure and MCASA brochure during intake just as the inmates designated to the facility. Inmates designated to the facility are shown the PREA video in their housing unit. Inmate interviews revealed they received the handbook and/or PREA brochure during the intake process as soon as they arrive at the facility.

115.33(d) The PREA Audit Manual states, "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. Inmates interviewed included inmates with variety of disabilities that included, blind, low vision, cognitive disabled, and LEP. All indicated they received PREA education in a manner they understood to include with the assistance of staff as a translator. One of two inmates identified as LEP (Spanish) indicated she was not provided PREA education in her language during the interview process. The MCIW PCM was notified, and the MCIW PCM immediately provided the inmate with an inmate handbook and PREA brochure in her Spanish language. The inmate acknowledged receipt of the information in Spanish upon receipt. The bi-lingual staff who provided translation services conducted an overview of the PREA information to the inmate.

115.33 (e) The lead auditor requested a random selection of 52 inmate's documentation of PREA education. All inmates requested, acknowledged receipt of PREA education through watching a video, receiving a PREA brochure, receiving a MCASA brochure regarding outside support services, receiving an inmate handbook containing PREA information and an opportunity to have question answered by the presenter. The auditing team was presented rosters consisting of 23 pages documenting inmate signatures of viewing the PREA video.

115.33 (f) PREA information was observed to be readily available to the inmate population throughout the facility. PREA signage containing hotline contact information and sexual abuse information was noted as being posted throughout the institution. Signage was observed to be available in English and Spanish. Inmates are provided with personal copies of PREA brochures, inmate handbook and MCASA brochures that provide outside facility support services.

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

## **115.34 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
4. Documentation of Specialized Training for Agency Investigators
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. Lesson Plan – Specialized Training: Investigations
7. Interviews with:
  - a. IID Investigator

115.34(a) Directive OPS.050.0001 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. Directive IIU.110.0011 states that Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting. Internal Investigative Division (IID) has jurisdiction over both administrative and criminal investigations. IID handles all allegations of sexual abuse and sexual harassment. IID investigators are required to meet training standards in order to maintain law enforcement certification and are sworn officers. The IID will determine if the allegation will be investigated locally by facility staff or investigated by an IID detective. 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, IID Investigators are issued a certificate of completion indicating that they have successfully completed training in conducting PREA: PREA Specialized Training.

115.34(b) The Lesson Plan – Specialized Training: Investigations is the curriculum utilized to train staff in the conduct of sexual abuse and sexual harassment investigations. In the “General Comments” section on page 2 states, “This lesson plan is intended for use with Department personnel assigned to conduct an investigation of an allegation of misconduct that involves a sex related offense. This lesson will give participants the information they will need to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act.” This includes the definition, purpose and history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling

false accusations. The specialized training for investigators is a 7-hour training program including a slide presentation, video presentation, role play activities, handouts and a comprehensive knowledge test. Staff must score 75% or better in order to complete the training.

115.34(c) The PREA Audit Manual states, "The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations." The MCIW PCM noted the facility has 36 investigators employed to conduct sexual abuse investigations. These 36 investigators are assigned to the IID and are assigned to institutions by regions. A computer-generated roster of all IID investigators training who have completed the specialized training was provided for review.

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.

## **115.35 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive DPSCS.020.0026 PREA Federal Standards Compliance
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
4. Corizon Training Certificates
5. Training records
6. Medical and Mental Health Training
8. Interviews with:
  - a. Medical and Mental Health Staff

115.35(a) 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;” 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 curriculum Medical and Mental Health Training Presentation was reviewed. This training is lecture based accompanied by a slide presentation and followed by a test. Medical and mental health staff also receive the Sexual Assault Prevention and Reporting Staff Information Brochure and the Prison Rape Elimination Act Information Booklet for Volunteers and Contractual Workers. This information covers the agency’s zero tolerance policy, methods of reporting, consequences for participating in prohibited activities, and basic actions to take (i.e. separate victim and aggressor) during an incident. This includes a duty to report and how to report allegations of sexual abuse and sexual harassment. The information also covers characteristics of at-risk populations, predatory inmates, and the warning signs associated with victimization. During interviews with medical and mental health staff they indicated they received PREA training from both MCIW and their contracting agency while confirming the trainings covered the topics required by this provision. The auditor also reviewed training records and certificates.

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) (d) 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 attended specialized training.



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

## **115.41 Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
3. PREA Intake Screening Instrument
4. Inmate Screening Files
5. Interviews with:
  - a. DPSCS PREA Coordinator
  - b. MCIW PCM
  - c. Traffic/Intake staff
  - d. Case Managers
  - e. Random inmates

115.41(a) 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.115.41(a) 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 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.

Case managers and the traffic officers 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. A random sample of 52 inmate PREA Intake Screening forms was selected for review. 100% of the sample was screened using the PREA Intake Screening form that included both the 72 hours and 30 day risk screenings. The initial risk assessment is completed upon arrival to MCIW by the Traffic Officer who personally interview the inmate in a private setting. An interview with the Traffic Officer indicates the PREA Intake Screening is the 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 at that time the inmate is identified as at risk of victimization and/or risk of abusiveness and/or neutral. Overall inmates interviewed reported being asked questions related to the PREA Intake Screening form. An interview with a Case Manager who conducts the follow-up risk assessments indicated that MCIW is the facility where female inmates first arrive from county jail and are sentenced to at least a year and a day. She continued in stating they may receive new inmates from the Baltimore Central Booking & Intake Center that may have been sentence less than a year.

115.41(b) Directive OPS.200.0006, section .05B(1) states, "That each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential for abusiveness within 72 hours of arrival at a facility". The PAQ indicated that 192 inmates had been admitted with a stay longer than 72 hours. A review of screening forms show compliance with the 72-hour requirement. A review of the PREA Intake Screening forms revealed the inmates were screened on the day of their arrival. A Traffic Officer identified herself and other Traffic Officers are responsible for conducting the initial risk screening of all incoming inmates. and they are screened on the day of arrival. She continued in stating normally, the facility receives three inmates daily.

115.41(c) 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. A blank copy of the PREA Intake Screening form was provided with the PAQ. 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 inmate risk of victimization factors and 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 inmate record during the initial screening. The lead auditor selected 52 random inmates initial 72 hour and their 30-day reassessments for risk screening for review.

115.41(d) The auditor reviewed the screening instrument and instructions and found that it

addresses nine of the criteria required by this provision. The PREA Intake Screening does not consider whether or not the inmate is detained solely for civil immigration purposes. However, documentation indicates that the DPSCS does not house inmates solely for civil immigration purposes.

115.41(e) The PREA Intake Screening factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes including pending and current charges and a history of domestic violence including pending and current charges. 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) requires case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility. The PREA Intake Screening form is utilized to conduct the 30-day risk screening re-assessment. A random sample of ten inmate PREA Intake Screening forms was reviewed for compliance with the reassessment being completed within 30 days of arrival. 100% of the PREA Intake Screening forms reviewed were compliant with the 30-day requirement. The PAQ indicated that MCIW admitted 190 inmates whose stay was longer than 30 days. Staff who perform risk screening re-assessments indicated that re-assessments are conducted within 30 days of arrival at the facility. Most inmates interviewed recall being asked questions associated with the PREA Intake Screening form more than once to include by medical staff. A review of the 52 inmates' assessments to include reassessment revealed one out of the 52 reassessments was conducted outside of the 30-day requirement. However, it was also noted the vast majority of reassessments were coincidentally completed on the 30th day following the initial assessment. A recommendation was made by the lead auditor that a date earlier such as between the 15th and 25th, rather than the 30th day become a practice of conducting the reassessments rather the very last day.

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. The PREA Intake Screening form is utilized to conduct all re-assessment. Staff who perform risk screening indicated that a re-assessment is conducted upon receiving information that an inmate has been abused, harassed, or something has changed regarding the initial assessment.

115.41(h) Directive OPS.200.0006, section .05B (5) states that inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening were interviewed and reported that an inmate is not disciplined for refusing to respond or for not disclosing complete information and stated most inmates are cooperative and provide responses. Interviews with intake staff and case management staff who perform risk screening indicated inmates are never discipline for refusing to answer questions asked during the PREA risk screening process.

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." Upon completion, the PREA Intake Screening form is placed in the inmate's base file. Inmate files are secured in the records room which is in the case managers' office areas and accessible is

given to limited staff who have access to the key watch that allow entry to the records' office. A clerk (staff) is assigned to the area. Case Management staff ensure screening information is entered in Offender Case Management System (OCMS). The OCMS system has limited access, is password protected, and confined to case management staff with user profile access. Staff who perform risk screening indicated that risk assessments are kept in the file room and that case managers, medical and mental health staff have access to the risk assessment results.

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. MCIW Completed PAQ
2. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
3. PREA Intake Screening Instrument
5. Completed Risk Assessments
6. Interviews with:
  - a. Agency Head Designee
  - b. MCW PCM
  - c. Intake Staff
  - d. Case Managers/Staff assigned to conduct risk assessments

15.42(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." The facility does not house victims and abusers together. 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. Staff who perform screening reported that inmates at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score. Those who are at risk of victimization cannot be housed with those who are at risk of abusiveness. Interviews with the Traffic Officers and Case Management Supervisor indicated all available information regarding incoming inmates is reviewed prior to the inmates' arrival and updated as needed. The Traffic Officer conducts a review for proper housing during the inmates' initial risk screening.

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. Interviews with two Case Management Staff indicated the information from the inmate's screening is used to provide safety during the assignments of jobs, programs, outside work detail, road crews, telemarketing, restaurants, separation of those at risk of

victimization from those who have a risk high of being abusive No inmates identified as an abuser or at a risk of being an abuser are assigned to outside the facility work details. Program supervisors within the facility are advised to ensure security of those inmates who are at a high risk of being abusive.

115.42(c) Directive OPS.200.0006 states, “ When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by case basis, determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems.” A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The PCM indicated that there are no transgender inmates at MCIW.

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.” The inmate’s own views with respect to his safety shall be given serious consideration.” A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The MCIW PCM indicated that if they had transgender inmates, their placement and programming assignments would be reviewed with the case management team. Although the interviewed Case Management staff indicated they had never had an inmate identified as transgender on their case log, staff was knowledgeable of the requirement to conduct 6 months reassessments on inmates identified as such.

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.” Transgender and intersex inmates can request a personal search exception card issued by the warden which allows the inmate to be searched by staff of a preferred gender. Staff who perform risk screening reported when the facility receives an inmate identified as transgender and/or intersex, their own views of safety would be considered. MCIW has not housed any inmates identified as transgender and/or intersex during the review period.

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 PCM indicated that transgender and intersex inmates would be given the opportunity to shower separately from other inmates. Facility practice would be to allow transgender or intersex inmates to shower during off hours or during count time. However, MCIW has not housed inmates identified as transgender and/or intersex during the review period.

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.” The PCM indicated that MCIW does not house lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units or wings. The auditor interviewed inmates who was identified as gay, bi-sexual and lesbian. Each confirmed during the interview process, they nor others identified as such have been placed in designated housing units or wings. There were no inmates identified as transgender and/or intersex at the facility for interview. At the facilities they are placed in general population housing units. Direct observation and a review of housing assignments corroborated with

inmate and state interview results. MCIW is the only female correctional facility for the DPSCS. Therefore, all inmates identified to be housed at a female facility are assigned at MCIW. The State of Maryland does not have a consent decree.

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, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DOC.100.002 Case Management Manual
3. Inmate Traffic History
3. Interviews
  - a. Warden
  - b. MCIW PCM
  - c. Staff Assigned to Supervise Segregation

115.43(a) The DOC– Case Management Manual section .18E (1)(a)-(f) states, “Protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. Alternatives may include, but are not limited to: (a) Transfer of the inmate to a different housing unit within the facility; (b) A lateral transfer of the inmate to another facility of the same security level; (c) Transfer of the inmate’s documented enemy or enemies to another facility; (d) Transfer of the inmate to another state under the provisions of the Interstate Corrections Compact (ICC); (e) Transfer to MCAC (in exceptional circumstances only); or (f) Assignment to home detention (if eligible). The PAQ noted that there was one inmate held in involuntary segregated housing in the past 12 months for less than 30 days. An interview with the Warden revealed, she was aware of the requirements pertaining to the placement of inmates at high risk of sexual victimization in involuntary segregated housing. The inmate's traffic history movement sheet indicated the inmate placed in involuntary segregated housing after reporting an allegation of sexual abuse was released within 24 hours of placement upon the MCIW PCM and Wardens’ awareness. Per interviews with the Warden, MCIW PCM and Supervisor of segregation, no other inmates have placed in involuntary segregated housing due to being at a high risk of sexual victimization during the review period.

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. However, per the Warden, PCM, and staff who supervise segregation indicated MCIW does not place inmates at a high risk of victimization sexual

abuse in involuntary segregation.

115.43(c) The PAQ noted no inmates were held in involuntary segregated housing for longer than 30 days in the past 12 months awaiting completion of assessment. The Warden indicated the facility does not place inmates at a high risk of sexual victimization in involuntary segregation. Other housing arrangements are made, that include the movement of the alleged abuser. The inmate identified as at a high risk of sexual victimization may request to be placed in involuntary segregation but will never be forced. There were no inmates in segregation due to being identified at a high risk of sexual victimization to interview.

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, MCIW PCM, and staff assigned to segregation, the facility does not house inmates who reported sexual misconduct and are at a high risk of sexual victimization in involuntary segregation. There were no inmates in involuntary segregation to review.

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 for longer than 30 days. The Warden was aware of the requirement for 30 days reviews but indicated inmates have never been held in involuntary segregated housing for longer than 30 days due to high risk for sexual victimization.

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. MCIW 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. PREA Hotline Postings
5. PREA Posters
6. Inmate Handbook
8. MCASA Brochure
7. Interviews with:
  - a. Random staff
  - b. MCIW PCM
  - c. Random 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. Random inmate interviews indicate that all inmates were aware of the reporting options available. They indicated there is signage on walls for the hotline and calling the hotline number was a common response. Random staff interviews indicated all staff were aware of the internal reporting options available to the inmates and themselves.

115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 both indicate that they allow inmates 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. DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide advocacy services

statewide. MCASA also receives reports of sexual abuse and sexual harassment from inmates as an external reporting entity. Posting are on the inmates' housing unit bulletin boards on the various methods to report sexual misconduct to include the JUST Detention International (JDI). The Inmate Handbook list the contact information for the following outside agencies to report allegations of sexual misconduct: Rape Abuse and Incest National Network (RAINN) 1220 L Street, NW Suite 505 Washington, DC 20005 @ (202) 544-1034; National Sexual Abuse Hotline @ (800) 656-Hope; MCASA PO Box 8782 Silver Spring, MD 20907 @ (301) 328-7023. Confirmation of the inmate population's awareness of outside resources was demonstrated through the receipt of an inmate's submitted letter to JDI and another inmates' letter submitted to the Office of Secretary.

MCIW does not house inmates detained solely for civil immigration purposes.

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. Inmates also have access to a toll-free hotline number which will refer any reports for investigation. Reports can also be made anonymously. Inmate interviews indicated they knew they could report sexual abuse or sexual harassment either verbally, in writing, or via third parties. Most inmates also indicated that they could report sexual abuse or sexual harassment anonymously. All random staff reported inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties. Staff indicated they would immediately notify their supervisor and document any verbal reports of sexual abuse or sexual harassment as soon as possible and always prior to departing from their assigned shift.

115.51(d) Directive OPS.200.0005 The PREA Audit manual states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice with regard to privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited the PREA hotline, notifying a supervisor, or calling IID 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. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. COMAR 12.02.28 DPSCS Administrative Remedy Procedures to Resolve Inmate Complaints
4. Interviews with:
  - a. PREA Coordinator

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, PCM and to IID to be processed for investigation. Per the MCIW PCM, all reported allegations are addressed immediately and reported to the IID Investigators for a thorough investigation.

DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this Standard.

## **115.53 Inmate access to outside confidential support services**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

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

115.53(a) (b) Upon arrival inmates are provided the Maryland Coalition Against Sexual Abuse (MCASA) Brochure which informs inmates about services (including confidential emotional support services) provided through MCASA prior to departing Intake & Reception. Prior to accessing services inmates are informed to the extent to which their communications will be monitored. The brochure is a guide for prisoners, advocates, and allies and includes information for inmates to report sexual misconduct to outside confidential support services. The services note in the brochure are as the following counselling services: (1) ALLEGANY Family Crisis Resource Center 146 Bedford St., Cumberland, MD 21502 Hotline (301) 759-9244; (2) ANNE ARUNDEL Sexual Assault Crisis Center 1517 Ritchie Hwy, Suite 101, Arnold, MD. 21012, Hotline: (410) 222-6068;(3) BALTIMORE CITY TurnAround, Inc., 1800 North Charles St., Suite 404, Baltimore, MD 21218, Hotline (401) 828-6390; (4) ST. MARY'S Walden-Sierra, Inc. 30007 Business Center Dr., Charlotte Hall, MD 20622 Hotline: (301)863-6661; SOMERSET, WICOMICO, WORCESTER Life Crisis Center, Inc. P.O. Box 387, Salisbury, MD 21803 Hotline: (410)749-4357; (5) WASHINGTON CASA, Inc 116 West Baltimore St. Hagerstown, MD 21740 Hotline: (301) 739-8975.

The PREA Intake & Reception Sheet is not only posted in the Intake & Reception area, is also posted on inmate bulletin boards in their housing units. The facility provides inmates with access to outside victim advocate for emotional support service related to sexual abuse by giving the mailing addresses and telephone numbers including toll-free hotline numbers where available, of State, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between inmates and these organizations and agencies, in as confidential manner as possible. Telephone calls to these agencies may be monitored. Written communication will remain confidential. (1) YWCA of Annapolis & Anne Arundel County

1517 Ritchie Highway, Suite 201 Arnold, MD 21012 (410)222-6800; (2) Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring , MD. 20907 (301) 328-7023/(800) 983-7273; (3) Sexual Assault Legal Institute P. O. Box 8782 Silver Spring, MD 20907 (301)-564-2277/(877)-496-SALI; (4) Just Detention International 1900 L St, NW, Suite 601 Washington, DC, 20036 (202) 506-333; (5) RAINN Rape, Abuse & Incest National Network which does have accept written correspondence but provides a telephone number of (800) 656-4673.

The Inmate Handbook list the contact information for the following outside agencies to report allegations of sexual misconduct: Rape Abuse and Incest National Network (RAINN) 1220 L Street, NW Suite 505 Washington, DC 20005 @ (202) 544-1034; National Sexual Abuse Hotline @ (800) 656-Hope; MCASA PO Box 8782 Silver Spring, MD 20907 @ (301) 328-7023.

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." Some inmates were aware that advocacy, crisis intervention to include emotional support services were available as some recalled receiving the informational brochure and observing it on the inmate bulletin boards.

115.53 (c) DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide emotional support services. Services include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. On November 23, 2020, the DPSCS Assistant PREA Coordinator conducted a video conference with a work group from MCASA in an effort to establish a MOU that will strengthen the working relationship for both MCASA and all DPSCS facilities. An interview with the DPSCS Assistant PREA Coordinator indicated due to the frequent turnover of staff at MCASA negotiation have often had to restart prior to finalizing an official Memorandum of Understanding (MOU) agreement. The lead auditor reached out to the Supervisory staff at MCASA in order to collect an interview that included numerous emails back and forth, but the staff member was unavailable to complete the interview. 115.53 (c) DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide emotional support services. Services include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. On November 23, 2020, the DPSCS Assistant PREA Coordinator conducted a video conference with a work group from MCASA to establish a MOU that will provide a detailed working relationship between MCASA and DPSCS facilities. An interview with the DPSCS Assistant PREA Coordinator indicated due to the frequent turnover of staff at MCASA negotiation have often had to restart prior to a final MOU agreement. The lead auditor reached out to the Supervisory staff at MCASA in order to conduct an interview that included numerous emails back and forth, but the staff member was inaccessible to complete the interview.

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. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. MCASA Packet
4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
5. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
5. MCIW Inmate Handbook
6. 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."

MCIW Inmate Handbook indicates that any MCIW employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. They may be in writing, verbal anonymous or from third parties.

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 (./agencies/iiu.shtm1) 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. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. Completed PREA Investigative Casefiles
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents
7. Interviews with:
  - a. Warden
  - b. DPSCS PREA Coordinator
  - c. MCIW PCM
  - d. Medical Staff
  - e. Mental Health Practitioner
  - f. Random staff
  - g. 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 19 random staff indicated they were aware of their responsibility to report any knowledge of PREA allegations to include harassment, sexual abuse, and retaliation. All staff to include that 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. Each reported that would verbally report their knowledge and would document the information in a matter of record as soon as possible and always prior to the end of the shift. Requirements for the shift commander who receive PREA allegations during their shift to the IID is also noted in OPS.020.0003.

115.61(b) Directive OPS.050.0001 and Directive OPS.200.0005 identify information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of alleged inmate on inmate sexual misconduct and immediate and continued care of the victim. Interviews with random staff confirmed they would have a private conversation with supervisory staff and those who had the need to know such as investigative staff, medical and mental health. When asked if the information would be documented in the housing unit logbooks, staff immediately responded that would not document the information in logbooks due to being accessible to anyone.

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 confirmed that medical and mental health staff are aware of their duties required by this provision that includes their duty to report. Mental Health staff indicated the inmate is always informed on the limitation of confidential in advance of services, so the inmate have a choice to participate or not. Medical staff indicated the inmate is also always notified of the limitation of confidentiality prior to the submission of services. If the inmate elects to continue with services, the inmate must sign an informed consent form that outlines the conditions of confidentiality. The inmate must sign, while noting the type of service and acknowledge their agreement to participate in the service despite the limits of confidentiality set out in the form.

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, MCIW PCM, staff and observation during the on-site visit, MCIW does not house youthful inmates under the age of 18 years old.

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 the IID Investigator indicated all allegations of sexual misconduct are investigated to include those reported by third party, by the alleged victim, and anonymously and are handled the same. The review of 11 completed PREA investigative packets confirmed the IID completed investigations of PREA allegations reported by third party that included the PREA hotline and letters submitted to outside resources. The review of the casefile did not indicate any PREA allegations were reported anonymously during the review period.

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**

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

1. MCIW 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. Division of Correction Manual: DOC.100.0002, Case Management Manual
5. Interviews with:
  - a. Agency head
  - b. Warden
  - c. MCIW PCM
  - d. Random staff

Executive Directives require that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. The Directives hold supervisors responsible for taking reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct. Staff responding to an incident are to ensure the safety of a victim of sexual misconduct by immediately stopping an incident in progress, and if necessary, arranging for separation of the victim from the abuser. Continued personal protection of the alleged victim shall be provided. This information is also covered in the PREA lesson plan. Directive OSPS.200.0005 states a supervisor, manager, or shift commander shall take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate-on-inmate sexual abuse. The Case Manager Manual section 18 provides guidance if an inmate claims to have an enemy within the Division of Corrections, the staff member receiving the claim shall notify case management staff, or a custody supervisor. If the enemy is housed at the same facility, a custody supervisor shall interview all inmates involved and determine whether the claimant shall be placed on administrative segregation pending further investigation. At the completion of the investigation, the case management specialist shall indicate on the Enemy Status form whether the inmate's claim has been verified. If the claim is verified, the information shall be entered on the OCMS Enemy Alert and Retraction screen. Further actions would be determined based on the findings of the investigation. The lead auditor presented a variety of scenarios to random staff during the interview process for response to their awareness of an inmate at substantiated risk of sexual abuse. In all scenarios, staff indicated, they would immediately remove the inmate from the area of threat, protect the inmate and notify their shift commander. Interviews with the Agency Head stated protective actions to an inmate identified as subject to a substantial risk imminent sexual abuse would immediately be separated from any threat that could include being moved and assigned to different housing, reassignment of cellmate, transferred to

another facility and as a last result would be placed in protective custody. An interview with the Warden provided a variety of options to protect an inmate identified as subject to a substantiated risk of sexual abuse. She listed housing and /or cell partner change, contact with be made with mental health, medical, security and IID for an investigation, if needed, the inmate who was determined to be the threat would be transferred. The victim would never be placed in the involuntary segregation. Per the Warden, MCIW PCM and staff assigned to supervise segregation, no inmates have been placed in segregation due to being at substantiated risk of sexual abuse during the review period.

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. MCIW 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. Notifications to other facilities
5. Interviews with:
  - a. Agency head
  - b. Warden

115.63 (a-d) Executive Directive OPS.050.0001 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 is alleged to have occurred at the inmates' previous facilities, 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. During the review period, two inmates who arrived at MCIW reported PREA allegations alleged to have occurred at other DPSCS facilities. Documentation of notification to the Warden and Assistant Warden at both facilities were confirmed by emails dated on the date of the reported incidents within 24 hours. There were no reported PREA allegations reported from other correctional facilities that was alleged to have occurred at MCIW.

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. MCIW 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. Review of PREA Investigations
5. Interviews with:
  - a. Medical and Mental Health Staff
  - b. Inmates who reported sexual abuse

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

The initial review period was scheduled for July 2019 – June 2020, in which the appropriate documentation was to be submitted. However, due to COVID-19 and the restrictions of visitation into the facility to conduct the on-site visit, the lead auditor extended the review to PREA allegations to August 2020. The PAQ identified 1 report of sexual abuse, however this information was incorrect. There were 10 reported allegations of sexual abuse reported during the review period. Of these allegations, there were 2 reported allegations in which the first responder staff was notified within a time period to collect evidence and for a forensic medical examination by a SANE at a local hospital. The two staff who served as first responders were not available for interview. Interviews with inmates who reported sexual abuse responses to staff actions upon being notified of an alleged sexual abuse varied. Two inmates indicated their report of sexual abuse was not immediately addressed by the staff member who received the initial report. The inmates could not recall and/or could not identify the staff member. There were also allegations of delayed responses to allegations reported through the PREA hotline. These responses were shared with the Warden, DPSCS Assistant PREA Coordinator and MCIW PCM. The investigative reports did not note the inmate's allegations of previously reporting the allegation and it not being reported. However, the lead auditor recommended refresher training on staff's first responders' duty was provided to staff in which they were required to sign acknowledging such training. This training was provided by the shift commanders for each shift and staff acknowledged receipt of PREA refresher training that included but not limited to staff's duty to report and duties as a first responder.

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." Interviews with non-security staff indicated were aware of their responsibilities as first responders. Staff reported that they would immediately separate inmates and maintain sight of a victim, do what they could to preserve a crime scene including advising involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet. Each stated they would also immediately call supervisors. There were no reported allegations of sexual abuse that was reported directly to non-security other than medical and mental health. Staff assigned to these departments immediately reported the incident to the shift commander while maintaining sight on the alleged victim. There were no PREA allegations reported to volunteers during the review period. No volunteers have been authorized to enter DPSCS facilities since March 16, 2020, due to the global COVID -19 pandemic.

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. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. Facility Directive MCIW.020.0026.1 PREA
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. Executive Directive OPS.200.0005 Inmate on Inmate Sexual conduct - Prohibited

5. Interviews with:

a. Warden

Facility Directive MCIW.020.0026.1, OPS. 200.0005, and OPS.050.0001 identifies a plan of action for employees, managers, supervisors, shift commander and first responders. The actions include stop the incident, safeguard the victim, arrange for any needed medical services, detain the alleged perpetrator, preserve evidence and the scene of the alleged incident, refer the victim for needed medical and mental health treatment. The Warden noted the action plan as described in the directive.

MCIW.020.0026.1 includes a section on First Responder duties to include a PREA First Responder Checklist which, lays out the steps of the plan of action for first responders in a checklist format to ensure that none of the step are omitted. This directive includes a Containment Checklist for the shift commander or supervisor to follow listing all action to be taken when a report of sexual abuse is received. Responsibilities of the MCIW PCM, medical and mental health staff is to ensure the inmate victim of sexual abuse receive appropriate medical and mental health screenings follow-ups in appropriated time frames. Interviews with random staff indicated all was aware of the DPSCS and facility protocol upon being advised of a PREA allegation.

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. MCIW 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 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 code, MOU, interviews 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. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. Facility Directive MCIW.020.0026.1 PREA Compliance
4. Retaliation Monitoring forms
5. Interviews with:
  - a. Agency Head
  - b. Warden
  - c. MCIW PCM
  - d. Staff charged with Monitoring

115.67 (a) (e) Facility Directive MCIW.020.0026.1 and 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 Case Manager Supervisor and the MCIW PCM have been designated as staff assigned to monitor retaliation.

115.67(b) Both Directives 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 Case Manager Supervisor during the interview. She continued in stating she initiate meetings with the inmates. On occasion she may have the inmate report to her office where they may feel more comfortable and on others, she will go to the inmate housing unit to speak with the inmate. She would continue retaliation monitoring beyond 90 days if deemed appropriate. 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 offering emotional support for the victim, removal of the abuser, and housing assignment observation are just some of the methods to provide protection.

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 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 7 days, at two weeks, within 30 days, within 60 days, final 90 days, and space for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. The lead auditor requested documentation of 10 random selected retaliation monitoring. All retaliation monitoring was documented in accordance with the provisions of this standard. Staff and the inmate note their initials/name on the form documenting their meeting. One inmate was transferred to another facility within DPSCS and the required continuation of monitoring was forward to the receiving facility via email. No inmates were placed on extended monitoring during the review period. Interviews with inmates who was placed on retaliation monitoring confirmed they met with staff on a monthly basis and described the meeting with staff.

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. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DOC 100.0002 Case Management Manual
3. Review of inmate housing assignment movement
4. Interviews with:
  - a. Warden
  - b. MCIW PCM
  - c. Special Housing Supervisor
  - d. Inmate placed in involuntary 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.

Per interviews with the staff assigned to supervise segregation, the facility does not house inmate in involuntary segregation therefore no restrictions are enforced due to none are housed. A interview with the Warden confirmed the supervisor’s stated in that inmates who alleged PREA allegations are not to housing in involuntary segregation. The inmate victim would have to make a request for placement in segregations. The alleged abuser would be placed in administrative segregation pending an investigation, but the alleged victim would not.

Per the PAQ and interview with the MCIW PCM, there was one inmate who reported sexual abuse and was placed in involuntary segregated for less than 24 hours housing during the review period. She continued in stating the placement of this inmate was an error of the shift commander. The lead auditor conducted an interview with the alleged victim who confirmed she was released back to the general population in less than 24 hours after placement in

involuntary segregation.

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

## **115.71 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. OPS. 050.0001 and OPS.200.0005
6. DPSCS.020.0026 PREA Com
8. Interviews with:
  - a. DPSCS PREA Coordinator
  - b. MCIW PREA Compliance Manager
  - c. Warden
  - d. IID Investigator

115.71 (a) Directive OPS. 050.0001 states to the extent possible, but in every case where the allegations 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 addresses: (a) interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings; Sexual Abuse evidence collection; and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal. She indicated the investigators have 10 days in which they are required to begin the investigation. PREA allegations that require a forensic examination are investigated immediately. Also, there are times when others could be delayed based on the lack of information given and the severity of allegations made. A review of 11 investigative cases, revealed that not all was continued for investigation by an IID Investigator within 10 days after being created at the facility level, However, the investigation process did continue within 20 days. Some delays were attributed to the status of the inmate to include being housed in the mental health infirmary and/or on suicide observation. All third party and anonymously PREA allegations are conducted in the same manner as those directly reported and are not handled any different. However, information provided anonymous is sometimes limited in what is received. A review of the completed PREA investigative packets revealed the majority elected to report directly to staff. Three reported their allegation through the PREA Hotline @ (301) 759-9244. One inmate elected to submit a letter to the Just Detention International (JDI) and one elected to submit a letter to the Office of Secretary. There were no reports of sexual abuse submitted by an anonymous party, and/or by family or friends.

115.71 (b) The PREA Audit Manual indicates the Department where sexual abuse is alleged, the Department shall use investigator who have received special training in sexual abuse use

investigators pursuant to standard 115.34. OPS. 050.0001 and OPS.200.0005 states Department personnel assigned to conduct the investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigation of sex related offenses in the correctional setting. An interview with an IID Investigator confirmed all IID Investigators are sworn law enforcement officers inducted by the Attorney General in Baltimore. The investigators attend training established by the Maryland Police and Correctional Training Commission for police to maintain certification, as well as advance training in investigative techniques. Training is 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; Sexual Abuse evidence collection; and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. The interviewed Investigator serves as one of the instructors who provide training. The auditor training roster of all IID Investigators who have completed the required course "PREA: PREA Specialized Training." This course is identified as a seven-hour course in which a passing score is required by each participant.

115.71 (c ) & (d) Directive OPS.200.0005 notes "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, contact, Department or agency procedures, or other reasonable accepted standards related to: a) collecting and preserving evidence; b) interviewing victims, witnesses, and suspected perpetrators; c) conducting and using polygraph examination; d) identifying suspects; e) preserving an individual's person dignity and legal rights; f) and maintaining confidentiality of the investigation. An interview with an IID Investigator confirmed their methods of conducting investigations include those described in a – f. She added review available video footage, review phone calls of both the alleged victim and alleged perpetrator, conducting staff interview. The Investigator would also report to the local hospital if there was a need for the alleged victim to be transported for a forensic examination for the DNA sample. She explained the DNA sample results could take several months.

The IID Investigators are sworn law enforcement by the Attorney General in Baltimore. Per an interview with the IID Investigator, they are authorized to do indictments and the suspect would be advised of her Miranda rights, but they are not required to consent with the prosecutors on whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.71.(e) Directive OPS.050.001 states a victim of sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examinations as a condition for proceeding with an investigation of alleged sexual misconduct. Directive IIU.110.0011. page 8 section e. notes the credibility of a victim, witness or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. In addition, 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. The IID investigator explained during the interview, her determination of the findings is based on an individual basis of credibility of evidence recovered during the investigative process to include collection of available video surveillance, monitored phones, staff's logs, interviews, photographs, bed sheets, medical records, DNA collected and all other available evidence. She continued in stating at no time would the continuation to proceed with the investigation be based upon an alleged victim requirement to submit to the polygraph or truth-telling device. A sexual abuse



alleged victim would never be asked to submit to a polygraph or truth-telling device. Eleven PREA reported allegations cases was reviewed and 5 inmates who reported sexual abuse was interviewed. There was no documentation within the casefiles nor did the any of the 5 inmates interviewed indicated they were asked to submit to a polygraph or truth-telling device by the investigative staff. A review of the 11 investigative case files confirmed the credibility assessment of findings for each investigative case appears to be based on the evidence collected throughout the investigative process.

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 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 investigation action to 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' with regard to 115.71 (f). An interview with an IID Investigator indicated all PREA investigation are initially opened as a criminal case and treated as such in the gathering and collection of evidence and those involved. At any time during the investigation there was evidence to support staff did not perform their rounds, or wasn't on post and or falsify the logs, an administrative investigation would be initiated on that staff while documenting their actions contributed to the prohibited act. A review of completed PREA cases did document staff actions as noted by video. However, no staff was noted as not appropriately performing their assigned duties and manning their assign post that could have contributed to an alleged incident.

115.71 (g) Directive IIU.110.0011 states An investigator assigned to investigate an incident involving a sex related offense shall document all aspects of the investigation in a comprehensive investigative report that: (a) Thoroughly describes, physical, testimonial, and documentary evidence; (b) Explain the reasoning behind credibility assessment; (c) Include facts and findings; and (d) When appropriate, include related documents and (e) the report is maintained according to an established retention scheduled, which requires the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department plus five years. Directive OPS.050.0001reference upon the IID Investigator completing an investigation of a complaint of alleged sexual misconduct, the investigator shall: (a) Thoroughly documental all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution; (b) Include in the report a determination indicating the complaint of alleged sexual misconduct to be Substantiated(the investigation determined the sexual misconduct occurred); Unsubstantiated (the investigation produced insufficient information to determine whether or not the alleged sexual misconduct occurred); or Unfounded (the investigation determined that the alleged sexual misconduct did not occurred).

115.71 (h) Directive 200.0005 Upon completing an investigation of a compliant of alleged inmate on inmate sexual conduct, the investigator: thoroughly document all aspects of the investigation in a written report so as to best support subsequent administration and action, if appropriate, referral for criminal prosecution Directive IIU.110.0011 indicate if an investigation finding is appropriate, the investigator shall work with the prosecutor to develop the case for criminal prosecution. An interview with the IID Investigator indicated that all PREA allegations are initially opened as a criminal case until it is proven no criminal activity was committed. At

that time, the case is completed as an administrative investigation. There were 1 allegation of sexual abuse that was determined by the investigative staff as Substantiated. The case was closed as an administrative investigation, as the inmate victim preferred not to pursue additional charges o the inmate-on-inmate incident. No allegations of sexual abuse and/or sexual harassment were referred for criminal prosecution during the 15-month review of sexual abuse cases. The lead auditor extended the review period from 12 months to 15 months because of the delay between the pre-audit phrase and the on-site visit due to the global spread of the pandemic COVID-19.

115.71 (i) OPS.050.0001 and OPS.200.0005 requires the investigative files be filed and maintained in accordance with an established retention schedule which requires the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department plus five years. An interview with an IID Investigator confirmed the retention schedule of the investigative files.

115.71 (j) Directive IIU.110.0011 states an investigation under this directive may not be terminated based on victim or suspect departure for Department employee or custody. The IID investigator confirmed whether staff is terminated or resigns, the investigation continues. The investigative staff would either go to staff's member home or request they report to the investigative staff. If an inmate is transferred, or released, an investigative staff would continue with the investigation.

115.71 (k) (l) All administrative and criminal sexual abuse and/or sexual harassment investigations are conducted by the Department IID investigators. These investigators are sworn law enforcement officers with the State of Maryland. Therefore, this provision is not applicable.

Based on the review of policies, observation, supporting documentation, interviews, and analysis, MCIW is complaint with all applicable provisions of this Standard.

## **115.72 Evidentiary standard for administrative investigations**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence reviewed: documents, interviews

a. PREA Investigative Files

b. IIU 110.0011 Investigating Sexual Related Offenses

c. Interview with 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 14 investigative files to include sexual abuse and sexual harassment, the investigative findings were determined on the collection of evidence recovered during the investigative process, to include interviews conducted, and physical evidence collect. The review of the investigative files confirmed the Department does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse/sexual harassment is substantiated. An interview an IID Investigator confirmed the preponderance of evidence is the standard necessary to substantiate an allegation for sexual abuse/harassment through collected evidence and interviews.

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

## **115.73 Reporting to inmates**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Received (documents and interviews)

1. MCIW Compelled Pre-Audit Questionnaire (PAQ)
2. IIU.020.0001 Investigating Sex Related Crimes
3. Notifications of findings
4. OPS.050.0001 Sexual Misconduct - Prohibited

Interviews:

- a. Warden
- b. IID Investigators
- c. MCIW PCM
- d. Inmates

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

The IID Investigator indicated during the interview that either notify the inmate of the findings during the interview process because of the evidence already collected. She continued in that under these circumstances she emails the PCM the findings and confirmation of the notification to the inmate.

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

115.73 (c) Directive IIU.1100011 requires if an investigated incident involved an employee committing a sex related offense on an inmate and the incident was Substantiated or Unsubstantiated, the investigator will arrange for the inmate to be advised when the employee is no longer assigned to the inmate's housing unit, when the employee is no 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 know, the employee was convicted of a charged related to a sexual related offense occurring at the facility. There were zero Substantiated and/or Unsubstantiated sexual harassment and/or sexual abuse allegations against staff determined at MCIW during the review period of 15 months rather than 12-months due to the delay of the on-site visit because of restricted entry into the facility under COVID-19 precautions.

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

inmate to be advised, if known that the perpetrator was indicted or a charge related to as related offense occurring at the facility: and if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. There was one Substantiated allegation of inmate-on-inmate sexual abuse during the extended review period of 15-months. However, this case did not result in criminal actions.

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. An interview with the Warden indicated upon the PCM receiving notification of PREA investigative findings from the assigned IID Investigator, the inmate receives a letter from her advising them of the finding. Upon notification of the finding's in writing is delivered to the inmate by the MCIW PCM. At that time, both the PCM and inmate acknowledge the inmates' receipt by signing and dating as receiving copy. The lead auditor requested a random selection of 10 notifications for review. The review revealed the inmates acknowledged receipt of the letter documenting the investigation for 8 cases. One inmate refused to sign in which two staff provided signatures witnessing the inmate's refusal. One notification documented that the inmate was on suicide watch. The PCM indicated the inmate was verbally notified, due to not being allowed to possess items during suicide observation. Documentation of the date of notification by the IID Investigator to the PCM and inmate is included in the summary of the investigative report. Those notifications by the IID Investigator to the inmate was documented in the investigative summary. All 6 inmates interviewed based on reporting an allegation of sexual abuse, identified they were informed of the investigative findings by the MCIW PCM or the IID Investigator.

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.

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.505.001 Sexual Misconduct – Prohibited
2. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
3. Review of Investigative PREA Casefiles

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.

There were no substantiated allegations of staff sexual misconduct with the past 15-months of PREA case file review. Therefore, there were no disciplinary actions and/or termination of staff nor was there a requirement to report to a relevant licensing body. A review of the PREA casefiles confirmed there were no substantiated allegations of sexual misconduct involving staff.

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. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
3. DPSCS Executive Directive 200.0005 Inmate on Inmate Sexual Conduct - Prohibited
4. Volunteer Orientation Manuel
5. PREA Investigative Casefiles

Interviews with:

- a. Warden

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

115.(b) The Volunteer Orientation Manual states that the Department has a ZERO tolerance policy regarding sexual misconduct. Any form of sexual conduct, consensual or otherwise, is prohibited in a correctional facility. This includes offender on offender, as well as staff (including volunteers) on offender contact, coercion, or sexual violence.

Per an interview with the Warden, volunteers and contractors accused of sexual misconduct shall be prohibited from contact with inmate population, denied entry into the facility and all other DPSCS facilities immediately until an investigation is completed. If the accusation is substantiated the individual's volunteer and/or contractual status shall be terminated, and the individual shall be subject to criminal prosecution if the behavior is deemed to be criminal in nature. In the past 15 months of review of PREA allegations, there have been no allegations made or substantiated against contractors and/or volunteers.

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. Disciplinary Reports
5. PREA Investigative Casefiles

115.78(a) DPSCS.020.0026 states The Department does not tolerate sexual abuse or sexual harassment of an inmate. The policy identifies sexual abuse of an inmate by another inmate to include the following acts, if the victim inmate does or does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse: (i) Acts listed under §§ .04B(3)(a)(i) and (ii) of this directive; (ii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and (iii) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin breast, inner thigh, or the buttocks of another inmate, excluding contact incidental to a physical altercation. OPS.200.0005 states: The Department does not (1) Tolerate inmate on inmate sexual conduct; (2) Consider alleged or actual consent as a defense to an allegation of inmate-on-inmate sexual conduct. COMAR 12.03.01 identify the inmate violation summary code has 117 – An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act. Per the PAQ 5 inmates were noted as inmates subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. However, this number was incorrect. One inmate was subject disciplinary sanctions after a formal disciplinary of an administrative finding of guilt for a violation of sexual abuse. Four inmates received disciplinary sanctions for committing consensual sexual acts after formal hearings.

115.78(b) & (c) An interview the Warden indicated an Independent Discipline Hearing Officer who is DPSCS employee, but he is not assigned to the facility apply disciplinary sanctions to all inmates to include those for sexual abuse and/or sexual harassment. 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. One inmate received a disciplinary sanction who found guilty of sexual abuse during the review period. The inmate history was reviewed however, there were no other inmates who committed similar acts to compare the imposed sanction. An interview with the Warden indicated inmates who are determined to have committed the prohibited act are subject to segregation, loss of commissary and a variety of other sanctions. She stated 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. MCIW offers the inmate population an opportunity to participate in group sessions. A roster of those inmates enrolled in "Healthy Relationship Group" session was provided for review.

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." Per the PCM there were no inmates who received disciplinary sanctions for inmates who was determined to have filed a false report or lied during the reported allegation of sexual abuse.

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 an interview with the PCM, four 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. MCIW 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. Corizon Guidelines for Sexual Assault
5. Mental Health Referral Forms
9. Interviews with:
  - a. PREA Compliance Manager
  - b. Medical and Mental Health staff
  - c. Staff who conduct risk screening
  - d. Inmates that disclose during PREA Screening

115.81 (a) OPS.050.0001 states that, "whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening. It also indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a copy of the intake screening will be referred to the mental health department. Interviews with intake staff and those staff who perform screening for risk of victimization indicated mental health referrals are available to all inmates who have experienced prior sexual victimization and inmates who were identified as an abuser. The PAQ indicated 100% of inmates that reported prior sexual victimization were offered a follow-up meeting with a mental health provider. The lead auditor requested a random selection of 11 inmates PREA follow-up completed by mental health. A review of these referrals confirmed the inmates met with a mental health practitioner well within 14 days of the initial screening. This was confirmed by the date of screening, date of referral, and date meeting was completed. The auditor also interviewed 6 inmates that reported prior sexual victimization, and all confirmed they were seen by mental health staff within a few days of being referred.

115.81(b) OPS.050.0001 indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a referral will be made to mental health. Interviews with staff who perform screening for risk of victimization said they refer all inmates who have scored as an abuser. The PAQ indicated that 1 inmate who previously perpetrated sexual abuse, as indicated during the initial screening was offered a follow-up meeting with a mental health provider. Documentation of the completed referred was submitted for review.

The referral was completed within 14 days of the screening. A review of mental health referrals was also presented for inmates who reported allegations of sexual abuse to include additional follow-ups.

115.81(c) MCIW is not a jail.

115.81(d) OPS.050.0001 states that information concerning an alleged complaint of sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating and resolving the alleged misconduct and immediate and continued care of the victim. Per interview with the PCM, she indicated that 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. Interviews with Case Management staff revealed that inmate files are not kept in the housing unit but are kept in the Record Office. This helps protect the confidentiality of information and helps ensure that any information related to sexual victimization or abusiveness is kept confidential and that access is strictly limited to those with a need to know.

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

Based on a review of policies, interviews and analysis, the facility is 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. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness
5. Corizon Health PREA Training Lesson Plan
6. Inmates who reported sexual abuse medical and mental health follow-ups
7. Interviews with:
  - a. PCM
  - b. Medical staff/ Mental Health Staff
  - d. Inmates who disclosed during risk screening

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. The Corizon Health Lesson Plan for PREA states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. 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. An interview with the Health Services Administrator verified that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. She also said that once the report is received, the inmate would be seen immediately. She also verified that the nature and scope of the treatment and crisis intervention services are determined by the professional judgment of the medical and mental health treatment staff. An interview with a Mental Health Practitioner verified that mental health staff (she) also meets with an inmate immediately while on duty and/or the following work day of an alleged incident of sexual abuse to offer supportive counseling. Interviews with inmates who reported sexual abuse indicated they were all immediately seen by medical health and seen by mental health immediately and/or their return to work. Documentation of inmates medical and mental health services was provided for review by the auditing team.

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 and contact medical.

115.82(c) Corizon Health has a policy which addresses the requirement of this provision which states, “prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases.”

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 medical and mental health staff also verified that the services would be provided to the inmates 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. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
3. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness
5. DPSCS Clinical Services and Inmate Health Medical Evaluation Operations Manual
6. Corizon Health Policy on Sexual Assault
7. Medical/Mental Health Follow-ups
8. Interviews with:
  - a. Medical staff and Mental Health Staff
  - b. Inmates who reported sexual abuse

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.” Corizon Health Procedure on Sexual Assault 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 provide 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. An interview with mental health staff indicated staff would meet with the victim within minutes of awareness and offer supportive counseling. However, their work schedule is Monday – Friday. Therefore, the inmate would be seen upon their first day returning to work.

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 mental health

staff, mental health follow-up services are offered through Chimes, and TurnAround for domestic abuse and sexual abuse. Per medical staff a team of discharge planners coordinate continued services through John Hopkins and the Mercy Medical Center.

115.83(c) In an interview with the Health Services Administrator and Mental Health Practitioner indicated the level of care provided is consistent and better than the community level of care.

115.83(d) & (e) MCIW houses female inmates. Corizon Health policy on Sexual Abuse states females would be provided a pregnancy test and comprehensive information regarding options and if needed treatment for sexually transmitted diseases. There were no reported allegation of sexual abuse involving the penetration of a male genital with a female inmate. The completion of a pregnancy test was not applicable. Pregnancy did not result from the allegation of sexual abuse.

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. Two inmates who received forensic examinations received testing relevant to the circumstances of their reported allegation of sexual abuse while at the outside hospitals. There were no reported allegation of sexual abuse involving the penetration of a male genital with a female inmate.

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. The two inmates who received forensic examinations indicated they were held responsible for the financial cost of medical treatment resulting from the reported allegation of sexual abuse.

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 a Case Manager, who performs risk screening for victimization or abusiveness, indicated that an inmate disclosing prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are automatically referred to mental health. The inmate is given the option of being evaluated but a referral is made whether the inmate chooses to participate or not. The Mental Health Practitioner confirmed a mental health evaluation of all known inmate-on-inmate abusers is completed and services are offered but they often refuse the services. She further stated the abuser is seen within 60 days of learning of the sexual abuse.

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:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.020.0027
3. PREA Investigations Tracking and Review
4. PREA Incident Reviews
5. Interviews with:
  - a. Warden
  - b. MCIW PCM
  - c. 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. During the extended review period of 15 months due to delayed on-site visit created by COVID-19, eleven allegations of sexual abuse was reviewed. With the exception of one, the incident reviews were conducted within 30 days of the completed PREA investigation. The MCIW PCM submitted a memorandum acknowledging the delayed incident review while noting delayed notification of the investigation closing due shortage of staff being affected by COVID-19. The reviews were thorough, followed the requirements of this standard and were ordinarily completed within 30 days of the completion of the audit. Per the Warden, and review of staff noted as members if the incident review team include the appropriate team members and line officers are rotated to service on the review team while providing a new set of eyes and self-worth to the line staff.

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 MCIW PCM that identifies problem areas, necessary corrective action, and recommendation for improvement. An interview with a member of the incident review team indicated the



committee take all factors in to consideration. The committee look at the identified areas to see if there are any blind spots, if additional mirrors are needed, or more staff is need. Also consider if additional cameras are needed. The auditor reviewed the incident review reports and found they contained the required information. There were no recommendations made on the report.

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

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

## 115.87 Data collection

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

1. MCIW Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
3. DPSCS Website
4. 2019 Annual Report
4. Interview with:
  - a. DPSCS PREA Coordinator

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

115.87(b) OSPS.002.0027, indicates that the DPSCS PREA Coordinator is responsible for aggregating the incident-based sexual abuse data annually. The DPSCS PREA Coordinator, said, in an interview, he receives the data from IID and prepares the report based on that data. He

said that he collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. He reviews the data collected with the Warden as well, prior to writing the report. The report is based on the Fiscal Year.

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

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

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

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

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

## **115.88 Data review for corrective action**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

1. MCIW 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 with:
  - 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 compare 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. He also indicated he does not typically include information that needs to be redacted.

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

Based on a review of policy, website, annual report, interview and analysis, the Agency 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. MCIW 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 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 indicated he writes 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 2019 annual report was published. A review of the report indicated there were no personal identifiers.

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

## **115.401 Frequency and scope of audits**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

115.401 a b. DPSCS. 2020.0026 PREA Federal Standards Compliance documents the PREA Coordinator is responsible for ensuring Department PREA related activities comply with federal PREA standards in areas to include Audits and Auditing and corrective actions. This was the third PREA audit for Maryland Correctional Institution for Women and the first year of the third cycle.

115.401.h,i,m,n The auditor and support staff was provided access to all areas of the facility with an opportunity to observe staff functions, and practices in the various departments, in addition to inmates movement, activity in programs and housing. The auditor and support staff were provided with offices to conduct private interviews with both staff and inmates. The auditor was provided with all requested documentation relevant to the audit. The auditor received 7 correspondences from the inmate population. An interview with mail-room staff acknowledged the inmate mail is sealed by the inmate prior to placement in the outgoing mail. This procedure allows the inmate population confidentiality in communicating with the auditor just as with legal counsel.

## **115.403 Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

115.403 In accordance with DPSCS Directives and a review of the Department's website, PREA Audit Reports for the 24 correctional facilities overseen by the Department was posted on the website for the past three years precede this audit. The most recent PREA Audit Report posted on the website, at the time of this report was noted as September 4, 2020.

## Appendix: Provision Findings

<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	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
<b>115.14 (a)</b>	<b>Youthful inmates</b>	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

<b>115.14 (b)</b>	<b>Youthful inmates</b>	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
		Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	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)?	yes

**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

<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	<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>
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	<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>
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	<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>
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	<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>
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	<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.)

yes

**115.21 (a) Evidence protocol and forensic medical examinations**

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

yes

**115.21 (b) Evidence protocol and forensic medical examinations**

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

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

**115.21 (c) Evidence protocol and forensic medical examinations**

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

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

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

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

**115.21 (d) Evidence protocol and forensic medical examinations**

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

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

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

<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.31 (b)</b>	<b>Employee training</b>	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
<b>115.31 (c)</b>	<b>Employee training</b>	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
<b>115.31 (d)</b>	<b>Employee training</b>	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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

<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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



<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

**115.43 (a) Protective Custody**

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

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

**115.43 (b) Protective Custody**

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

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

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

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

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

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

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

<b>115.43 (c)</b>	<b>Protective Custody</b>	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
<b>115.43 (d)</b>	<b>Protective Custody</b>	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	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

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes



**115.52 (b) Exhaustion of administrative remedies**

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

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

**115.52 (c) Exhaustion of administrative remedies**

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

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

**115.52 (d) Exhaustion of administrative remedies**

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

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

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

**115.52 (e) Exhaustion of administrative remedies**

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

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

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

**115.52 (f) Exhaustion of administrative remedies**

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

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

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

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

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

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

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

**115.52 (g) Exhaustion of administrative remedies**

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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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

<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	<p>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?</p>	yes
		<p>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?</p>	yes
		<p>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?</p>	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	<p>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?</p>	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	<p>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?</p>	yes
		<p>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?</p>	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	<p>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?</p>	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	<p>Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?</p>	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

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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

<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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

<b>115.87 (d)</b>	<b>Data collection</b>	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
<b>115.87 (e)</b>	<b>Data collection</b>	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	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
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	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

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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.) na

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

**115.401 (h) Frequency and scope of audits**

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

**115.401 (i) Frequency and scope of audits**

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

**115.401 (m) Frequency and scope of audits**

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

**115.401 (n) Frequency and scope of audits**

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

**115.403 (f) Audit contents and findings**

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