

PREA AUDIT REPORT ☐ Interim ☒ Final

ADULT PRISONS & JAILS

Date of report: 03/19/17

Auditor Information			
Auditor name: Patrick J. Zirpoli			
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Telephone number: 570-729-4131			
Date of facility visit: 02/21/17 & 02/22/17 Agency interviews conducted 02/23/17			
Facility Information			
Facility name: Maryland Correctional Training Center (MCTC)			
Facility physical address: 18800 Roxbury Road Hagerstown, MD 21746			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 240-420-1601			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Richard Dovey			
Number of staff assigned to the facility in the last 12 months: 536			
Designed facility capacity: 2897			
Current population of facility: 2498			
Facility security levels/inmate custody levels: Administrative 1/Prerelease to Medium			
Age range of the population: 18 yrs. and older			
Name of PREA Compliance Manager: Judith A. Brown		Title: Social Work Site Supervisor/PCM	
Email address: Judith.Brown@maryland.gov		Telephone number: 240-420-1204	
Agency Information			
Name of agency: Department of Public Safety and Correctional Services			
Governing authority or parent agency:			
Physical address: 300 E. Joppa Road #1000, Towson, MD 21286			
Mailing address: <i>(if different from above)</i>			
Telephone number: 410-339-5000			
Agency Chief Executive Officer			
Name: Stephen T. Moyer		Title: Secretary	
Email address: smoyer@dpscs.state.md.us		Telephone number: 410-339-5005	
Agency-Wide PREA Coordinator			
Name: David Wolinski		Title: PREA Coordinator	
Email address: David.Wolinski@maryland.gov		Telephone number: 410-339-5033	

AUDIT FINDINGS

NARRATIVE

The first Prison Rape Elimination Act (PREA) audit of the Maryland Correctional Training Center (MCTC) took place on February 21st and 22nd of 2017. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Prior to the on-site portion of the audit I reviewed all policies and data pertaining to the PREA Standards. The policies and procedures were provided to me by the Agency PREA Coordinator as well as the Facility PREA Compliance Manager. The facility was posted on January 5, 2017 allowing time for inmates and staff to respond to me in writing. The facility forwarded me images of the postings in place, and the posting was further confirmed through interviews with staff and inmates. All documentation requested by me was provided in a timely and efficient manner, any follow up requests were acted upon immediately.

I wish to extend my appreciation to Warden Richard Dovey and all of the staff for their professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made. I would also like to thank the Maryland Department of Public Safety and Correctional Services for its commitment to the operations of the Maryland Correctional Training Center (MCTC), and the dedication to the safety of the staff, as well as their dedication to the care, custody and control of the inmates incarcerated at the facility.

I need to recognize Judith A. Brown, PREA Compliance Manager, and David Wolinski, Agency PREA Coordinator. It is through their dedication and overall work ethic that the Maryland Correctional Training Center (MCTC) performed exceptionally well during the PREA Audit. They worked with me tirelessly through the audit process, and fulfilled any request I had.

Prior to the onsite audit I had several opportunities to discuss the audit process, and expectations of the facility with both Judith A. Brown, PREA Compliance Manager, and David Wolinski, Agency PREA Coordinator.

Upon my arrival on February 21, 2017 I met with the administration of the Maryland Correctional Training Center (MCTC). During this meeting we discussed the overall audit process, it was at this time that I was provided a copy of the current inmate population as well as a copy of the staff working throughout the audit.

After the entrance meeting I was given a tour of all areas of the facility. During this tour informal interviews were conducted with both staff and inmates in several different areas. I viewed the complete facility, all areas were accessible to me during the audit tour. I was able to view the inmates at the facility both in their housing units, as well as moving throughout the facility grounds.

During the interview portion of the audit twenty three formal staff interviews were conducted, as well as in depth discussions with other staff available during the tour. Included in the interviews and discussions were the Warden, PREA Compliance Manager, Medical Staff, Shift Supervisors, Counselors, Kitchen Staff, Volunteers, Contractors, and First Line Staff. The staff interviewed were randomly selected from all staff working during the audit, I selected random staff from different areas within the facility, as well

as all three shifts.

Also during the interview portion forty two inmates at the facility were interviewed. I selected the inmates by obtaining a population sheet, and randomly selected the inmates from all housing units. The selected inmates included those who have identified as gay or bisexual, inmates identified as high risk for sexual victimization, identified as high risk for abusiveness, inmates who have reported sexual abuse or sexual harassment, and inmates who identified as transgender.

All of the interviews were conducted in a very efficient manner; this was accomplished by the efforts of PREA Compliance Manager Judith A. Brown.

The facility was prepared for the onsite audit and performed extremely well. Looking at the overall performance of the facility I was impressed with not only the facilities operations but the overall agencies operations and response to incidents of sexual abuse or sexual harassment. The seriousness of incidents of this nature are not overlooked by both staff and inmates alike. The interactions with the staff were positive and all were extremely helpful in making the audit process run as seamless as possible.

During the initial audit several areas of non-compliance were identified. These areas included cross gender viewing, contractor training and reassessment of inmates. These areas were immediately corrected.

The agency level interviews were conducted on February 23, 2017. These interviews were conducted with the Agency Head Designee, PREA Coordinator, Human Resources, and Investigative Staff.

I utilized an overall methodology to make my determination of compliance with the standards. This included a complete review of all policies and documentation provided to me prior to the onsite audit. The documentation was then corroborated through visual inspection of the facility, as well as interviews with staff and inmates. I was able to determine that the facility has the policies in place to address all standards, and has put these policies into daily practice. In the standard-by-standard discussion I have specifically identified the policies and documentation utilized during this process, these policies and documentation are listed in italic type. I have also listed any visual evidence, as well as interviews that aided in making these decisions.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Maryland Correctional Training Center (MCTC) is located at 18800 Roxbury Road Hagerstown, MD 21746. The facility is located in a rural area of Hagerstown Maryland, two other correctional institutions are located across the road from MCTC.

The mission statement of the Department of Public Safety and Correctional Services reads as follows:

Department of Public Safety and Correctional Services protects the public, its employees, and detainees and offenders under its supervision.

The mission statement of the facility reads as follows:

The Maryland Correctional Training Center (MCTC) is a medium security correctional facility housing inmates of medium, minimum and prerelease security levels. While our mission is public safety, our focus is providing you with the knowledge and experience needed for satisfactory adjustment, and a means for self-improvement. MCTC offers many vocational programs, addictions services, cognitive behavioral groups, and transition services, all designed to help you help yourself.

MCTC opened in 1966 and houses male offenders. The facility is the largest single-compound correctional institution in the state of Maryland. The pre-release unit houses approximately 340 minimum and prerelease security inmates. The facility is home to a Maryland Correctional Enterprises operation where inmates produce utility brushes and corrugated cartons along with partitions for state office work stations. The institution offers academic programs ranging from basic adult education to high school equivalency diplomas and special education. Offenders can take part in occupation training programs in plumbing, residential electrical wiring, carpentry, masonry, small engine repair, auto body repair, auto mechanics, and introduction to office technology. The facility provides job readiness training ranging from interviewing to resume writing skills while also offering the intensive Therapeutic Communities substance abuse recovery treatment and aftercare program that assists about 200 offenders a year. The institution also has the America's VetDogs program.

As stated above the facility is a compound style facility, located on the perimeter of this main compound are housing units, vocational buildings, medical building, administrative buildings, kitchen and dining, as well as other buildings. The inmates traverse through the main compound area between the above locations, officers are assigned posts throughout the compound to supervise inmate movement.

The main entrance to the facility is controlled by a correctional officers. All visitors to the facility need to pass through a metal detector before entrance is allowed. This process will allow access to the visiting area, and administration building, admission to the main portion of the facility is monitored by main control.

The facility has a total of sixteen buildings, eight of the housing units are located within the above described compound, and two are located in a separate secured area on the property. These two housing units are utilized for inmates who are classified as minimum security and outside work release.

The housing units are constructed in a manner, which provides privacy to the inmates while toileting, showering and changing clothes. Correctional Officers are posted within the housing areas to provide direct supervision over the inmates.

During the last 12 months 3272 inmates have been admitted to the facility with 2256 staying for 72 hours or more and 1663 staying for 30 days or more. The average length of stay at the facility is forty six months.

The facility contracts with Wexford Health Services for all medical needs. They also provide onsite dialysis, which is provided by Chardonay Dialysis Inc.

The facility employs 313 staff that have contact with inmates.

SUMMARY OF AUDIT FINDINGS

The Maryland Correctional Training Center (MCTC) has exceeded in five standards, met thirty seven standards, and one standard is not applicable to the facility.

This determination was made after reviewing all materials provided during the pre-audit, the interviews and facility tour conducted during the audit, and the final review of all findings.

Number of standards exceeded: 5

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Documentation reviewed:

Executive Directive Title: Prison Rape Elimination Act —Federal Standards Compliance

Directive Title: Sexual Misconduct — Prohibited Number:

Executive Directive Title: Inmate on Inmate Sexual Conduct – Prohibited Number

Agencies Organizational Chart

Maryland Criminal Statutes

Correct Pharmacy Services Policy

Mumby & Simmons Dental Consultants Policy

MHM Maryland, Inc. Policy

Wexford Health Policy

The above listed policies mandate zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The policies were reviewed in their entirety and the staff were questioned on content of the agency directives during staff interviews. All staff interviewed understood the Directives, and had previously reviewed the directives.

The agency has designated a Department PREA Coordinator. I confirmed during his interview that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the Facility. It should be noted that the agency PREA Coordinator reports directly to the Deputy Secretary for Operations.

The Prison Rape Elimination Act —Federal Standards Compliance Executive Directive Number: DPSCS.020.0026 states that the managing official for each Department detention, correctional and community confinement facility, shall identify a PREA compliance manager (PCM) for that facility. I confirmed during staff interviews that all of the facilities have named a PREA Compliance Manager to manage the agency's PREA efforts.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Documentation reviewed:

Threshold Contract dated July 26, 2016.

Threshold final PREA report dated: September 24, 2015.

The agency contracts with Threshold Inc. for Pre-Release services. I reviewed the contract, this contract states under section 25.4 that Threshold Inc. shall fully comply with the standards set forth in the Prison Rape Elimination Act of 2003, and with all applicable regulations issued by the U.S. The compliance was further confirmed during my interview with the PREA Coordinator, who related that Threshold Inc. has been audited and is in full compliance with the PREA Standards. I reviewed the final report for Threshold Inc. dated September 24, 2015.

During staff interviews I confirmed that any new contract or contract renewal will provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Standard 115.13 Supervision and monitoring

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

Documentation reviewed:

Division of Correction Directive Titled: Collapsible Posts

Division of Correction Directive Titled: Post Assignments

Executive Directive Titled Staffing Analysis and Overtime Management

Executive Directive Titled Sexual Misconduct-Prohibited

Staffing Analysis and Overtime Management Manual

The agency has developed a facility staffing plan that provides for 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, facilities have taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the Staffing Analysis and Overtime Management Directive. I further questioned management staff on the directive and the ability to fully staff the facility at all times. I was informed that the facility will fill posts with overtime if needed to be at full compliment. The facility also has the ability to collapse posts and limit inmate activity and movement when needed. During the first day of the onsite audit several posts throughout the facility were collapsed due to the numerous staff participating in training.

The staffing plan has not been deviated from within the last 12 months. I confirmed during staff interviews that any posts would be filled with overtime.

The administration meets on a regular basis to review incidents that have occurred at the facility, as well as discussing normal facility operation. During these meetings, they discuss any adjustments that may need to be made to the staffing plan, deployment of video monitoring and other technologies, and any resources available. This was confirmed during the management staff interviews.

The agency has 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. These unannounced rounds take place during all shifts at the facility. The agency has a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring. I further confirmed the rounds are occurring during the staff and inmate interviews as well as reviewing the logs generated by the housing unit officers.

Standard 115.14 Youthful inmates

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

Documentation reviewed:

Division of Pretrial Detention and Services Baltimore City Detention Center Juvenile Services Unit Program Design

Division of Pretrial Detention and Services Directive Title Separation of Adult and Juvenile Detainees

The agency does not place youthful inmates in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. This was confirmed by reviewing the above documentation and during management staff interviews. It should be noted that the audited facility does

not house any youthful inmates.

I further confirmed during interviews and review of the above policies that if a youthful inmate was in the immediate are of adult offenders they would be under direct supervision of security staff.

The agency does not place youthful inmates in isolation to comply with this provision. This was confirmed during review of the policies and during staff interviews.

Standard 115.15 Limits to cross-gender viewing and searches

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

Documentation reviewed:

Executive Directive Titled: Sexual Misconduct-Prohibited

Executive Directive Titled: Search Protocol-Inmates

Internal Investigative Unit Procedures Titled: Strip and Body Cavity Searches

Training lesson plans and PowerPoints for Inmate Processing and Inmate Searches

The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances or when performed by a medical practitioner. I further confirmed this procedure during staff and inmate interviews.

The facility does not house female inmates.

The facility has not conducted any cross-gender strip searches and cross-gender visual body cavity searches, or cross-gender pat-down searches of female inmates. This was confirmed during staff and inmate interviews.

The above directives outline 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. The directives further dictates that staff of the opposite gender announce their presence when entering an inmate housing unit. I reviewed the policy it its entirety. This practices were confirmed during the staff and inmate interviews as well as during the facility tour when I observed the announcements taking place.

The facility does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it is determined

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. This practice is outlined in the Search Protocol-Inmate directive. I further confirmed the practices during the staff and medical interviews. I further confirmed this practice during the interviews with three inmates who identified as Transgender.

The agency has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This was confirmed by reviewing the provided training materials. I further verified this training during security staff interviews.

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

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

Documentation reviewed:

Division of Correction Directive titled: Inmate rights

Division of Pretrial Detention and Services Directive titled: Detainee Orientation

Division of Pretrial Detention and Services Directive titled: Accommodations for Persons with Disabilities

Executive Directive titled: Limited English Proficiency (LEP) Policy

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Contract for interpreter services

Limited English Proficiency (LEP) Plan

Statewide Foreign Language Interpretation and Translation Services Contract

The agency has taken appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. These steps include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and

impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. The facility outlines the response to inmates in these categories in the above directives as well as the Limited English Proficiency (LEP) Plan. This plan outlines procedures for inmates who are not only non-English speaking, but all who are enumerated in this standard. I confirmed the use of this plan during the staff and inmate interviews.

The agency has taken 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. The agency has a statewide contract for Foreign Language Interpretation. The facility further provides all PREA material in Spanish.

The agency does not rely on inmate interpreters, inmate readers, or other types of inmate assistants. The contracted services for Foreign Language Interpretation is available 24 hrs. a day. The interviewed agency investigators are aware of these services and confirmed during their interviews that they utilize these services.

Standard 115.17 Hiring and promotion decisions

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

Documentation reviewed:

Code of Maryland Regulations (COMAR)

Executive Directive titled: Criminal history Records Check-Non-Mandated Employees

Executive Directive titled: Prison Rape Elimination Act-Federal Standards Compliance, and mandated questions document

Related background checks, guidelines, orientation materials, and personnel files.

The agency has policies and procedures in place that identify anyone who had been convicted of sexual abuse in a confinement setting, engaged in or attempted to engage in sexual activity in the community or has been civilly or administratively adjudicated for the same. The agency has developed the "PREA Interview Questions for Non-Mandated Positions, Mandated Positions, Promotional and Transfer Candidates". This questionnaire asks the individual the questions enumerated in this standard. I reviewed the questionnaire and found it to be complete. During the interviews with staff, and Human Resources I verified that the questionnaire is being utilized, I further verified the utilization of this

questionnaire by reviewing personnel files, I found that the questionnaire was filled out. The agency has also implemented a polygraph examination in the hiring process, during the polygraph the examiner would again ask these questions.

The agency considers any incidents of sexual harassment when hiring or promoting anyone or enlisting the services of any contractor. The Human Resources Service Division takes these incidents into consideration, this was confirmed during the HRSD interviews.

The agency conducts background checks on all new employees, this was confirmed during the HRSD interviews, and while reviewing personnel files. The agency conducts an in depth background investigation which includes contacting any prior employer, this was confirmed during the HRSD interviews and review of personnel files.

The agency performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates. This is documented in the policy, I also confirmed this with HRSD during the interviews and documentation review.

The agency utilizes the CRIMINAL JUSTICE INFORMATION SYSTEMS (CJIS) which allows the agency to upload all of their employees and contractors. This system will notify the agency of any criminal history activity of the individuals.

The agency asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications and interviews. This is utilized in the hiring and promotion system. As previously mentioned the agency asks these questions both in writing and during the polygraph examination.

The agency has a policy that states material omissions regarding conduct, or providing false information, shall be grounds for termination of employment.

The agency follows State Government Title 10. Governmental Procedures, Subtitle 6. Records Part III. Access to Public Records. This law outlines the release of former employee information, the agency would follow this law in determining what information could be released and to whom.

Standard 115.18 Upgrades to facilities and technologies

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

During the agency level interviews I verified that when the agency is designing a new facility or modifying existing facilities, they consider their ability to protect inmates from sexual abuse.

I confirmed during agency and facility interviews that they consider their ability to protect inmates from sexual abuse when installing or updating any security technology at the facilities.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Documentation reviewed:

Executive Directive Titled: Investigating Sex Related Offenses

Internal Investigative Unit Procedures Titled: Evidence and Personal Property Collection, Storage and Disposition

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Code of Maryland Regulations (COMAR)

Related training materials, SAFE resource lists and supporting documents

The agency is responsible for both the administrative and criminal investigations of all sexual abuse and sexual harassment incidents. These investigations are conducted by the Department of Public Safety and Correctional Services Intelligence and Investigation Division. These investigators are sworn law enforcement officers and are highly trained in evidence collection and identification. I reviewed the training materials utilized, and interviewed investigators from this division. I found that they follow the evidence protocols outlined in the policy, and are well versed in evidence identification and collection. The facility utilizes the Meritus Medical Center for examinations.

The protocols outlined in the policies are developmentally appropriate for youth, and exceed nationally accepted standards.

The agency utilizes the services of the Maryland Coalition Against Sexual Assault for all forensic examinations in their facilities. They provide both victim advocacy and SAFE nurses in hospitals throughout Maryland. Wexford Health Sources Incorporated, the facility contracted health care provider has policies in place to ensure victims of sexual abuse are provided the above services at the Meritus Medical Center.

The aforementioned victim advocates are available to the victim during the forensic medical examination process and investigatory interviews and they provide emotional support, crisis intervention, information, and referrals.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Documentation reviewed:

Executive Directive Titled: Prison Rape Elimination Act —Federal Standards Compliance

Executive Directive Titled: Investigating Sex Related Offenses

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through review of policies which outline the procedures for investigating sexual abuse and sexual harassment. I further verified all allegations are investigated during investigator interviews, staff interviews and review of the investigative reports.

The agency investigates all allegations. I verified that the investigative procedure is published on the agencies website.

The agency has policies in place that govern the investigative process. This was confirmed during policy review and investigator interviews.

Standard 115.31 Employee training

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

Documentation reviewed:

Facility Directive Titled: Pre-Service and In-Service Training

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Training curriculum, training lesson plans and related documentation

The agency provides training to all employees on the areas enumerated in this standard. I reviewed the training curriculum and materials, I found that they address all areas. I further confirmed the training during the staff interviews and the review of training records. The employees receive the initial training and annual updates. It was confirmed during staff interviews that they also receive updates during roll calls.

All employees receive training on both genders and youthful inmates. This was confirmed during review of training materials and during staff interviews.

The employees are verifying the receipt of the training through a signature, this was verified during the review of the sample signature logs.

Standard 115.32 Volunteer and contractor training

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

Documentation reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Contractor Brochures, volunteer brochures/handbook

Medical Training Presentation

Training for Medical and Mental Health staff

The agency has trained all volunteers and contractors who have contact with inmates on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This was confirmed during the volunteer and contractor interviews at the facility. The facility has trained 595 volunteers and contractors to date.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. At a minimum they are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This was confirmed during the volunteer and contractor interviews. Upon my arrival at the facility I was provided the information and had to sign for receipt of the information.

The agency maintains all documentation confirming that volunteers and contractors understand the training they have received. This documentation is maintained at the facility level, this was confirmed during review of the volunteer and contractor acknowledgment forms.

Standard 115.33 Inmate education

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

Documentation reviewed:

Directive titled: Inmates Rights

Directive titled: Detainee Orientation

Directive Titled: Accommodations for Persons with Disabilities

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Inmate handbook and receipt

Interpreter services procedures

During the intake process, inmates receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This was confirmed during the inmate and staff interviews, I also confirmed this process by visually watching inmates being processed into the facility. The inmates sign receiving the information and watching a video on PREA. I had the opportunity to review both the written documentation and video, both meet all aspects of this standard.

The facility provides comprehensive training through a PREA video to all inmates at the facility. The inmates are provided the opportunity to ask questions on the agencies policies on zero tolerance and reporting procedures. I confirmed the comprehensive education through both inmate and staff interviews.

The facility provides inmate education in formats accessible to all inmates, this includes inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The facility provides materials to inmates in Spanish, they also have a contract for interpretation of other languages. The Case Managers would provide education to other individuals if needed.

The inmates sign receiving the information and watching a video on PREA.

The facility has all key information on the zero tolerance policy and reporting avenues to inmates. This is provided through signage placed throughout the facility. I viewed this signage during the facility tour. I further confirmed that the signage has been in place during the inmate and staff interviews.

Standard 115.34 Specialized training: Investigations

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

Documentation reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

PREA Investigator Curriculum

COMAR Police Training Commission Regulations

Position descriptions for investigators, orientation material and other related documents

The agency is responsible for both the administrative and criminal investigations of all sexual abuse and sexual harassment incidents. These investigations are conducted by the Department of Public Safety and Correctional Services Intelligence and Investigation Division. These investigators are sworn law enforcement officers and are trained in conducting criminal investigations. The training they have received includes the use of Miranda and Garrity warnings, techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This was confirmed during the investigator interviews, investigation review and policy review.

The agency documents all training attended by the investigators. This was confirmed during the interviews with the investigators, as well as review of the training records.

Standard 115.35 Specialized training: Medical and mental health care

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

Documentation reviewed:

Executive Directive Titled: Prison Rape Elimination Act —Federal Standards Compliance

Wexford Health policy

Medical training presentation

Medical staff training logs

Training outline for medical and mental health staff

All full- and part-time medical and mental health care practitioners have been trained on the following:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

This was confirmed by reviewing the training materials utilized by Wexford Health, and during the review of training certificates at the facility. I also confirmed this training with the medical and mental health staff during interviews.

The medical staff at the facility do not conduct sexual assault examinations.

The medical and mental health care practitioners also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. This was confirmed during the review of training certificates at the facility. I also confirmed this training with the medical and mental health staff during interviews.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Documentation reviewed:

Executive Directive titled: Assessment for Risk of Sexual Victimization and Abusiveness

PREA Intake Screening tool and instructions

All inmates are assessed during the intake process, which is completed upon arrival at the facility. This screening is conducted utilizing the PREA Intake Screening instrument. This instrument identifies all areas of victimization enumerated in this standard. This was verified through interviews with staff and

inmates, as well as review of the completed screening instruments. The screening is being conducted by a Case Manager, or specific trained security staff. I verified through staff interviews that if an inmate is transferred to another facility they would receive a screening again.

The initial screening for risk of being sexually abusive considers any known prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. This was confirmed during review of the screening tool and interviews with both staff and inmates.

The facility is reassessing all inmates within 30 days of arrival, this reassessment is being conducted by the case managers, and they are taking into considerations all information available to them at the time of reassessment. This was confirmed by reviewing the reassessment documentation and staff interviews.

The facility would reassess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may change the inmate's risk of sexual victimization or abusiveness. This was confirmed during the staff interviews.

Inmates are informed during the screening process that they will not be disciplined for refusing to answer, or for not disclosing complete information. This was confirmed during review of the screening tools, and during the staff and inmate interviews.

The agency implements control on the dissemination of screening information at the facility level. The information from the screening tools are only available to case managers, medical if needed, and administration.

Standard 115.42 Use of screening information

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

Documentation Reviewed:

Executive Directive titled: Assessment for Risk of Sexual Victimization and Abusiveness

The agency utilizes the information from the PREA Intake Screening and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. This was confirmed during review of the policy and I confirmed these procedures during staff and inmate interviews.

The agency makes all of these determinations on an individualized basis, this ensures the safety of each inmate. This was confirmed during policy review, and staff and inmate interviews.

In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. During the interviews with the three transgender individuals at the facility I confirmed that this process was in place. They also confirmed that their own views were taken into consideration during these decisions. The transgender inmates informed me that they are given the opportunity to shower separately from other inmates, this practice was confirmed with the staff.

I confirmed during interviews with the case managers and PREA Compliance Manager that placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year.

The agency nor facility place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. This was confirmed during agency level interviews, as well as inmate interviews, several inmates at the facility interviewed identified as gay, bisexual and transgender.

Standard 115.43 Protective custody

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

Documentation Reviewed:

Executive Directive titled: Assessment for Risk of Sexual Victimization and Abusiveness

Department of Public Safety and Correctional Services Division of Correction Case Management Manual

Administrative Segregation Investigative Report

Notice of Assignment to Administrative Segregation

The agency follows the Case Management Manual for inmate housing assignments, the Case Manager completes a Case Management Assignment Sheet for each inmate. Case Management Manual states that protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody.

The agency policies also state that at no time will an inmate be placed on involuntary segregation status because the inmate is at high risk of victimization.

In the last 12 months, there were no inmates held in involuntary segregated housing.

Standard 115.51 Inmate reporting

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

Documentation Reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Inmate Handbook

PREA Hotline procedures for Life Crisis Center

The facility provides the inmates the information on reporting in the inmate handbook pamphlet provided at intake and through signage throughout the facility. The inmates can report directly to any staff, through medical or chaplains or through the PREA reporting hotline. During the interviews with both staff and inmates I confirmed that they were aware of the reporting avenues.

The agency provides a hotline through the Life Crisis Center for reporting. This is provided in the inmate pamphlets and through signage throughout the facility. The inmates interviewed related that they understood they could remain anonymous.

The staff interviews related that they understood the agency policy that states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The agency shall provide in policy a method for staff to privately report sexual abuse and sexual harassment of inmates. The policy allows the staff to go outside their immediate chain of command.

Standard 115.52 Exhaustion of administrative remedies

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

Documentation Reviewed:

Executive Directive: Administrative Remedy Procedure

The agency is exempt from this standard, it does not have administrative procedures to address inmate grievances regarding sexual abuse.

Standard 115.53 Inmate access to outside confidential support services

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

Documentation Reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Inmate Handbook

Purchase order with Maryland Coalition Against Sexual Assault

The facility provides inmate's access to outside victim advocates for emotional support services related to sexual abuse through the Maryland Coalition Against Sexual Assault. The facility provides the contact information to the inmates in the inmate handbook. The agency has a purchase order with the MCASA for victim advocacy. The hospital utilized would also ensure that a victim advocate is provided.

Standard 115.54 Third-party reporting

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

Documentation Reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Policy outlines the agencies responsibilities for handling third party reports. A third party can either report to the PREA Coordinator or call the Internal Investigative Unit complaint number, both are listed on the agencies webpage. Reporting information is also listed on PREA Posters and in the Visitor Handbook.

Standard 115.61 Staff and agency reporting duties

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

Documentation Reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Internal Investigative Unit Procedures Titled: Complaint Receipt, Documenting, and Processing

Child Abuse Notifications

Maryland Family Law

Medical Sexual Assault Procedures

The agency policy states that an employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct 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

misconduct. The staff interviewed understood their responsibilities under this policy. During interviews with staff who reported an allegation I verified that they followed the policy.

The policy further states that information concerning a complaint of alleged sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating, and resolving the alleged sexual misconduct and immediate and continued care of the victim. All staff interviewed understood this requirement.

The agency would report to the Maryland Child Protective Services for any individual under the age of 18.

During the interviews of medical and mental health staff I confirmed their duty to report, they understood their obligations to report an incident to security staff. They utilize a limits of confidentiality form that is signed by the inmate.

All allegations are being reported to the investigation division. This was confirmed during staff interviews and review of the investigations.

Standard 115.62 Agency protection duties

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

Documentation reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

The agencies policies dictate that when staff learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The staff interviewed understood their responsibility and all responded that they would immediately take appropriate steps to protect the inmate.

Standard 115.63 Reporting to other confinement facilities

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

Documentation Reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

The agency policy states that if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of the unit at a facility other than the facility where the alleged sexual misconduct occurred, the head of the unit responsible for the facility receiving the complaint shall immediately notify the Intelligence and Investigative Division (IID) of the complaint. It further states that an IID representative shall immediately do one of the following:

If the facility where the alleged sexual misconduct occurred is not a Department facility, notify

- the official responsible for the facility where the alleged sexual misconduct occurred and document the notification.
- If the facility where the alleged sexual misconduct occurred is a Department facility, notify the appropriate Department official with responsibility for the facility where the alleged sexual misconduct occurred to ensure that the complaint is addressed according to requirements established under this directive and document the notification.

The interviewed staff understood their responsibilities under this policy.

Standard 115.64 Staff first responder duties

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

Documentation Reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Medical Evaluations Manual Chapter 13 Sexual Assault on an Inmate

Medical Procedure Policy

The agency policies outline the initial response by staff. This response includes stopping the alleged incident, safeguarding the victim, arrange for medical services, detaining the alleged perpetrator and preserving evidence. The staff interviewed understood their responsibilities if they were the first responder to an allegation.

The volunteers and contractors interviewed related that if they were a first responder they would request that the victim not take any actions that could destroy physical evidence, and then notify security staff.

Standard 115.65 Coordinated response

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

Documentation Reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Medical Inmate Sexual Assault Allegation Decision Tree

The above listed policies outline the facility plan to coordinate and respond to an incident of sexual abuse. This coordinated response includes first responders, medical and mental health practitioners, investigators, and facility leadership. During the interviews with the staff they all understood their roles in a sexual abuse investigation.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

Documentation Reviewed:

MOU between the State of Maryland and the American Federation of State, County and Municipal Employees, AFL-CIO and Teamsters.

Maryland State Personnel and Pensions Code

After reviewing the documentation I confirmed that the agency is able to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or determination of what extent discipline is warranted. I also confirmed this through interviews with Union Officers at the facility.

Standard 115.67 Agency protection against retaliation

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

Documentation Reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Executive Directive Titled: Investigating Sex Related Offenses

The agency policy states that an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include:

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

The PREA Compliance Manager, and or a designee would be required to complete and document the monitoring for retaliation. This was confirmed during staff interviews.

Standard 115.68 Post-allegation protective custody

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

Documentation Reviewed:

Department of Public Safety and Correctional Services Division of Correction Case Management Manual

The agency follows the Case Management Manual for inmate housing assignments. Case Management Manual states that protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody.

The agency does not utilize involuntary segregation status because the inmate suffered sexual abuse.

Standard 115.71 Criminal and administrative agency investigations

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

Documentation Reviewed:

Executive Directive Titled: Investigating Sex Related Offenses

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

The agency policies and procedures outline a prompt response to any allegation made. I determined that the allegations are immediately investigated. This was confirmed during the investigator interviews and the investigation review.

All investigators have received special training in sexual abuse investigations pursuant to § 115.34.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Policy states that 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. It also states 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.

Policy states that investigations include a determination if employee action or lack of action contributed to the occurrence. All investigations are documented in an investigative report.

It was confirmed during interviews that any allegations rising to a violation of criminal law is considered for prosecution. The policy states if the incident possibly involves criminal activity, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incident occurred.

The agency policy states that the investigator shall file and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee.

The Policy states that the departure of an employee alleged to have committed sexual misconduct or the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct.

Standard 115.72 Evidentiary standard for administrative investigations

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

Documentation Reviewed:

Executive Directive Titled: Investigating Sex Related Offenses

COMAR Inmate Discipline, Inmate Grievance and Office of the Secretary

The agency has policies that states upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence. During the investigation review and investigator interviews I verified that they are applying preponderance of evidence to make a determination.

Standard 115.73 Reporting to inmates

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

Documentation Reviewed:

Executive Directive Titled: Investigating Sex Related Offenses

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Agency policy states that when notified by an investigator under this directive, if the allegation was sexual abuse, the head of the unit responsible for the victim inmate shall ensure that the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded.

Except when an allegation of sexual abuse is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the inmate is under the authority of the Department, ensure that the inmate is notified of the following situations concerning the employee who victimized or is alleged to have victimized the inmate:

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

The policy further states that a record of a notification made under this directive shall be maintained in the victim inmate's base file. During the staff interviews and investigation reviews I confirmed that the notifications are taking place.

Standard 115.76 Disciplinary sanctions for staff

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

Documentation Reviewed:

Executive Directive Titled: Sexual Misconduct –Prohibited

COMAR Department of Public Safety and Correctional Services

Position Description of investigators

Department of Public Safety and Correctional Services Standards of Conduct & Internal Administrative Disciplinary Process

The agency policies states that an employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee:

- Except under exigent circumstances, did not perform responsibilities established under this directive; or
- Neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct.

An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to:

- A penalty under the Standards of Conduct, up to and including termination of employment with the Department;
- Criminal prosecution; and
- If applicable, notification of a relevant licensing authority

I confirmed during the investigator interviews and investigation review that these practices are in place.

Standard 115.77 Corrective action for contractors and volunteers

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

Documentation Reviewed:

Executive Directive Titled: Sexual Misconduct –Prohibited

Maryland Criminal Law

Wexford Health Handbook

COMAR Contracts and Contract Termination

The agency policy states that a contractor determined to have committed sexual misconduct is:

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

I confirmed during the investigator interviews and investigation review that these practices are in place. In the past 12 months, no contractors or volunteers have been reported to law enforcement.

Standard 115.78 Disciplinary sanctions for inmates

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

Documentation Reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

COMAR Inmate Discipline

Inmates are subject to formal disciplinary process outlined under the COMAR Inmate Discipline. Any sanction is 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.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

The facility would offer therapy or mental health services through the medical department.

Policy states that 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.

Investigator and staff interviews confirmed that when an investigation of inmate on inmate sexual abuse is substantiated the inmate is referred for disciplinary sanctions.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

Documentation Reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Executive Directive titled: Assessment for Risk of Sexual Victimization and Abusiveness

Medical evaluation policy

The facility's medical department offers a follow up meeting with a medical or mental health practitioner for those inmate who indicate during the initial screening one of the following:

- experienced prior sexual victimization, whether it occurred in an institutional setting or in the community,
- has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community

- has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community

I confirmed these follow up meetings during the medical and mental health staff interviews, as well as the interviews with the inmates.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. They further 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. They utilize the Medical Limits of Confidentiality Form.

Standard 115.82 Access to emergency medical and mental health services

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

Documentation Reviewed:

Executive Directive titled: Sexual Misconduct-Prohibited

Executive Directive titled: Inmate on Inmate Sexual Conduct-Prohibited

Medical Evaluation Manual

Medical Services Form

PREA Event Guideline

Medical Sexual Assault Procedure

Wexford Health policy ensures that victims of sexual assault receive prompt and appropriate medical intervention. The nature and scope are determined by medical and mental health practitioners according to their professional judgment.

The policy further states that prophylactic treatment and testing is offered to the patient, as well as follow up care for sexually transmitted or other communicable diseases. An evaluation by a mental health provider is completed for crisis intervention counseling and long term, follow up plans.

The above services are offered at no financial cost to the inmate. These policies and procedures were confirmed with the medical and mental health staff during interviews.

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

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

Documentation Reviewed:

Medical Evaluations Manual Chapter 13 Sexual Assault on an Inmate

The above policy states 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. DPSCS medical vendors will not participate or conduct a forensic examination. All specimen collection for forensic examinations will be done after the patient is transferred to an approved off site medical facility for assessment by an independent provider or nurse who conducts forensic examinations.

The policy further states that:

All inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit regarding the allegations of sexual assault.

All follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate and any additional testing or treatment required within 5 business days.

All of the PREA related post assault follow-up clinical activities for medical, and mental health care must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy (if female).

If pregnancy results from the sexual abuse the detainee or inmate shall receive timely and comprehensive information about access to all pregnancy related medical services including abortion, as outlined in the DPSCS Clinical Service Pregnancy Management Manual along with a referral to Mental Health/Social Work.

I confirmed these procedures are in place during the medical staff interviews.

Standard 115.86 Sexual abuse incident reviews

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

Documentation Reviewed:

Executive Directive Titled: PREA Investigations- Tracking and Review

Division of Correction Directive Titles: Reduction in Violence

The policy indicates 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 shall review the incident.

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.

Have input from or access to line supervisors, investigators, and medical or mental health practitioners concerning the incident being reviewed.

Consider if the incident or allegation indicates a need to change policy or procedure to better prevent, detect or respond to sexual abuse.

Consider if the incident or allegation was motivated by:

- Race;
- Ethnicity;
- Gender identity;
- Lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status;
- Gang affiliation; or
- Other group dynamics at the correctional facility.

Examine the location where the incident allegedly occurred to:

- Determine if there are physical plant issues that may have contributed to the incident; and
- Assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing these areas.

Prepare a report of findings for the managing official and PREA compliance manager, which includes, but is not limited to:

- Identifying problem areas;
- Necessary corrective action; and
- Recommendations for improvement.

The managing official shall:

Work with the facility's PREA Compliance Manager 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.

Ensure that reporting requirements under this directive are performed.

Communicate, through the facility's PREA Compliance Manager, with the PREA Committee concerning PREA compliance and related issues necessary for Department PREA reporting requirements.

During the administrative interviews I confirmed that the incident reviews are taking place at the facility. I further confirmed the incident reviews by reviewing the documentation prepared during the review.

Standard 115.87 Data collection

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

Documentation Reviewed:

Executive Directive Titled: PREA Investigations- Tracking and Review

Data Collection documentation and tracking tool

2013, 2014, and 2015 annual reports

The policies indicate that

The Department's Internal Investigative Division (IID) is the primary investigative body for all PREA related allegations and shall collect and maintain data regarding PREA related criminal and administrative investigations, which are required to be reported to IID.

The IID shall:

Uniformly collect and maintain data for each reported allegation of sexual abuse at correctional facility under the authority of the Department that, at a minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice.

Be responsible for developing forms necessary to collect data required under this directive.

Annually report PREA related data to the PREA Coordinator, or a designee.

By June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.

The PREA Coordinator, or a designee shall:

Aggregate the incident-based sexual abuse data annually.

Compares the current calendar year's data and activities with that available from previous years

During the IID and PREA Coordinator interviews I confirmed that the procedure is in place. I reviewed the 2013, 2014 and 2015 annual reports. I also confirmed that the data is collected from all facilities under the agencies control.

Standard 115.88 Data review for corrective action

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

Documentation Reviewed:

Executive Directive Titled: PREA Investigations- Tracking and Review

Executive Directive Titled: Prison Rape Elimination Act —Federal Standards Compliance

During agency interviews I confirmed that the data collected is reviewed in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The agency identifies problem areas, takes corrective action on an ongoing basis. They have prepared annual reports for 2013, 2014, and 2015. The reports compare data from year to year, and assesses the agencies progress in implementing sexual safety throughout the facilities, and is approved by the Secretary.

Standard 115.89 Data storage, publication, and destruction

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

Documentation Reviewed:

Executive Directive Titled: PREA Investigations- Tracking and Review

Documentation Retention Letter

The agency digitally securely retains all data collected, this data is available to the public through the website. The annual reports for 2013, 2014 and 2015 are published on the website. All personal identifiers have been removed from the reports.

The agency has a policy in place that maintains all sexual abuse data for at least 10 years from the date received.

Staff interviews further confirmed this procedure.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Signature

03/19/17

Date