

# PREA Facility Audit Report: Final

**Name of Facility:** Maryland Reception, Diagnostic and Classification Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 03/09/2022

**Date Final Report Submitted:** 04/18/2022

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> Kendra Prisk	<b>Date of Signature:</b> 04/18/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	01/24/2022
<b>End Date of On-Site Audit:</b>	01/25/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Maryland Reception, Diagnostic and Classification Center
<b>Facility physical address:</b>	550 E. Madison Street, Baltimore, Maryland - 21202
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Tyrell Wilson, AW
<b>Email Address:</b>	tyrell.wilson@maryland.gov
<b>Telephone Number:</b>	410-878-4200

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Nurudeen Matti, Warden
<b>Email Address:</b>	Nurudeen.matti@maryland.gov
<b>Telephone Number:</b>	410-878-4100

Facility PREA Compliance Manager	
<b>Name:</b>	Betsy Nwosu
<b>Email Address:</b>	betsy.nwosu@maryland.gov
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	808
<b>Current population of facility:</b>	571
<b>Average daily population for the past 12 months:</b>	610
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	19 years - 59 years
<b>Facility security levels/inmate custody levels:</b>	Maximum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	220
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	23
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

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

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****Name:** David Wolinski**Email Address:** david.wolinski@maryland.gov**SUMMARY OF AUDIT FINDINGS**

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

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

**Number of standards exceeded:**

0

**Number of standards met:**

45

**Number of standards not met:**

0

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-01-24
2. End date of the onsite portion of the audit:	2022-01-25

### Outreach

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

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	808
15. Average daily population for the past 12 months:	476
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	476
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	3
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	220
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	58
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were zero volunteers due to COVID-19.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	22
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	<p>Based on the population on the first day of the audit (476) the PREA auditor handbook indicated that at least 30 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for random interviews. Inmates for the random inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the housing units, with the exception of those that were closed. The facility has eleven housing units, four of the units were closed on the first day of the on-site portion of the audit (3A, 4B, 4C and 5B). The following inmates were selected from each housing unit; four from 3B; five from 3C; two from 4A; three from 5A; one from 5C, one from 6A, two from 6B, three from 6C, two from 7B and three from 7C.</p>
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	<p>The auditor selected inmates based on the population of the facility. The population was limited with regard to race and ethnicity. The majority of the inmates incarcerated at MRDCC were black males. Additionally, the auditor attempted to select a range of inmates based on age, however the majority were under the age of 35. Additionally, because the facility holds pre-trial inmates, many inmates had not been incarcerated for longer than a few years. As such the auditor interviewed a representative sample of the current facility population, however the sample was limited in race, ethnicity, age and time in custody, due to the facility type and current population.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	Inmates with a disability (physical, hearing and vision) were not housed during the on-site portion and this was confirmed by the auditor through conversation with the PCM, medical and mental health care staff as well as a review of a sample of risk assessment documents.
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	Inmates with a disability (physical, hearing and vision) were not housed during the on-site portion and this was confirmed by the auditor through conversation with the PCM, medical and mental health care staff as well as a review of a sample of risk assessment documents.
<b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Inmates with a disability (physical, hearing and vision) were not housed during the on-site portion and this was confirmed by the auditor through conversation with the PCM, medical and mental health care staff as well as a review of a sample of risk assessment documents.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PCM as well as a review of the transgender and intersex inmate tracking binder confirmed there were zero transgender or intersex inmates at the facility during the on-site portion of the audit. The auditor also reviewed a sample of risk screening documents and did not identify any inmates that self-reported as transgender or intersex.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>



<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed investigative reports and confirmed that none of the victims were still at the facility during the on-site portion of the audit. The PCM also confirmed no inmate victims were still at the facility and as such there were zero inmates who reported sexual abuse for interview.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor confirmed through a review of housing assignments for high risk inmates that none were involuntarily segregated due to their risk of victimization.</p>

<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Inmates selected for the targeted interviews were selected at random across varying factors, when possible. After a review of documentation it was determined that inmates from the following categories were not available for interview: youthful inmates; inmates with a hearing impairment; inmates with a vision impairment; inmates with a physical disability; transgender and intersex inmates; inmates who reported sexual abuse and inmates in segregated housing for high risk of sexual victimization or reported sexual abuse. The facility is a pre-trial facility and inmates are only temporarily housed until they are sent to their maintaining facility. Additionally, the facility is a high rise structure and due to the physical plant, some populations (inmates with disabilities) are typically not housed at the facility. As such, there was a limited number of targeted inmates to interview. The auditor inquired during inmate interviews about specific targeted populations, however the majority of the inmates interviewed indicated they really did not want to talk about PREA as it did not pertain to them. Many indicated they were not comfortable discussing PREA and stated they did not have any problems, did not want to be involved with anything PREA related and portrayed that they were "too tough" or "too hard" to be involved in anything related to sexual abuse and sexual harassment. The auditor confirmed that there were no youthful inmates through a review of population reports and conversation with the PCM and PC. Inmates with a disability (physical, hearing and vision) were not housed during the on-site portion and this was confirmed by the auditor through conversation with the PCM, medical and mental health care staff as well as a review of a sample of risk assessment documents. The PCM as well as a review of the transgender and intersex inmate tracking binder confirmed there were zero transgender or intersex inmates at the facility during the on-site portion of the audit. The auditor also reviewed a sample of risk screening documents and did not identify any inmates that self-reported as transgender or intersex. The auditor reviewed investigative reports and confirmed that none of the victims were still at the facility during the on-site portion of the audit. The PCM also confirmed no inmate victims were still at the facility and as such there were zero inmates who reported sexual abuse for interview. Finally, the auditor confirmed through a review of housing assignments for high risk inmates that none were involuntarily segregated due to their risk of victimization. Interviews were conducted using the Inmate Interview Questionnaire supplemented by the Targeted Inmate Questionnaire.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>13</p>

<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>If "Other," describe:</b>	The auditor considered race and ethnicity, however the majority of staff at the facility were African American. The auditor also considered gender when interviewing staff.
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity, rank, length of tenure at the facility and post assignments. Random staff and intermediate supervisors were interviewed from all three shift. Six staff were from the 7am-3pm shift; five were from the 3pm-11pm shift and five were from the 11pm-7am shift.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	22
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No

<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Staff selected for the specialized interviews were selected at random across varying factors, when possible. There were zero volunteers interviewed as volunteers were not allowed on-site during the audit due to COVID-19. Additionally, there were zero staff involved with youthful inmates interviewed as the facility does not house youthful inmates. Interviews were conducted using the Interview Guide for a Random Sample of Staff and the Interview Guide for Specialized Staff.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	<p>The on-site portion of the audit was conducted on January 24-25, 2022. The auditor had an initial briefing with the facility leadership to discuss audit logistics. After the initial briefing, the auditor selected inmates and staff for interview. The auditor conducted a tour of the facility on January 24, 2022. The tour included housing units, clothing storage, intake, supply, intake, visitation, maintenance, food service, health services and case management. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. The auditor reviewed the cameras during the tour and verified that the cameras covered blind spots and did not violate privacy. Additionally, during the tour the auditor heard the opposite gender announcement each time the auditor and facility staff entered the housing units where female staff were not already posted. The auditor viewed the audit announcement placed throughout the facility, however the auditor did note that most of the announcements were not directly in housing units but were in centralized locations near the elevators.</p> <p>Interviews were conducted on January 24, 2022 and January 25, 2022. All interviews were completed in a private office setting.</p> <p>The auditor tested the outside reporting entity line during the on-site portion of the audit. Confirmation was provided by the PC on January 26, 2021 that the call was received. The victim advocacy line was unable to be tested on-site as the number was not accessible from the inmate phones without an inmate number. Inmates request to call the victim advocacy line through staff. Inmates are placed in an office for the call and staff monitor from outside the office to maintain confidentiality. Reporting information and victim advocacy information was observed throughout the facility.</p> <p>Additional information related to functions tests and observations are found in each of the applicable standards.</p>
<b>Documentation Sampling</b>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

During the audit the auditor requested personnel and training files of staff, volunteers and contractors, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 220 staff assigned. The auditor reviewed a random sample of 22 personnel and training records that included four individuals hired within the previous twelve months and two individuals who were promoted. The sample included a variety of job functions and post assignments, including supervisors and line supervisors. Most of the files that were reviewed were of the staff the auditor selected for interview. Additionally, personnel and/or training files for eight contractors and six medical and mental health care staff were reviewed.

Inmate Files. A total of 35 inmate files were reviewed (including ten files to show corrective action during the interim report) although some files were only reviewed for a specific area the auditor was reviewing. 31 inmate files were of those that arrived within the previous twelve months, one was a disabled inmate, one was a LEP inmate, one was a transgender inmate and eight were inmates who reported prior victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening. Most inmate files reviewed were of those selected for random and targeted interviews.

Medical and Mental Health Records. During the previous year, there were five allegations of sexual abuse or sexual harassment. The auditor reviewed the medical and mental health records of the five inmate victims as well as mental health documents for the six inmates who disclosed victimization during the risk screening.

Grievances. The agency does not utilize the grievance process for sexual abuse allegations. The auditor reviewed the grievance log to confirm that sexual abuse allegations were not reported or handled through this method.

Hotline Calls. The agency does not have an internal hotline for reporting. The hotline that is available for inmates to call is the outside reporting mechanism. The auditor tested the outside reporting mechanism while on-site.

Incident Reports. The auditor reviewed the incident report log for the previous twelve months, the incident reports associated with the five sexual abuse or sexual harassment allegations and a sample of serious incident reports.

Investigation Files. During the previous twelve months, there were five allegations reported at the facility. During the on-site portion of the audit four investigations were closed and one was open. All five investigations were administrative investigations. The auditor reviewed the closed investigations and reviewed the available information on the open investigation. In the previous twelve months there were zero criminal investigations completed and zero allegations referred for prosecution.

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	0	3	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	3	0	3	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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



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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	3	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	1	1	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

3

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2

107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility had five allegations over the previous twelve months. The auditor reviewed all five investigations. There were zero allegations of staff-on-inmate sexual abuse nor were there any allegations of staff-on-inmate sexual harassment. All five investigations were administrative. There were zero criminal investigations to review.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>Non-certified Support Staff</b></p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>AUDITING ARRANGEMENTS AND COMPENSATION</b></p>	
<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>

<b>Standards</b>
<b>Auditor Overall Determination Definitions</b>
<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>
<b>Auditor Discussion Instructions</b>
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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. DPSCS.020.0026 – Prison Rape Elimination Act – Federal Standards Compliance</li> <li>3. OPS.050.0001 – Sexual Misconduct – Prohibited</li> <li>4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited</li> <li>5. OPS.115.0001 – Staffing Analysis and Overtime Management</li> <li>6. MRDCC.050.0030.1 – Sexual Misconduct - Prohibited</li> <li>7. OPS.110.0047 – Search Protocol – Inmates</li> <li>8. OEO.020.0032 – Limited English Proficiency (LEP) Policy</li> <li>9. OSPS.050.0011 – Americans with Disabilities Act of 1990, Title I &amp; II</li> <li>10. ADM.050.0041 – Criminal History Records Check – Non-Mandated Employees</li> <li>11. IIU.110.0011 – Investigating Sex Related Offenses</li> <li>12. IIU.220.0002 – Evidence and Personal Property Collection, Storage and Disposition</li> <li>13. OSPS.020.0027 – PREA Investigations – Tracking and Review</li> <li>14. OPS.001.0008 – Inmate Handbooks</li> <li>15. OPS.200.0006 – Assessment for Risk of Sexual Victimization and Abusiveness</li> <li>16. OPS.020.0003 – Reporting Serious Incidents</li> <li>17. Prison Rape Elimination Act Audit Manual (PREA Manual)</li> <li>18. Medical Evaluation Manual</li> <li>19. Office of Clinical Services/Inmate Health Administrative Manual</li> <li>20. Agency Organizational Chart</li> <li>21. Facility Organizational Chart</li> </ol>
	<p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator (PC)</li> <li>2. Interview with the PREA Compliance Manager (PCM)</li> </ol> <p>Findings (By Provision):</p> <p>115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The agency has three policies, DPSCS.020.0026, OPS.050.0001 and OPS.200.0005 which outline the agency's strategies on preventing, detecting and responding to sexual abuse and sexual harassment. DPSCS.020.0026, pages 2-3; OPS.200.0005, pages 3-4 and OPS.050.0001, pages 3-4 include definitions of prohibited behavior, while OPS.050.0001 page 13 and OPS.200.0005 pages 12-13 describe sanctions for participating in prohibited behavior. Page 1 of each policy states that the Department does not tolerate sexual abuse or sexual harassment of inmates. OPS.200.0005 states the Department does not tolerate inmate on inmate sexual conduct and OPS.050.0001 states that the Department does not tolerate sexual misconduct by an employee,</p>

by either omission or commission. In addition to DPSCS.020.0026, OPS.200.0005, and OPS.050.0001, the agency has numerous other policies that address portions of the sexual abuse prevention, detection and response strategies. The policies include; OPS.115.0001, MRDCC.050.0030.1, OPS.110.0047, OEO.020.0032, OSPS.050.0011, ADM.050.0041, IIU.110.0011, IIU.220.0002, OSPS.020.0027, OPS.001.0008, OPS.200.0006, OPS.020.0003, the Medical Evaluation and the Health Administration Manual. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, employee and inmate discipline, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. DPSCS.020.0026, page 3 states that the Secretary shall designate a Department PREA Coordinator who shall have sufficient time and appropriate authority to develop, implement and oversee Department activities taken to comply with PREA standards. The policy further states the responsibilities of the PC, including oversight of the Department prevention, detection and response activities designed to support the Department's zero tolerance policy. The agency's organizational chart reflects that the PC position is an upper-level, agency-wide position. The position is the PREA Coordinator who reports to the Deputy Secretary of Operations. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated he has another staff member that assists him with working on PREA full-time. The PC stated that he and his staff member are available 24 hours a day, seven days a week to the nineteen PREA Compliance Managers. He indicated he sends out a PREA tip of the week, assists with audit preparations, reaches out to the PCMs a few times a month via phone to discuss any issues or concerns and tries to do training for the PCMS a few times a year.

115.11 (c): The PAQ indicated the position of the PCM at the facility is a Supervisory Staff Member and the position reports to the Assistant Warden. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Correctional Case Management Manager reports to the Assistant Warden. DPSCS.020.0026, page 5 states that the managing official for each Department detention, correctional and community confinement facility, shall identify a PREA Compliance Manager for that facility. The policy further outlines the responsibilities of the PCM. The interview with the PREA Compliance Manager indicated he has enough time to manage all of his PREA related responsibilities. He stated that prioritization is a necessity in order to ensure that the PREA related responsibilities are appropriately managed in a timely fashion. He indicated that he coordinates the facility's efforts to comply with PREA through strategic planning with the PC, supervisors and training personnel. He stated they ensure information is disseminated and the staff understand the PREA standards. The PCM indicated that if he identifies an issue complying with a standard he would research the root cause of the non-compliance, identify all past and current issues that may need addressed, and work toward consistent compliance through training, informational session and discipline, when applicable.

Based on a review of the PAQ, DPSCS.020.0026, OPS.050.0001, OPS.200.0005, OPS.115.0001, MRDCC.050.0030.1, OPS.110.0047, OEO.020.0032, OSPS.050.0011, ADM.050.0041, IIU.110.0011, IIU.220.0002, OSPS.020.0027, OPS.001.0008, OPS.200.0006, OPS.020.0003, the Medical Evaluation Manual and the Health Administration Manual, the agency organizational chart, the facility organizational chart and information from interviews with the PC and PCM, this standard appears to be compliant.

<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>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. COMAR 21.06.05.01 – Right to Inspect</li> <li>3. COMAR 21.07.01.02 – Scope of Contract and Compliance with Laws</li> <li>4. Contract for Confinement of Inmates</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency's Contract Administrator</li> </ol> <p>Findings (By Provision):</p> <p>115.12 (a): The PAQ indicated that the agency has entered into or renewed one contract for the confinement of inmates since the last PREA audit. COMAR 21.06.05.01 states that designees of the procurement agency, the Department of Legislative Services, or any other State unit authorized by law, may inspect at reasonable times the plant, place of business, or jobsite of any bidder or offeror, contractor, prospective subcontractors or assignee, or subcontractor or assignee. COMAR 21.07.01.02 further states this provision shall reflect the unilateral right of the State to order in writing changes in the work within the scope of the contract. A review of the contract confirmed that page 10 states "it 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. Department of Justice". The contracted entity had a final PREA report dated May 22, 20218 confirming full compliance with 39 standards.</p> <p>115.12 (b): The PAQ indicated that the one contract requires the agency to monitor the contractor's compliance with PREA standards. The interview with the Agency Contract Administrator indicated that the agency only has one contract and it is treated exactly like any of the agency's facilities. He stated that the agency pays for the contractor's PREA audit and they are included in the agency's audit cycle schedule. He stated the contractor's staff are invited to the agency's trainings and they receive all the emails that the agency's PCMs receive. The Agency Contract Administrator confirmed that the contract facility has been closed since COVID-19 and their audit was scheduled for the second year of the audit cycle. Since they were closed last year it was not completed but they would be rescheduling the audit. He confirmed that the audit report would be directly provided to the agency and it would be posted on the agency's website.</p> <p>Based on the review of the PAQ, COMAR 21.06.05.01, COMAR 21.07.01.02, the language within the contract and information from the interview with the Agency Contract Administrator, this standard appears to be compliant.</p>



115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. OPS.115.0001 – Staffing Analysis and Overtime Management</li> <li>3. MRDCC.050.0030.1 – Sexual Misconduct - Prohibited</li> <li>4. Staffing Plan</li> <li>5. Staffing Plan Annual Reviews</li> <li>6. Documentation of Unannounced Rounds</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with the PREA Compliance Manager</li> <li>3. Interview with the PREA Coordinator</li> <li>4. Interview with Intermediate-Level or Higher-Level Facility Staff</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Staffing Levels</li> <li>2. Video Monitoring Technology or Other Monitoring Materials</li> </ol> <p>Findings (By Provision):</p> <p>115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. OPS.115.0001, page 4 states that when determining adequate staffing levels and the use of video monitoring equipment the following factors are considered: best practices used by corrections and detention facilities; findings related to inadequate correctional and detention facility administrative and operational practices resulting from a court decision, federal investigation or from an internal or external unit with oversight responsibilities; the physical plant to determine the presence of “blind spots” or isolated areas; characteristics of the inmate population at the facility; the number and placement of supervisors; program activity taking place on each shift; applicable federal, state or local laws or standards; prevalence of substantiated and unsubstantiated complaints of sexual abuse at the facility and other factors as related to facility security and safety. The PAQ indicated that the staffing plan is based on 808 inmates. The facility employs 220 staff. Security staff mainly make up three shifts; 7:00am-3:00pm, 3:00pm-11:00pm and 11:00pm-7:00am. Each shift has a Captain (Shift Supervisor), Lieutenant (Assistant Shift Supervisor), Sergeants and Correctional Officers. Security staff are assigned to housing units, corridors, escort, lobby, visitation, recreation, elevator, medical, programs, receiving and perimeter. The facility also has staff assigned to special assignment categories, including posts in dietary (food service), maintenance, mental health, special program activities and traffic. Additionally, medical, mental health care staff, non-security and administrative staff have their own varied scheduled work hours. The interview with the Warden confirmed that the facility has a staffing plan that includes adequate levels to protect inmates from sexual abuse. He stated that the facility staffing plans helps provide custody and control of inmates and that includes prevention of sexual assaults among inmates. The Warden confirmed that video monitoring is part of the staffing plan and that video systems provide additional assistance with security and control of inmates. The Warden stated that the staffing plan is documented and kept in the Security Chief’s office. The Warden confirmed all components under this provision are included in the development and review of the staffing plan. He stated that the staffing plan is usually sent to the Agency Head for approval and that the review is done as a team and team includes the PC. He stated that the review includes all the key factors under this provision to decide whether the staffing plan is adequate and should be approved. The Warden stated that he checks for compliance with the staffing plan</p>

through the Post Assignment Worksheet, which tracks the daily staffing levels. The PCM confirmed that all required components under this provision are utilized when assessing adequate staffing levels and the development/modification of the staffing plan. He stated that best practices are used as a baseline when outlining the facility staffing plan. He indicated that consideration would be specific to any inadequacies, if applicable and the inmate population composition is a vital determinate factor when creating the staffing plan. The PCM further stated that the staffing plan considers blind spots as well as mitigators such as mirrors and standalone surveillance. He further indicated that other factors are considered in the flexibility of the staffing plan. During the tour the auditor observed security staff in housing units as well as in work, program and common areas. There were cameras and reflective mirrors strategically placed around the facility to assist with monitoring. The auditor observed the facility had several blind spots, including in the laundry enclave areas in the housing units, in clothing storage, in food service and in case management.

115.13 (b): The PAQ indicated that this standard is not applicable as the facility does not deviate from the staffing plan. Further communication with the PCM indicated that the facility mandates overtime in order to comply with the staffing plan. OPS.115.0001, page 3 states that the managing official, or a designee, is responsible for maintain the current facility staffing plan approved by the Commissioner, or a designee, and documenting all deviation from the approved staffing plan. The interview with the Warden confirmed that any deviations from the staffing plan would be documented. He stated the agency discourages deviations from the staffing plan and that overtime is utilized to ensure compliance with the minimum staffing levels.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. OPS.115.0001, pages 3-4 state that at least annually, or on an as needed basis, a managing official, or a designee, is responsible for conducting a review of the existing facility staffing plan that includes: an analysis of each post, an evaluation of a special assignment post to determine if the special assignment post should be established and analysis of the correctional or detention facility's operations to determine if changes warrant establishing new posts and modification to the facility staffing plan. Page 4 further states that at least annually, or on an as needed basis, consulting with the Department PREA Coordinator to review, assess, determine and document if adjustments are necessary to the facility's: staffing plan based on topics under provision (a); use and deployment of video monitoring technology and other surveillance technology; and resources available to commit to ensure compliance with the established staffing plan. The plan was reviewed on September 8, 2021 via Attachment A of OPS.115.0001. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review included documentation of the components under provision (a). The PC confirmed that he is consulted regarding each facility's staffing plan. He stated that every facility has a staffing plan and they are required to update it every year. He stated he reviews the staffing plan annually and looks at the numbers, the facilities population, cases of sexual abuse and sexual harassment, legal judgments and other things like that to see if there have been any changes at the facility and then he will approve or deny the plan.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. OPS.050.0001, page 7 states that a supervisor, manager, or shift commander shall take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment are performed randomly on all shifts. It further states that except when necessary to prevent prohibited cross gender viewing of an inmate or as part of a legitimate facility operation, staff are prohibited from alerting other staff that the rounds are being conducted. MRDCC.050.0030.1, page 4 states that Chief of Security shall ensure supervisors conduct unannounced rounds on all shifts. Employees who alert other employees of unannounced rounds shall receive discipline sanctions. The facility provided the auditor with 46 examples of unannounced rounds between August 2021 and November 2021. Documentation confirmed that unannounced rounds are conducted by supervisors on all shifts. The interviews with the intermediate-level or higher-level staff confirmed that they make unannounced rounds and that they document the unannounced rounds. The three staff stated that unannounced rounds are documented in the log book. The staff indicated that they try to prevent staff from notifying one another by not conducting rounds in a pattern, meaning not going the same route each day and not doing them at the same times. Staff stated they start rounds at different locations and do them at different times, going all over and in no particular order.

Based on a review of the PAQ, OPS.115.0001, MRDCC.050.0030.1, the facility staffing plan, the annual staffing plan review, documentation of unannounced rounds, observations made during the tour, interviews with the PC, PCM, Warden and intermediate-level or higher-level staff, this standard appears to require corrective action.

#### Corrective Action

The facility will need to install reflective mirrors in the areas identified with blind spots. These areas include; the laundry enclave areas in the housing units, in clothing storage, in food service and in case management. The facility will need to provide documentation confirming the blind spots were alleviated through photos.

## Recommendation

The auditor recommends that video monitoring technology be installed in all stairwells across the facility, in the elevators and in the areas outlined above for mirror placement.

## Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

### Additional Documents:

1. Purchase Order for Dome Mirrors
2. Photos of Mirror Placement

On March 28, 2022 the auditor was provided a copy of a purchase order for dome mirrors. The mirrors were ordered on March 16, 2022. The facility also provided photos showing where each mirror would be installed to eliminate blind spots. The photos showed the mirror placement in case management, clothing storage, food service and the laundry in the housing areas. Due to the supply chain issues with COVID-19 and the timeframes with delivery, the auditor determined that this documentation showed evidence confirming the corrective action plan and compliance. Based on the provided documents the auditor determined this standard has been corrected.

## 115.14 Youthful inmates

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. DPDS.100.0003 – Separation of Adult and Juvenile Detainees
3. Population Reports

Findings (By Provision):

115.14 (a): The PAQ indicated that no youthful inmates are housed at the facility and as such this standard is not applicable. DPDS.100.0003, page 1 states that no juvenile is detained in or committed to the Division unless legal jurisdiction has been waived to the Division or the juvenile is formally charged with an adult offense. If a waived juvenile is remanded to the custody of the Division, the individual shall be housed in a separate unit designed for juveniles which affords no more than incidental sight or sound contact with adults detainees from outside the unit in living, program, dining and common areas. Any other sight or sound contact is minimized, brief and in conformance with applicable legal requirements. A review of population reports confirmed that MRDCC has not housed any inmates under the age of eighteen.

115.14 (b): The PAQ indicated that no youthful inmates are housed at the facility and as such this standard is not applicable. DPDS.100.0003, page 1 states that no juvenile is detained in or committed to the Division unless legal jurisdiction has been waived to the Division or the juvenile is formally charged with an adult offense. If a waived juvenile is remanded to the custody of the Division, the individual shall be housed in a separate unit designed for juveniles which affords no more than incidental sight or sound contact with adults detainees from outside the unit in living, program, dining and common areas. Any other sight or sound contact is minimized, brief and in conformance with applicable legal requirements. A review of population reports confirmed that MRDCC has not housed any inmates under the age of eighteen.

115.14 (c): The PAQ indicated that no youthful inmates are housed at the facility and as such this standard is not applicable. DPDS.100.0003, page 1 states that no juvenile is detained in or committed to the Division unless legal jurisdiction has been waived to the Division or the juvenile is formally charged with an adult offense. If a waived juvenile is remanded to the custody of the Division, the individual shall be housed in a separate unit designed for juveniles which affords no more than incidental sight or sound contact with adults detainees from outside the unit in living, program, dining and common areas. Any other sight or sound contact is minimized, brief and in conformance with applicable legal requirements. A review of population reports confirmed that MRDCC has not housed any inmates under the age of eighteen.

Based on a review of the PAQ, DPDS.100.0003 and population reports, this standard appears to be compliant.

## **115.15 Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. OPS.110.0047 – Search Protocol – Inmates
3. OPS.050.0001 – Inmate on Inmate Sexual Conducted – Prohibited
4. MRDCC.050.0030.1 – Sexual Misconduct - Prohibited
5. Security Custody and Control Training Curriculum
6. Search Logs
7. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Privacy Barriers
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of inmates. The PAQ stated zero searches of this kind were conducted at the facility over the past twelve months. The PAQ further indicated that there have not been any instances, court trips or visits, where strip searches were required. OPS.110.0047, page 2 states that a personal search of a female inmate shall be conducted by a female correctional officer and a male inmate may be searched by either a male or female correctional officer provided that a female officer does not touch the genital area of the inmate being searched. Policy further states that if an inmate is granted a personal search exception and produces a search card exception, the inmate shall be searched by a correctional officer of the gender indicated on the card.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. The PAQ further indicated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ noted that there were zero pat-down searches of female inmates conducted by male staff. OPS.110.0047, page 2 states that a personal search of a female inmate shall be conducted by a female correctional officer and a male inmate may be searched by either a male or female correctional officer provided that a female officer does not touch the genital area of the inmate being searched. Policy further states that if an inmate is granted a personal search exception and produces a search card exception, the inmate shall be searched by a correctional officer of the gender indicated on the card. Interviews with random staff indicated that all thirteen were unaware of a time that a female inmate had been restricted from going somewhere because there was not a female staff member to conduct a search. Staff stated there are always female staff available at the facility. Interviews with five female inmates confirmed that none had ever been restricted access to programming or out-of-cell opportunities due to not having a female to conduct a search. One inmate did indicate they have been delayed because they had to wait for a female staff member, but never restricted.

115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and that all cross-gender pat-down searches of female inmates be documented. OPS.110.0047, page 15 state that the correctional employee conducting the strip search shall log or report the search in

accordance with established procedures. Page 6 states that each inmate search is documented on forms approved by the Deputy Secretary of Operations, or designee.

115.15 (d): The PAQ stated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical 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. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. MRDCC.050.0030.1, page 5 states that custody staff shall ensure inmates/detainees of the opposite gender are viewed in a state of undress only in exigent circumstances or incidental to routine cell checks. Page 4 further states that custody staff shall ensure staff of the opposite sex announce their presence when entering the wing and ensure other staff do as well. During the tour, the auditor heard the opposite gender announcement being made upon entry into one of the housing units. The announcement was not made during the remainder of the tour. It should be noted that one or two of the housing units had female staff already assigned and as such the announcement was not required. The auditor observed that inmates were provided privacy when showering, using the restroom and changing their clothes through solid doors with security windows. All thirteen random staff interviewed stated that inmates have privacy when showering, using the restroom and changing clothes. 26 of the 30 inmates interviewed indicated they had never been naked in front of a staff member of the opposite gender. Four inmates stated they do not have any privacy because they are in prison. Eighteen of the 30 inmates stated that staff of the opposite gender announce when entering housing units and all thirteen staff stated that opposite gender staff announce their presence when entering an inmate housing unit.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and zero searches of this nature occurred in the past twelve months. OPS.110.0047, page 13 states that a strip search of a gender dysphoric or intersex inmate may not be conducted for the sole purpose of determining the inmate's genital status. If an inmate's genital status is unknown, it is to be determined through: conversation with the inmate; a review of available medical records or part of a broader medical examination conducted in private by a licensed medical professional. Interviews with thirteen random staff indicated that twelve were aware of a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There were zero transgender inmates during the on-site portion of the audit and as such no interviews were conducted.

115.15 (f): OPS.110.0047 outlines the appropriate technique for searches. Pages 9-10 cover searches of gender dysphoria inmates including the personal search exception card and page 13 covers strip searches of gender dysphoria inmates. Pages 11-15 describe the techniques for pat searches and strip searches. Pages 9-12 of the Security Custody and Control training curriculum discuss frisk searches, strip searches and body cavity searches. The training specifically addresses how to conduct these searches on LGBTI inmates. The training indicates that staff are shown a video and are provided hands on training related to the searches. The PAQ indicated that 100% of staff have received this training. A review of Appendix D of OPS.110.0047 indicated that the search exception card has the inmate name, DOC number, date, Warden's signature and two options: searched by female officer or searched by male officer. Interviews with thirteen random staff confirmed all thirteen had received training on how to conduct cross-gender searches and searches of a transgender and intersex inmates. Two of the staff indicated they received training through instruction but did not get any hands on training related to the searches. A review of fifteen security staff training records indicated that all fifteen had completed the search training.

Based on a review of the PAQ, MRDCC.050.0030.1, OPS.050.0001, OPS.110.0047, the Security Custody and Control Training Curriculum, a sample of staff training records, observations made during the tour to include solid doors with security windows, the opposite gender announcement as well as information from interviews with random staff and random inmates indicates this standard appears to require corrective action. During the tour the auditor observed that the opposite gender announcement was not made as required by the standard. The announcement was only made upon entry into one housing unit. Additionally, a little less than half of the inmates indicated that staff of the opposite gender do not announce their presence.

#### Corrective Action

The facility will need to provide refresher training to the staff on the opposite gender announcement as required under this standard and by policy (announcement required when change in status quo). The facility will need to provide the auditor with documentation confirming that all staff have been provided refresher training.

#### Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. PowerPoint Training Curriculum
2. Training Sign-In Sheets

On March 28, 2022 the auditor was provided a PowerPoint training curriculum related to the opposite gender announcement. The curriculum stated that opposite gender staff are required to announce when they enter housing units. A training sign-in sheet was provided confirming that Custody staff from all three shifts received the training between March 16, 2022 and March 18, 2022. Based on the training, the auditor confirmed this standard was corrected.

## **115.16 Inmates with disabilities and inmates who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. OEO.020.0032 – Limited English Proficiency (LEP) Policy
3. OPS.050.0001 – Sexual Misconduct – Prohibited
4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
5. OSPS.050.0011 – Americans with Disabilities Act of 1990, Title I & II
6. Special Management Offenders Lesson Plan
7. Limited English Proficiency Plan
8. Translation Services Flyer
9. PREA Brochure
10. PREA Posters

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. OPS.200.0005, page 5 states 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; by including in the facility's inmate orientation paperwork and the facility's inmate handbook. OSPS.050.0011, page 1 states that to the extent possible, and according to federal guidelines, the Department shall make reasonable accommodations to enable qualified individuals with a disability access to: employment opportunities and public services, program or activities provided by the Department. Additional documentation confirmed that the agency has available a statewide visual communication services (American Sign Language) available through: on-site interpretation, on-site CART, visual remote interpretation and remote CART. OPS.001.0008, page 1 states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format the that inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate. The Special Management Offenders Lesson Plan outlines the challenges for inmates with disabilities and how to overcome the challenges. A review of PREA Posters, the PREA Brochure and inmate distributed information confirmed that information can be provided in large font, bright colors and can be read to inmates in terminology that they understand. The interview with the Agency Head Designee confirmed that the agency has established procedures to provide disabled inmates 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. He stated that certain facilities have individuals who are hard of hearing or have vision impairments and there have been individuals hired to assist.



He stated they have purchased certain tablets and phones to communication. They have enhanced communication through interpreters, telephones with speakers and stenographers who type for the tv sound. He further stated that for LEP inmates they have interpreters and if there are not specific staff at the facility who can interpret that they have a phone number they can utilize for over the phone interpretation services. The Agency Head Designee stated that the Department has inmate handbooks in English and Spanish and that they also have posted PREA information in English and Spanish. Interviews with one disabled inmate and one LEP inmates indicated that one had received information in a format that he could understand. The other inmate indicated he was never provided any information on PREA. During the tour the auditor observed that information was posted in the housing units in large font and bright colors. Additionally, the auditor observed the brochures, risk screening questions and other PREA information was available in larger text formats.

115.16 (b): The PAQ indicates that the agency has established procedures to provide inmates with limited English proficiency 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. OPS.200.0005, page 5 states 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; by including in the facility's inmate orientation paperwork and the facility's inmate handbook. OEO.020.0032, page 1 states that the Department shall take reasonable steps to ensure that LEP individuals receive meaningful access to programs and services, as appropriate. Page 3 further states that employees have access to resources for providing language assistance services, including: contact information for on-site or telephone based interpreters; certified bilingual employee registry and a process, such as language identification cards, for determining the language of a LEP individual. The policy also indicates direction on verbal language services including: utilizing a live or telephone based interpreter, using a trained volunteer, using certified bilingual staff or hiring employees with bilingual skills. Additionally, page 4 states that a unit shall ensure that the translation of vital documents into languages spoken by more than three percent of the overall population within the geographic area served by a Department unit. OPS.001.0008, page 1 states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format the that inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate. The facility also has translation services available through in-person translation with Ad Astra, Inc.; document translation via Schreiber, Inc. and over the phone translation with LanguageLine Solutions. A review of PREA Posters, the PREA brochure and inmate distributed information confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. Interviews with one disabled inmate and one LEP inmate indicated that one had received information in a format that he could understand. The other inmate indicated he was never provided any information on PREA. The auditor utilized LanguageLine Solutions during the interview with the LEP inmate. During the tour, the auditor observed that PREA information was posted throughout the facility in English and Spanish. Additionally, the auditor observed the brochures, risk screening questions and other PREA information was available in both English and Spanish formats.

115.16 (c): The PAQ indicated that agency policy prohibits use of inmate interpreters, inmate readers, or other type of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of the inmate's allegation. The PAQ further stated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. OPS.050.0001, page 6 states that inmate interpreters, inmate readers, or other types of inmate assistances 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. Interviews with thirteen random staff indicated that nine were aware of a policy that prohibits utilizing inmate interpreters, translators and assistants for sexual abuse allegations. None of the thirteen were aware of a time that another inmate was utilized to translator, interpret or assist for a sexual abuse allegation. Interviews with one disabled inmate and one LEP inmate indicated that one received information in a format he could understand. The one LEP inmate indicated that he never received any information on PREA. Neither inmate indicated another individual was utilized to translate or help understand information. The auditor utilized the LanguageLine phone translation service during the on-site portion of the audit for the LEP interview.

Based on a review of the PAQ, OEO.020.0032, OPS.050.0001, OPS.200.0005, OSPS.050.0011, the Special Management Offenders Lesson Plan, the Limited English Proficiency Plan, the Translation Services Flyer, the PREA Brochure, PREA Posters, observations made during the tour to include the PREA posters as well as interviews with the Agency Head Designee, random staff, LEP and disabled inmates indicates that this standard appears to be compliant.

#### Recommendation

The auditor recommends that the facility emphasis the policy prohibiting the use of inmate interpreters, readers and assistants during the next annual training.

## 115.17 Hiring and promotion decisions

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. DPSCS.020.0026 – Prison Rape Elimination Act – Federal Standards Compliance
3. ADM.050.0041 – Criminal History Records Check – Non-Mandated Employees
4. Polygraph Questions for Mandated Positions
5. Personnel Files of Staff
6. Contractor Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. DPSCS.020.0026, page 7 states that the Human Resource Services Division (HRSD) 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: engaged in sexual abuse in prison, jail, lockup or any other institution; 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 was civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of personnel files for four staff who were hired in the previous twelve months confirmed that all four had a criminal background records check completed. Additionally, all six contractors reviewed had a criminal background records check completed.

115.17 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. DPSCS.020.0026, page 7 states that the Human Resource Services Division shall consider any incident 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. The interview with Human Resource staff indicated that sexual harassment is considered when hiring or promoting any staff or contractor. She stated that the agency has a zero tolerance for sexual abuse and sexual harassment.

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. DPSCS.020.0026, page 7 states that before hiring a new employee to perform duties involving contact with an inmate, the Human Resource Services Division shall: conduct a criminal background records check and 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 resignation during a pending investigation of an allegation of sexual abuse. ADM.050.0041, page 2 states that a hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history records check is performed in order to determine the existence of criminal convictions that may specifically impact performance as an employee. The PAQ indicated that 35 people who may have contact with inmates were hired in the past twelve months had a criminal background records check completed. A review of four personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. One staff member had prior employment with an institutional employer. The facility provided the auditor with confirmation that the employer was contacted related to prior discipline, termination and reason for leaving, which would have encompassed any substantiated sexual abuse and sexual harassment

incidents. The Human Resource staff member confirmed that a criminal background records check is completed on all mandated, non-mandated, and contractual staff who will work within the institution or other office locations within the Department. She further stated that during the promotional process, current employees go through a vetting process with the Intelligence and Investigative Division.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there have been fifteen contracts at the facility within the past twelve months where criminal background record checks were conducted on all staff covered under the contract. Further communication with the PCM indicated the facility has three contracts (medical, mental health and CGL) and all contractors under the three contracts have had criminal background records checks completed. DPSCS.020.0026, page 7 states that 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. ADM.050.0041, page 2 states that a hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history records check is performed in order to determine the existence of criminal convictions that may specifically impact performance as an employee. The policy further states that employee includes: a contractor, an intern and a volunteer. A review of six contractor personnel files indicated that a criminal background records check had been conducted for all six. The Human Resource staff member confirmed that a criminal background records check is completed on all mandated, non-mandated, and contractual staff who will work within the institution or other office locations within the Department.

115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. DPSCS.020.0026, page 8 states that for each subordinate employee and contractor services 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. The agency provided documentation illustrating the system they currently have in place to capture any arrests. A review of the documentation confirmed that staff are fingerprinted and that the agency is notified by the State Police of any arrest by staff. The interview with Human Resource staff indicated that criminal background record checks are completed through a query of the Criminal Justice Information Services (CJIS), National Crime Information Center (NCIC) and Maryland Telecommunication Enforcement Resource System (METERS) systems. She further stated that a reporting system housed in CJIS captures encounters an employee may have with a criminal justice system and this system notifies employers or any incidents.

115.17 (f): DPSCS.020.0026, page 7 stated the HRSD shall inquire of each applicant and current employee who may have contact with an inmate directly about previous misconduct described in 04B(3) of this directive in: a written application or interview for employment or promotions; and an interview or written self-evaluation conducted as a part of a review of a current employee. A review of the Polygraph Questions for Mandated Positions confirms that individuals are required to answer the following questions: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?; have you 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?; have you been civilly or administratively adjudicated to have engaged in the activities described in question 1 or 2?; and have you ever been accused of sexual harassment?. A review of personnel files for four staff who were hired in the previous twelve months indicated that all four had answered the questions, and none had answered yes. Additionally, a review of two staff who were promoted in the previous twelve months confirmed that both had answered the questions again prior to promotion. The Human Resource staff member stated that all new hires are required to complete a four question PREA form related to sexual abuse and sexual harassment during the application process, interview process and background check. Additionally, any employee applying for a mandated promotion is required to submit an updated PREA form. She further confirmed that staff have a continuing duty to disclose any previous misconduct.

115.17 (g): The PAQ indicates that agency policy states that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. DPSCS.020.0026, page 7 states that a material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment.

115.17 (h): The interview with the Human Resource staff member indicated that information related to prior sexual abuse and/or sexual harassment allegations would be forwarded to the requesting agency after an authorization to release form is provided.

Based on a review of the PAQ, DPSCS.020.0026, ADM.050.0041, the Polygraph Questions for Mandated Positions, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

## 115.18 Upgrades to facilities and technologies

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Modification to the Physical Plant/New Unit
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head Designee indicated that substantial modifications are limited but that any plan to design, acquire or modify an agency facility would include consideration of protecting staff and inmates from any form of abuse. He stated that the Capitol Construction team is aware of PREA and they bring in facility administrative staff to consult on any of the types of issues or concerns. He indicated that the Department designs with ample cameras and that facility administrators look for any areas that may impose danger. He confirmed they always consider that when they have modification and that they do the best they can and take all factors into consideration when designing. The interview with the Warden indicated they have not had any substantial expansions or modifications to the physical plant since the last PREA audit. The Warden did confirm that if they did undergo such modifications, inmate safety would be paramount in such decisions. During the tour the auditor confirmed there were no substantial expansions or modifications at the facility.

115.18 (b): The PAQ stated that the 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. The interview with the Agency Head Designee confirmed that any use of newly updated or installed monitoring technology would be utilized to assist in enhancing the agency's ability to protect inmates from sexual abuse. He stated that in today's time the Department will look to see where they can enhance security through video cameras. He stated that when they design they do it with ample cameras and they walk through the areas for administrators to look for any areas that may impose danger. The Warden confirmed that when they install or update video monitoring technology, they take into account how that technology will protect inmates from sexual abuse. He stated that this is done by placing cameras in such angles that provide wider coverage of the housing units while keeping it away from showers and bathrooms to allow inmates to perform bodily functions without observation by staff. During the tour, the auditor observed video monitoring technology in housing areas and a few of the common areas. The auditor viewed the cameras to verify monitoring areas and privacy.

Based on a review of the PAQ, observations made during the tour and information from interviews with the Agency Head Designee and Warden indicates that this standard appears to be compliant.

## 115.21 Evidence protocol and forensic medical examinations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. OSPS.020.0027 – PREA Investigations – Tracking and Review
5. IIU.110.0011 – Investigating Sex Related Offenses
6. IIU.220.0002 – Evidence and Personal Property Collection, Storage and Disposition
7. Memorandum From the PREA Coordinator Related to Evidence Protocol
8. Investigative Reports
9. Emails Between the Agency and Maryland Coalition Against Sexual Assault (MCASA)
10. Purchase Order with Maryland Coalition Against Sexual Assault (MCASA)
11. Mental Health Staff Training Documentation

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. Additionally, the PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. OSPS.020.0027, page 4 states 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. IIU.110.0011, page 1 states that 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. IIU.220.0002 outlines the procedure for evidence collection including general guidelines, custodial investigator guidelines, temporally securing evidence and property, evidence room, collection and control, firearms, currency, controlled dangerous substance and inventory. Interviews with thirteen random staff indicated that all thirteen were aware of and understood the protocol for obtaining usable physical evidence. Additionally, eleven stated they knew who was responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the evidence protocol is developmentally appropriate for youth. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". IIU.110.001, page 7 states that when the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, the investigator will coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, SANE or a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. IIU.220.0002 outlines the procedure for evidence collection including general guidelines, custodial investigator guidelines, temporally securing evidence and property, evidence room, collection and control, firearms, currency, controlled dangerous substance and inventory. The memo from the PC confirmed that the evidence protocols employed by the DPSCS were developed and in place prior to 2013, however a comparison of the Department's protocols with the National Protocol revealed a strong correlation indicating both protocols are based upon similar principals and processes.

115.21 (c): The PAQ indicated that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are always conducted by SAFE or SANE. The PAQ confirmed that forensic medical examination are performed by SANE/SAFE. OPS.050.0001, page 11 and OPS.200.0005, page 10 state if the alleged sexual misconduct or inmate on inmate sexual conduct involves sexual abuse, the assigned investigator shall if medically appropriate or necessary to preserve physical evidence, offer the victim access to a medical forensic examination at no cost to the victim that is performed by a SAFE, SANE or medical professional who has been specifically trained to conduct medical forensic examinations. IIU.110.0011, page 7 states that when the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, the investigator will coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, SANE or a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. The auditor contacted Mercy Medical Center related to forensic medical examinations. The staff member confirmed that they provide forensic examinations at the hospital 24 hours a day through SAFE/SANE. The staff member confirmed that if an inmate was transported to the hospital, they would be responsible for providing services. The PAQ indicated that during the previous twelve months there were zero forensic medical examination conducted. A review of investigative reports confirmed there were zero inmates transported to the local hospital for a forensic examination.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. OPS.050.0001, page 11 and OPS.200.0005, page 10 state if requested by the victim and services are reasonably available, the investigator shall have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigatory interviews; a qualified victim advocate; a Department employee who is not otherwise involved in the incident and has received education and training concerning sexual assault and forensic examination issues or has been appropriately screened and determined to be competent to serve in this role; or a non-Department community-based organization representative that who meets the criteria for a Department employee. IIU.110.0011, page 7 states that if the victim requests, the investigator will coordinate with the managing official or designee, to arrange for a victim advocate to accompany the victim to provide support for the victim through the medical forensic examination and investigatory interviews. Page 9 further states that if requested by the victim, the investigator shall permit a victim advocate to be present during the interview with the victim. A review of documentation confirms that the facility has a purchase order with MCASA for services. The MCASA website and distributed information confirm that they provide crisis intervention, counseling and referral. The information also confirms that they provide individual, group and family psychotherapy. Documentation also confirmed that two medical and mental health staff have completed training and can provide services to victims as qualified staff member victim advocates, if needed. The interview with the PCM confirmed, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member provides emotional support, crisis intervention, information and referrals to inmate victims of sexual abuse. He stated that this layer of support would be facilitated for inmate victims. He stated that they attempt to make a victim advocate available from a rape crisis center at the Department level. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. OPS.050.0001, page 11 and OPS.200.0005, page 10 state if requested by the victim and services are reasonably available, the investigator shall have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigatory interviews; a qualified victim advocate; a Department employee who is not otherwise involved in the incident and has received education and training concerning sexual assault and forensic examination issues or has been appropriately screened and determined to be competent to serve in this role; or a non-Department community-based organization representative that who meets the criteria for a Department employee. IIU.110.0011, page 7 states that if the victim requests, the investigator will coordinate with the managing official or designee, to arrange for a victim advocate to accompany the victim to provide support for the victim through the medical forensic examination and investigatory interviews. Page 9 further states that if requested by the victim, the investigator shall permit a victim advocate to be present during the interview with the victim. A review of documentation confirms that the facility has a purchase order with MCASA for services. The MCASA website and distributed information confirm that they provide crisis intervention, counseling and referral. The information also confirms that they provide individual, group and family psychotherapy. Documentation also confirmed that two medical and mental health staff have completed training and can provide services to victims as qualified staff member victim advocates, if needed. The interview with the PCM confirmed, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member provides accompaniment and emotional support, crisis intervention, information and referrals during the forensic medical examination process and investigatory interviews. He stated that if requested, this layer of support would be facilitated. He stated that they attempt to make a victim advocate available from a rape crisis center at the Department level. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.21 (f): The PAQ indicated that the agency/facility is responsible for investigating administrative and criminal investigations of sexual abuse and as such this provision does not apply.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The facility utilizes medical and mental health care staff to serve in the role as qualified agency staff members. The staff are screened to ensure they are medical and mental health care staff with appropriate credentials. A review of documentation confirmed that two staff members were documented with National Institute of Corrections training.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, OSPS.020.0027, IIU.110.0011, IIU.220.0002 – Evidence and Personal Property Collection, Memorandum From the PREA Coordinator Related to Evidence Protocol, Investigative Reports, Emails Between the Agency and Maryland Coalition Against Sexual Assault (MCASA), Purchase Order with MCASA and information from interviews with the random staff, PREA Compliance Manager and the staff member at Mercy Medical Center indicates that this standard appears to be compliant.

## 115.22 Policies to ensure referrals of allegations for investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Maryland Correctional Services Annotated Code 10-701 (Annotated Code of Maryland)
3. IIU.110.0011 – Investigating Sex Related Offenses
4. OPS.050.0001 – Sexual Misconduct – Prohibited
5. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
6. OSPA.020.0027 – PREA Investigations – Tracking and Review
7. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. OSPA.020.0027, page 4 states 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. IIU.110.0011, page 1 states that the Department shall promptly, thoroughly and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. The PAQ noted there were two allegations reported within the previous twelve months, both which resulted in an administrative investigation. The PAQ stated that one investigation was closed and one investigation was still open. Further communication with the PCM indicated that the number only included sexual abuse allegations and they left out the sexual harassment allegations. It should be noted that one allegation was coded sexual harassment by the facility but was actually sexual abuse. A review of documentation indicated there were five allegations reported (three sexual abuse and two sexual harassment). All five were forwarded to IID for investigation. During the on-site portion of the audit four investigations were closed and one was still ongoing. The interview with the Agency Head Designee confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated that a Serious Incident Report (SIR) is filed initially and then it would go through the investigative process. He stated IID will then assign a case they will either investigate it or they will have the facility Captain or Lieutenant investigate.

115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. The Annotated Code of Maryland 10-701 states that there is an Intelligence and Investigative Division in the Department and they are responsible for investigating alleged criminal violations committed by employees or the Department while on duty and alleged criminal violations committed by inmates, visitors, and other individuals that affect the safety and security of the Department's facilities or programs. A review of the agency website confirms that there is a paragraph related to investigations that indicates that the Department's Internal Investigation Division is in charge of all PREA related investigations and will accept complaints from any concerned individual. The interview with the investigator confirmed that all allegations of sexual abuse and sexual harassment are handled by the standard of conduct and directive through IID.

115.22 (c): This provision does not apply as the agency is responsible for conducting both administrative and criminal investigations.



115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, Maryland Correctional Services Annotated Code 10-701, IIU.110.0011, OPS.050.0001, OPS.200.0005, OSPS.020.0027, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the investigator indicate that this standard appears to be compliant.

## 115.31 Employee training

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. Correctional Entrance Level Training Program Prison Rape Elimination Act (PREA)
5. Prison Rape Elimination Act (PREA) Correctional In-Service Training Program
6. Sample of Staff Training Records

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with inmates on the requirements under this provision. OPS.050.0001, page 6 and OPS.200.0005, page 5 states that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure each employee attends approved training related to preventing, detecting and responding to acts of sexual misconduct/sexual conduct. All employees upon hire attend the academy. All staff receive the Correctional Entrance Level Training Program Prison Rape Elimination Act (PREA) training. A review of the training curriculum confirmed that the training includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. Additionally, staff receive annual refresher training through the PREA Correctional In-Service training, which includes similar elements as the Entrance Level PREA training. A review of sixteen staff training records indicated that all sixteen had received PREA training. Interviews with thirteen random staff confirmed that all thirteen had received PREA training. Staff stated they receive training annually and that it covers topics such as; when PREA was established, first responder duties, reporting methods, taking all allegations seriously and documenting information appropriately. The staff stated that they also receive a card and small notebook that has PREA information they can refer to when needed. Staff confirmed that all components under this provision are included in their training.

115.31 (b): The PAQ indicated that training is tailored to the gender of inmate at the facility. It further indicated that employees who are reassigned to facilities with opposite gender are not given additional training. Further communication with the PCM indicated that all staff receive training related to female offender management during in-service training. OPS.050.0001, page 6 and OPS.200.0005, page 5 states that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure each employee attends approved training related to preventing, detecting and responding to acts of sexual misconduct/sexual conduct. Staff are only provided training when they transfer to female only facility. Staff are provided additional training including Managing Female Offenders and Trauma.

115.31 (c): The PAQ indicated that between trainings the agency does not provide employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. Further communication with the PCM indicated that staff members would be provided information related to policy changes between training. The PAQ stated that training is completed twice a year at in-service training. A review of the Entrance Level PREA training curriculum confirmed that the training includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a

confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. Additionally, staff receive annual refresher training through the PREA Correctional In-Service training, which includes similar elements as the Entrance Level PREA training. A review of sixteen staff training records indicated that fourteen had received PREA training at least every two years. Of the two without the biennial training, one was a new hire and had not been at the facility for over two years and the second was out on extended medical leave and had not completed the most recent year's annual training.

115.31 (d): The PAQ indicated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signatures or electronic verification. A review of a sample of sixteen staff training records indicated that all sixteen were documented with PREA training.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, Correctional Entrance Level Training Program Prison Rape Elimination Act (PREA) training, Prison Rape Elimination Act (PREA) Correctional In-Service Training Program, a review of a sample of staff training records, as well as interviews with random staff indicates that the facility appears to be compliant.

## 115.32 Volunteer and contractor training

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. Volunteer Orientation Guide
5. A Guide to the Prevention and Reporting of Sexual Misconduct with Offender Brochure
6. Prison Rape Elimination Act (PREA) Correctional In-Service Training Program
7. Contractor Training Records
8. Volunteer Training Records (Volunteer Agreement and Acknowledgment of Orientation)

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. OPS.050.0001, page 6 and OPS.200.0005, page 5 states that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure each employee attends approved training related to preventing, detecting and responding to acts of sexual misconduct/sexual conduct. These policies indicate that employee means an individual assigned to or employed by the Department in a full-time, part-time, temporary or contractual position regardless of job title and includes a contractor; an intern, a volunteer and an employee with the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation and/or the Baltimore City Public Schools. The PAQ indicated that fifteen volunteers and contractors had received PREA training, which is equivalent to less than 100% of the total volunteers and contractors. Further communication with the PCM all contractors and volunteers have received PREA training and the number should have been 23 not fifteen. All contractors and volunteers are required to attend pre-service training through the agency. The pre-service training includes the Prison Rape Elimination Act (PREA) Correctional In-Service Training Program. Additionally, the Volunteer Orientation Guide, pages 21-23 provide detailed information on PREA, including the zero tolerance policy, definitions, the volunteers responsibilities including reporting, warning signs, retaliation and sanctions. A review of a sample of training documents for eight contractors indicated that all eight had received PREA training. The interview with the contractor confirmed that she received information on her responsibilities under the agencies sexual abuse and sexual harassment policies. She stated she receives PREA training annually and she also is provided pamphlets with information.

115.32 (b): The PAQ indicated that 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. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. OPS.050.0001, page 6 and OPS.200.0005, page 5 states that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure each employee attends approved training related to preventing, detecting and responding to acts of sexual misconduct/sexual conduct. These policies indicate that employee means an individual assigned to or employed by the Department in a full-time, part-time, temporary or contractual position regardless of job title and includes a contractor; an intern, a volunteer and an employee with the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation and/or the Baltimore City Public Schools. All contractors and volunteers are required to attend pre-service training through the agency. The pre-service training includes the Prison Rape Elimination Act (PREA) Correctional In-Service Training Program. Additionally, the Volunteer Orientation Guide, pages 21-23 provide detailed information on PREA, including the zero tolerance policy, definitions, the volunteers responsibilities including reporting, warning signs, retaliation and sanctions. A review of a sample of training documents for eight contractors indicated that all eight had received PREA training. The

contractor stated she receives annual PREA training online as well as pamphlets. She confirmed that the training goes over the zero-tolerance policy and reporting.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. A review of a sample of training documents for eight contractors indicated that all eight had received PREA training.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, the Volunteer Orientation Guide, the Prison Rape Elimination Act (PREA) Correctional In-Service Training Program, the brochure, a review of a sample of contractor and volunteer training records as well as the interviews with contractors indicate that this standard appears to be compliant.

## 115.33 Inmate education

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OEO.020.0032 – Limited English Proficiency (LEP) Policy
3. OPS.050.0001 – Sexual Misconduct – Prohibited
4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
5. OSPA.050.0011 – Americans with Disabilities Act of 1990, Title I & II
6. OPS.001.0008 – Inmate Handbooks
7. Intake & Reception Sheet
8. Detainee/Inmate Handbook
9. PREA Video
10. PREA Brochure
11. PREA Posters (English and Spanish)
12. Inmate Training Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ indicated that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 2200 inmates received information on the zero-tolerance policy and how to report at intake, which is equivalent to 100% of inmates who arrived in the previous twelve months. OPS.001.0008, page 1 states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format that the inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate. Page 3 further states that a managing official shall ensure that an inmate newly assigned to a facility under the authority of the managing official receives a copy of the applicable inmate handbook, and if applicable, supplemental documents within seven days of the date the new inmate arrives at the facility and ensure the inmate signs a receipt for the inmate handbook. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates receive the PREA brochure, the MCASA brochure and the Detainee/Inmate Handbook. Inmates also have the ability to watch the PREA video while in the bullpen awaiting processing. Additionally, the Intake and Reception Sheet is posted in intake and around the facility. A review of the Intake and Reception Sheet confirmed that it includes information the zero tolerance policy, methods to report sexual abuse and sexual harassment and information on access to outside confidential support services. A review of the Inmate/Detainee Handbook confirmed that it includes information on the zero tolerance policy, rights under PREA, reporting methods (including the hotline) and victim advocacy contact information. The MCASA brochure includes information on victim advocacy including contact information and the PREA brochure is the brochure

provided to contractors and includes information on zero tolerance, definitions and maintaining boundaries. The interview with the intake staff member confirmed that inmates are provided information related to the agency's sexual abuse and sexual harassment policies. The staff member stated that inmates watch the PREA video and are given pamphlets. He indicated that the video is on a loop in the bullpen and as long as they are in there they watch the video on the loop. He further stated that the brochures are given during the initial risk screening and include PREA information. Interviews with 30 inmates indicated that 25 were provided information on the agency's sexual abuse and sexual harassment policies. A review of 31 inmate files indicated that all 31 had received PREA information at intake.

115.33 (b): OPS.050.0001, page 6 and OPS.200.0005, page 4 state that the head of a unit, or designee, responsible for the custody and security of an inmate, shall ensure that Department and agency policy prohibiting sexual misconduct and inmate on inmate sexual conduct, procedures for filing a complaint and inmates rights related to sexual misconduct and inmate on inmate sexual conduct are effectively communicated to an inmate: as part of the orientation process; by including in the facility's inmate orientation paperwork; and the facility's inmate handbook. The PAQ indicated that 2200 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those received in the previous twelve months whose length of stay was for 30 days or more. Inmates receive comprehensive PREA education upon intake into the agency through the PREA video. A review of the video confirmed that it contains information on inmate's rights under PREA and how to report allegations of sexual abuse. The interview with the intake staff member confirmed that inmates are provided information on their rights under PREA and how to report incidents of sexual abuse and sexual harassment through the video and pamphlets. The staff member stated that the video is on a loop in the bullpen and that as long as they are in the bullpen they will watch the PREA video. He further indicate that pamphlets with information is provided and the PREA hotline number is also posted throughout the facility. The staff member stated that inmates receive the information as soon as they arrive at the facility. Interviews with 30 inmates indicated that 23 were provided information on their right to be free from sexual abuse, their right to be free from retaliation and how to report allegations of sexual abuse and sexual harassment. Most of the inmates stated they received the information the first day they arrived. A review of 31 inmate files of those that arrived in the previous twelve months indicated that all 31 were documented with comprehensive PREA education within the required 30 day timeframe. It should be noted this facility is not an intake facility (The mission changed since the previous PREA audit. The facility is a jail that holds inmates who are awaiting court processing. All inmates are initially received through Baltimore Central Booking and Intake Center, Jessup Correctional Institution or Chesapeake Detention Facility) and as such, the inmates receive comprehensive PREA education prior to arrival at MRDCC. Any PREA education is supplemental to the initial comprehensive PREA education received at either Baltimore Central Booking and Intake Center, Jessup Correctional Institution or Chesapeake Detention Facility. The facility also provides additional comprehensive PREA training in addition to what is provided at each intake facility. This is supplemental training and is the records reviewed.

115.33 (c): The PAQ indicated that not all inmates not educated within 30 days of intake were provided education subsequently. Further communication with the PCM indicated that all inmates have been educated within 30 days of intake. Additionally, the PAQ indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. OPS.001.0008, page 1 states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format that the inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate. Page 3 further states that a managing official shall ensure that an inmate newly assigned to a facility under the authority of the managing official receives a copy of the applicable inmate handbook, and if applicable, supplemental documents within seven days of the date the new inmate arrives at the facility and ensure the inmate signs a receipt for the inmate handbook. OPS.050.0001, page 6 and OPS.200.0005, page 4 state that the head of a unit, or designee, responsible for the custody and security of an inmate, shall ensure that Department and agency policy prohibiting sexual misconduct and inmate on inmate sexual conduct, procedures for filing a complaint and inmates rights related to sexual misconduct and inmate on inmate sexual conduct are effectively communicated to an inmate: as part of the orientation process; by including in the facility's inmate orientation paperwork; and the facility's inmate handbook. A review of 31 inmate files indicated that all 31 had received comprehensive PREA education. The interview with the intake staff member confirmed that all inmates that arrive at the facility receive information on PREA regardless of whether they received it at another facility. The interview with the intake staff member confirmed that inmates are provided information on their rights under PREA and how to report incidents of sexual abuse and sexual harassment through the video and pamphlets. The staff member stated that the video is on a loop in the bullpen and that as long as they are in the bullpen they will watch the PREA video. He further indicate that pamphlets with information is provided and the PREA hotline number is also posted throughout the facility. The staff member stated that inmates receive the information as soon as they arrive at the facility.

115.33 (d): The PAQ indicated that inmate PREA education is available in formats accessible to inmates, including those who are disabled or limited English proficient, with the exception of those who are deaf. Further communication with the PCM indicated that deaf inmates are not assigned to MRDCC as there is a designated facility for this population that has resources to accommodate their disability. OPS.200.0005, page 5 states 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; by including in the facility's inmate orientation paperwork and the facility's inmate handbook. OSPS.050.0011, page 1 states that to the extent possible, and according to federal guidelines, the Department shall make reasonable accommodations to enable qualified individuals with a disability access to: employment opportunities and public services, program or activities provided by the Department. Additional documentation confirmed that the agency has available a statewide visual communication services (American Sign Language) available through: on-site interpretation, on-site CART, visual remote interpretation and remote CART. OPS.001.0008, page 1 states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format the that inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate. The Special Management Offenders Lesson Plan outlines the challenges for inmates with disabilities and how to overcome the challenges. OPS.200.0005, page 5 states 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; by including in the facility's inmate orientation paperwork and the facility's inmate handbook. OEO.020.0032, page 1 states that the Department shall take reasonable steps to ensure that LEP individuals receive meaningful access to programs and services, as appropriate. Page 3 further states that employees have access to resources for providing language assistance services, including: contact information for on-site or telephone based interpreters; certified bilingual employee registry and a process, such as language identification cards, for determining the language of a LEP individual. The policy also indicates direction on verbal language services including: utilizing a live or telephone based interpreter, using a trained volunteer, using certified bilingual staff or hiring employees with bilingual skills. Additionally, page 4 states that a unit shall ensure that the translation of vital documents into languages spoken by more than three percent of the overall population within the geographic area served by a Department unit. OPS.001.0008, states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format the that inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate. The facility also has translation services available through in-person translation with Ad Astra, Inc.; document translation via Schreiber, Inc. and over the phone translation with LanguageLine Solutions. The Limited English Proficiency Plan, page 12 states that the Department must be able to access the language needs where three percent of the population in a certain geographical areas speak that language. Page 16 describes the three available methods of translation; telephonic, in-person and bilingual employee verbal translation. The Interpretive Services Flyer confirms that in-person translation with AdAstra Inc is available as well as over the phone translation through LanguageLine Solutions. A review of PREA Posters, the PREA Brochure and inmate distributed information confirmed that information can be provided in large font, bright colors, English, Spanish and other languages as needed. During the tour the auditor observed the PREA Posters in English, Spanish, varying colors and large print. A review of one disabled inmate file and one LEP inmate file indicated that both received PREA education in a format that he could understand. It should be noted that the LEP inmate signed an English form related to receipt of comprehensive PREA education.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. A review of 31 inmate files indicated that all 31 were documented with comprehensive PREA education.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. OPS.001.0008, page 1 states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format the that inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate. A review of the Inmate Handbook, PREA brochure, Intake and Reception Sheet and PREA Posters confirmed information is accessible to inmates through these avenues. Additionally, during the tour, the auditor observed reporting information and victim advocacy contact information posted throughout the facility.

Based on a review of the PAQ, OEO.020.0032, OPS.050.0001, OPS.200.0005, OSPS.050.0011 OPS.001.0008, the Intake & Reception Sheet, the Inmate Orientation Handbook, the PREA Video, the PREA Brochure, PREA Posters, observations made during the tour to include the availability of PREA information via signage as well as information obtained during interviews with intake staff and random inmates indicate that this standard appears to be compliant.

#### Recommendation

The auditor highly recommends that the facility utilize an acknowledgment form in the inmate's primary language.



**115.34 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. IIU.110.0011 – Investigating Sex Related Offenses
5. Prison Rape Elimination Act (PREA) Specialized Training: Investigations
6. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. OPS.050.0001, page 11 and OPS.200.0005, page 10 state that to the extent possible, but in every case where the allegation of alleged sexual misconduct or inmate on inmate sexual conduct 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. IIU.110.0011, page 1 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. The agency utilizes their own training for this standard; PREA Specialized Training: Investigations. A review of the training curriculum confirms that it covers techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. Documentation was provided showing that 35 agency staff members received the specialized training. The interview with the investigator indicated he received specialized training related to conducting sexual abuse investigations in a confinement setting. He stated that they go through a six month Police Academy and that they receive the specialized training there. He also stated they received annual PREA training during in-service.

115.34 (b): OPS.050.0001, page 11 and OPS.200.0005, page 10 state that to the extent possible, but in every case where the allegation of alleged sexual misconduct or inmate on inmate sexual conduct 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. Policy further states that at minimum the training will address: interviewing sexual abuse victims; using Miranda and Garrity warnings; sexual abuse evidence collection; and the criteria and evidence necessary to substantiate administrative action, and if appropriate, referral for criminal prosecution. IIU.110.0011, page 1 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. The agency utilizes their own training for this standard; PREA Specialized Training: Investigations. A review of the training curriculum confirms that it covers techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. Documentation was provided showing that 35 agency staff members received the specialized training. The interview with the investigator indicated he received specialized training related to conducting sexual abuse investigations in a confinement setting. He stated that they go through a six month Police Academy and that they receive the specialized training there. He also stated they received annual PREA training during in-service. The investigator confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that five facility investigators have completed the specialized training. The PAQ further stated that there are 36 investigators currently employed that have received specialized investigator training. Documentation was provided showing that 35 agency staff members received the specialized training.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, IIU.110.0011, the Prison Rape Elimination Act (PREA) Specialized Training: Investigations training, investigator training records as well as the interview with the investigator indicates that this standard appears to be compliant.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

#### Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Audit Manual
3. Corizon Health Site Staff Orientation Clinical Module – PREA & Corrections
4. Medical and Mental Health Staff Training Records

#### Interviews:

1. Interview with Medical and Mental Health Staff

#### Findings (By Provision):

115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The Prison Rape Elimination Act Manual, page 27 states that the Department shall ensure that all full-and part-time medical and mental health care practitioners who work regularly in its facilities have be trained in: 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 whom to report allegations or suspicions of sexual abuse and sexual harassment. The training is conducted via the Corizon Health Site Staff Orientation Clinical Module – PREA & Corrections training. A review of the training curriculum confirmed that it includes the following topics: 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 whom to report allegations or suspicion of sexual abuse and sexual harassment The PAQ indicated that the facility has eighteen medical and mental health staff and that 100% of these staff received the specialized training. A review of six medical and mental health training records confirmed that all six had completed the specialized medical and mental health training. Interviews with medical and mental health staff confirm that received specialized training specialize training related to sexual abuse and sexual harassment. The staff stated the training discussed the procedures to take once an allegation was reported and approaching and engaging with the inmate victim after the process. Both staff confirmed the topics under this provision were discussed during the training.

115.35 (b): The PAQ indicated that this provision does not apply as agency medical and mental health care staff do not perform forensic medical examinations. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of six medical and mental health training records confirmed that all six had completed the specialized medical and mental health training.

115.35 (d): OPS.050.0001, page 6 states that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure each employee attends approved training related to preventing, detecting and responding to acts of sexual misconduct. The policy indicates that employee means an individual assigned to or employed by the Department in a full-time, part-time, temporary or contractual position regardless of job tile and includes a contractor; an intern, a volunteer and an employee with the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation and/or the Baltimore City Public Schools. A review of six medical and mental health training records confirmed that five had received contractor PREA training and one had received staff PREA training.

Based on a review of the PAQ, the PREA Manual, Corizon Health Site Staff Orientation Clinical Module – PREA & Corrections training, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears be compliant.

#### Recommendation

The auditor recommends that the agency add the language under provision (a) to policy in addition to the manual.

## 115.41 Screening for risk of victimization and abusiveness

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. OPS.200.0006 – Assessment for Risk of Sexual Victimization and Abusiveness
3. PREA Intake Screening Form
4. Inmate Assessment and Reassessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. OPS.200.0006, page 1 states that the Department shall use a screening instrument as part of the intake and facility transfer process and other times deemed appropriate to assess each inmate's risk for being sexually abused or sexually abusive toward others. Page 4 further states that the PC shall ensure that each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential abusiveness within 72 hours of arrival at the facility. Page 6 states that the PCM is responsible to ensure facility staff conduct the required screening at intake or transfer into the facility. The risk screening is conducted at intake in a private office setting to allow for confidentiality. The interviews with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness. Interviews with 29 inmates that arrived within the previous twelve months indicated that 24 were asked questions related to risk of victimization and abusiveness.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. OPS.200.0006, page 1 states that the Department shall use a screening instrument as part of the intake and facility transfer process and other times deemed appropriate to assess each inmate's risk for being sexually abused or sexually abusive toward others. Page 4 further states that the PC shall ensure that each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential abusiveness within 72 hours of arrival at the facility. Page 6 states the PCM shall ensure facility case management staff reassess an inmate's risk of victimization or potential for abusiveness within 30 days of intake or transfer into the facility. The PAQ noted that 2200 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. A review of 31 inmate records of those that arrived within the previous twelve months indicated that all 31 had an initial risk screening within the 72 hour timeframe. The interviews with the staff responsible for the risk screening confirmed that inmates are screened for risk of victimization and abusiveness within 72 hours. Interviews with 29 inmates that arrived within the previous twelve months indicate that 24 were asked the questions related to risk of victimization and abusiveness on the first day.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. OPS.200.0006,

pages 2-3 state that the PREA Coordinator shall ensure that a screening instrument is used to objectively assess an inmate's risk of sexual victimization that, at minimum, considers: the presence of mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; previous incarcerations; if the inmate's criminal history was exclusively nonviolent; prior convictions for sex offenses against an adult or child; if the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; history of sexual victimization; the inmate's own perception of vulnerability; and if the inmate is detained solely for civil immigration purposes. Page 4 further states that the PREA Coordinator shall ensure that a screening instrument is used to objectively assess an inmate's risk of being sexually abusive that, at minimum, considers: previous acts of sexual abuse; prior convictions for violence or sexual abuse; and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the PREA Intake Screening indicates that inmates are asked about twelve questions under the risk of victimization section and six questions under the abusiveness section. Each yes response is associated with one point. At the end of each section, the points are totaled. If the inmate has four or more points in the victimization section he/she is considered "at risk for victimization". If the inmate has three or more in the abusiveness section he is considered "at risk for abusiveness". Staff then have a results section which directs them how to classify the inmate based on the total points received in each section. Additionally, staff are provided instructions for the PREA Intake Screening which provides detailed instructions, definitions and ways to validate and/or verify responses.

115.41 (d): OPS.200.0006, pages 2-3 state that the PREA Coordinator shall ensure that a screening instrument is used to objectively assess an inmate's risk of sexual victimization that, at minimum, considers: the presence of mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; previous incarcerations; if the inmate's criminal history was exclusively nonviolent; prior convictions for sex offenses against an adult or child; if the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; history of sexual victimization; the inmate's own perception of vulnerability; and if the inmate is detained solely for civil immigration purposes. A review of the PREA Intake Screening indicates that inmates are asked twelve questions including: how old are you; what is your height and weight; do you have any physical, mental or developmental disabilities that may affect your ability to function in a prison setting; is this your first major incarceration; is your criminal history exclusively non-violent; do you have any reason to fear placement in general population; were you ever sexually assaulted or abused as a child or adult; have you ever been approached for sex/threatened with sexual assault while incarcerated; do you consider yourself homosexual, bisexual, transgender, intersex or gender nonconforming; have you had consensual sex while incarcerated; do you have a criminal history of sex offenses with adult/child victims and have you ever been sexually assaulted while incarcerated. The staff responsible for the risk screening stated that the risk screening is basically yes or no questions. One staff indicated that a few of the questions are completed through the inmate checking appropriate responses. The staff indicated that the risk screening is a checklist which includes; age, height, prior charges, if the inmate had prior sexual victimization, if the inmate had previously sexually abused anyone and if the inmate identifies as lesbian, gay, bisexual, transgender or intersex. The staff stated that if they score above a four in the victim section or above a three in the abusive section they were considered at risk.

115.41 (e): OPS.200.0006, page 4 states that the PREA Coordinator shall ensure that a screening instrument is used to objectively assess an inmate's risk of being sexually abusive that, at minimum, considers: previous acts of sexual abuse; prior convictions for violence or sexual abuse; and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the PREA Intake Screening indicates that inmates are asked six questions related to risk of abusiveness, including: do you have a history of violence crimes; do you have a history of domestic violence as perpetrator; do you have a history of administrative violations or institutional infractions for violent offenses; do you have a history of sex offenses with adults; and have you ever sexually assaulted another inmate while incarcerated. The interview with the intake staff member confirmed that inmates are provided information on their rights under PREA and how to report incidents of sexual abuse and sexual harassment through the video and pamphlets. The staff member stated that the video is on a loop in the bullpen and that as long as they are in the bullpen they will watch the PREA video. He further indicate that pamphlets with information is provided and the PREA hotline number is also posted throughout the facility. The staff member stated that inmates receive the information as soon as they arrive at the facility.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. OPS.200.0006, page 4 states that the PC shall ensure that case management staff reassess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential for abusiveness based upon additional, relevant information received by the facility since the initial screening. The PAQ noted that 2200 inmates were reassessed within 30 days, which is equivalent to 100% of the inmate who arrived and stayed longer than 30 days. The interviews with the staff responsible for the risk screening indicated that one staff member was not sure about reassessments as she only conducted the initial. She stated reassessments are done by case management. The second staff member stated that he reassesses each inmate within 30 days. The staff member stated that they look up the history of the inmate and ensure that the initial responses were accurate. The staff member stated that to his knowledge the inmate does not have to be present for the reassessment. Interviews with 29 inmates that arrived within the previous twelve months indicated that seven had been asked questions related to their risk of victimization

and abusiveness more than once. Further communication with the PCM indicated that they do not complete a full reassessment rather they ask the inmate if anything has changed since the initial assessment or if they have anything new they want to report. This may account for the low number of inmates that indicated they were not asked the risk screening questions on more than one occasion, as they are not asked all the questions a second time. Additionally, it was determined that during COVID-19, the facility had went to a reassessment process that did not involve contact with the inmate. Since that time they have not returned to the requirements for this provision as outlined in their policy and procedure. A review of 31 inmate files of those that arrived in the previous twelve months indicated that all 31 had a reassessment. Of the 31, 26 were completed within the 30 day timeframe. During the interim report period, the auditor was provided an email from the Warden that was sent to all case management staff related to reassessments. The email advised the staff to remember to adhere to the policy and contained a page of the policy that was highlighted related to the requirement of 30 days reassessments and getting the inmate perception of their own vulnerability.

115.41 (g): The PAQ indicated that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. OPS.200.0006, page 4 states that the PC shall ensure that procedures for using the approved screening instrument require that an inmate's risk level be reassessed when warranted due to 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 interviews with staff responsible for the risk screening indicated that inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with 29 inmates that arrived within the previous twelve months indicated that seven had been asked questions related to their risk of victimization and abusiveness more than once. Further communication with the PCM indicated that they do not complete a full reassessment rather they ask the inmate if anything has changed since the initial assessment or if they have anything new they want to report. This may account for the low number of inmates that indicated they were not asked the risk screening questions on more than one occasion, as they are not asked all the questions a second time. A review of 31 inmate files of those that arrived in the previous twelve months indicated that all 31 had a reassessment. Of the 31, 26 were completed within the 30 day timeframe. There were zero substantiated sexual abuse allegations, and as such there were zero reassessments completed as the facility only conducts reassessments on confirmed sexual abuse.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability. OSP.200.0006, page 4 states that an inmate is not disciplined for refusing to answer or not disclosing complete information in response to screening questions related to: the presence of a mental, physical or developmental disability; the inmate being or perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; previous sexual victimization; or the inmate's own perception of vulnerability. The interviews with the staff responsible for risk screening confirmed that inmates are not disciplined for refusing to answer any of the risk screening questions. The staff stated there is an option of the form to indicate the inmate refused to answer.

115.41 (i) OPS.200.6000, page 4 states that the PC shall ensure appropriate controls are in place for facility dissemination of information collected during the screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. The interview with the PREA Coordinator confirmed that the agency has implemented appropriate controls of sensitive information to ensure information is not exploited. He stated that they keep the risk screening information in the inmate's base file, which is limited to people that need to know, including case managers, higher level supervisors and medical. The PCM stated that the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from being exploited. He stated that the information is maintained in the detainee's base file and that base files are not public information and have limited access. The interviews with the staff responsible for the risk screening confirmed that the agency has implemented appropriate controls of sensitive information and that the risk screening information is only accessible to the initial risk screening staff, case management and mental health care staff.

Based on a review of the PAQ, OPS.200.0006, PREA Intake Screening Form, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears to require corrective action. The interviews with the staff responsible for the risk screening indicated that one staff member was not sure about reassessments as she only conducted the initial. She stated reassessments are done by case management. The second staff member stated that he reassesses each inmate within 30 days. The staff member stated that they look up the history of the inmate and ensure that the initial responses were accurate. The staff member stated that to his knowledge the inmate does not have to be present for the reassessment. Additionally, only seven of the 29 inmates that arrived within the previous twelve months remember being asked the risk screening questions on more than one occasion. Additionally, it was determined that during COVID-19, the facility had went to a reassessment process that did not involve contact with the inmate. Since that time they have not returned to the requirements for this provision as outlined in their policy and procedure. During the interim report period, the auditor was provided an email from the Warden that was sent to all case management staff related to reassessments. The email advised

the staff to remember to adhere to the policy and contained a page of the policy that was highlighted related to the requirement of 30 days reassessments and getting the inmate perception of their own vulnerability.

#### Corrective Action

The facility will need to provide a training document, with signatures indicating that case management were trained on their responsibility under provision (g). The training should include how to conduct the reassessment, to include the requirement of the inmate to be there in person during the reassessment. A copy of the training outline and the signatures should be provided to the auditor. Additionally, the facility will need to provide an assurance memo from the Warden confirming the date in which all inmate reassessments were again conducted in-person.

#### Recommendation

The auditor highly recommends that the facility conduct a reassessment on all inmate victims who report sexual abuse allegations, regardless of the outcome of the investigation. The risk screening is based on the answers provided by the inmate (with regard to prior sexual victimization) rather than whether an investigation determines the incident did or did not occur. As such, the inmate victim should be reassessed in order to self-report prior sexual victimization, which may ultimately affect their risk level.

#### Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. PowerPoint Training Curriculum
2. Training Sign-In Sheets
3. Email from the Warden Related to In-Person Reassessments

On March 28, 2022 the auditor was provided a PowerPoint training curriculum related to Standard 115.41. The curriculum discussed the requirement of the initial risk screening within 72 hours and the reassessment within 30 days, with a recommendation of the reassessment to be completed fifteen days after the inmate's arrival. The training also indicates that Case Managers are to meet with the inmate in person during the reassessment to determine safety needs. A training sign-in was provided confirming that necessary Case Management and Custody staff received the training between March 16, 2022 and March 21, 2022. In addition, an email was provided from the Warden dated January 25, 2022 that was sent to all necessary staff advising that they must adhere to the policy related to 30 day PREA re-screening/screening. The appropriate section of policy was attached with two section highlighted for quick reference. The first highlighted section states "Case Management staff reassess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential abusiveness based upon additional, relevant information received by the facility since the initial risk screening." The second highlighted section states "the inmate's own perception of vulnerability." Based on the provided information and training the auditor determined that this standard was corrected through training.



## 115.42 Use of screening information

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OPS.200.0006 – Assessment for Risk of Sexual Victimization and Abusiveness
3. Housing Assignments of Inmates at Risk of Sexual Victimization and/or Sexual Abusiveness
4. LGBTI Housing Assignments

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 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. OPS.200.0006, page 1 states that the Department shall appropriately apply information obtained from assessing an inmate's risk related to sexual victimization and abusiveness to decision concerning areas, such as housing, programming, treatment and work assignments in order to minimize circumstances that contribute to incidents of victimization and abusiveness. Page 5 further states that screening information shall be considered when making decisions related to housing, bed, work, education and program assignments with the goal of separating inmate who are determined to be a high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive. During the tour the auditor observed that inmate files are paper and electronic. The paper files are located behind a locked door with limited access a to ensure sensitive information is not exploited. The interview with the PREA Compliance Manager indicated that the information from the risk screening is used to properly house and facilitate continuity of care for vulnerable inmates and possible predators. The interviews with the staff responsible for the risk screening indicated that information from the risk screening is provided to traffic staff to appropriately house inmates. The staff stated that traffic will not house inmates that are listed as abusive with inmates who are considered vulnerable. One staff member stated there is a housing unit that they typically try to place those high risk victims, if other factors allow, to protect them from potential victimization. The auditor requested a list of inmates at high risk of victimization and abusiveness. The facility provided the auditor with a list that was generated many years ago. The inmates on the list were no longer at the facility. The facility indicated they had zero inmates at high risk of victimization and zero inmates at high risk of abusiveness. During documentation review the auditor identified one inmate who scored at high risk of victimization and two inmates who scored at high risk of abusiveness. None of these inmates were included on the list of inmates at high risk of victimization and abusiveness.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. OPS.200.0006, page 5 states that screening information shall be considered when making individualized determinations on how to ensure the safety of each inmate. The interviews with the staff responsible for the risk screening indicated that information from the risk screening is provided to traffic staff to appropriately house inmates. The staff stated that traffic will not house inmates that are listed as abusive with inmates who are considered vulnerable. One staff member

stated there is a housing unit that they typically try to place those high risk victims, if other factors allow, to protect them from potential victimization.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. OPS.200.0006, page 5 states that screening information shall be considered when decision to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by case basis, determining if the placement or assignment ensures the inmates health and safety and present management or security problems. The interview with the PCM indicated that transgender and intersex inmate housing is on a case-by-case basis. He confirmed that housing and placement would consider the inmate's health and safety as well as any security or management problems the placement may present. During the on-site portion of the audit the facility did not house any transgender or intersex inmates. The facility housed two transgender inmates during the audit period.

115.42 (d): OPS.200.0006, page 5 states that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. The PCM stated that transgender and intersex inmates are reassessed at least twice per year. The interviews with the staff responsible for the risk screening indicated that neither were familiar with the process for reassessments for transgender and intersex inmates. One staff member stated that case management was responsible for these reassessments and the second staff member (who was a case management) advised he was unsure as he was unfamiliar with the process due to not having any transgender or intersex inmate cases. A review of documentation for one transgender inmate indicated that she arrived on July 12, 2021 to MRDCC and was provided an initial risk screening and a reassessment. The inmate then was released from the facility on August 4, 2021 and as such a biannual assessment was not necessary. A review of investigations indicated that the facility housed a second transgender inmate that was not disclosed to the auditor. The auditor requested documentation related to biannual assessments for the inmate. At the time of the interim report the auditor had not received documentation related to the biannual assessments.

115.42 (e): OPS.200.0006, page 5 states that a transgender or intersex inmate's own views with respect to personal safety shall be seriously considered. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. The risk screening staff stated that this is part of the risk screening itself as they ask if they fear being placed in general population. There were zero transgender or intersex inmates during the on-site portion of the audit and as such no interviews were conducted.

115.42 (f): OPS.200.0006, page 5 states that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. During the tour the auditor observed that all showers were single person showers with a solid door and security window. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately. The interviews with the staff responsible for screening confirmed that transgender and intersex inmates are afforded the opportunity to shower separately from the rest of the inmates. The PCM stated that transgender and intersex inmates are provided a time to shower once a day. There were zero transgender or intersex inmates during the on-site portion of the audit and as such no interviews were conducted.

115.42 (g): OPS.200.0006, page 5 states that 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 such 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 such inmates. The interview with the PC confirmed that they are not subject to a consent decree and that there is not a dedicated facility for LGBTI inmates. The PCM confirmed that the agency does not have a consent decree and that LGBTI inmates are not placed in dedicated facilities, units or wings solely because of their identification or status. There was only one LGB inmate at the facility during the on-site portion of the audit and a review of the inmate's housing did not indicate he was housed in any specific facility, wing or unit based on his sexual preference. The interviews with the LGB inmate confirmed that he did not feel LGB inmates are placed in a dedicated facility, unit or wing. He further stated there used to be a few more LGBTI inmates at the facility but they had an issue recently and they were transferred. He believed he was the only openly LGBTI inmate at the facility.

Based on a review of the PAQ, OPS.200.0006,, inmates at risk of sexual abusiveness and sexual victimization housing determinations, LGBTI inmate housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGB inmates, indicates that this standard appears to be require corrective action. The facility had one transgender inmate during the three year audit period and the inmate was only at the facility for a short period of time. As such, staff were a little unfamiliar with the reassessment process for transgender inmates. The interviews with the staff responsible for the risk screening indicated that neither were familiar with the process for reassessments for transgender and intersex inmates. One staff member stated that case management was responsible for these reassessments and the second staff member (who was a case management) advised he was unsure as he was unfamiliar with the process due to not having any transgender or intersex inmate cases. Additionally, a review of investigations indicated that the facility housed a second transgender inmate that was not disclosed to the auditor. The auditor requested documentation related to biannual assessments for the inmate. At the time of the interim report the auditor had not received documentation related to the biannual assessments.

## Corrective Action

The facility will need to develop a better process for tracking inmates at high risk of victimization and high risk of abusiveness. A memo describing the tracking mechanism and staff responsible for the tracking should be provided to the auditor. The facility will then need to go back through inmate risk screening documents to determine if there are any additional inmates who should be on these lists. An assurance memo should be provided to the auditor from the Warden confirming this review was completed. Once completed, the facility will need to send the current list of high risk victims and high risk abusers to the auditor. The list should include current housing assignment, job assignments and programming assignments to ensure high risk victims are not housed with high risk abusers and have limited contact to the extent possible in job assignments and programming assignments. The facility will need to provide training to the necessary staff (case management) related to handling of transgender and intersex inmates, specifically the requirements of biannual reassessments. Once the training is completed the facility will need to provide the information to the auditor. Additionally, the facility will need to provide the requested documentation related to the second identified transgender inmate.

## Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

### Additional Documents:

1. PowerPoint Training Curriculum
2. Training Sign-In Sheets
3. Process Memorandum Related to High Risk Victims and High Risk Aggressors
4. Housing Assignments for High Risk Inmates
5. Biannual Assessment Information

On March 28, 2022 the auditor was provided a PowerPoint training curriculum related to Standard 115.42. The curriculum went over all of the language under Standard 115.42, including the requirement of utilizing the information from the risk screening for housing, work and program assignments as well as biannual assessments for transgender and intersex inmates. The training stated that biannual reviews cannot be conducted without the transgender or intersex inmate in the presence of the Case Manager to conduct the review. Additionally, the training discussed the transgender and intersex inmates' opportunity to shower separately. A training sign-in sheet was provided confirming that necessary Case Management and Custody staff received the training between March 15, 2022 and March 21, 2022. On April 8, 2022 the facility provided a process memo related to the tracking mechanism for inmate at high risk of victimization and abusiveness. The memo indicated that inmates are screened and the information is utilized by the traffic officer for housing assignments. The information is also provided to mental health and case management. Mental health maintains a high risk inmates list and works with case management for effective management and treatment. The memo indicated that MRDCC is a pre-trial facility and is normally a temporary facility pending the inmates transfer to a maintaining facility. Because of their status they generally do not have work and program assignments. The facility provided the auditor with a tracking document for inmates at high risk of victimization and abusiveness. A review of the document confirmed that none of the high risk victims were housed in a cell with a high risk perpetrator. There were a few in the same housing unit, however, a staff member is assigned to each housing unit and as such inmates in the housing units are always under staff supervision. On April 18, 2022 the auditor received information related to the second transgender inmate identified during the on-site portion of the audit. The facility provided documentation which indicated the inmate was received at MRDCC on June 4, 2021 and left the facility on November 30, 2021. During her time at MRDCC the inmate had an initial risk screening on June 4, 2021 and a reassessment on June 25, 2021. The inmate also was seen by mental health on October 13, 2021 after a reported allegation to assess for safety and concerns. Further documentation indicated the inmate refused to be seen by the administrative board while housed in administrative segregation for a disciplinary issue. Based on the provided information the auditor determined that this standard was corrected and as such is compliant.

**Protective Custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Audit Manual (PREA Manual)
3. OPS.200.0006 – Assessment for Risk of Sexual Victimization and Abusiveness
4. Case Management Manual, Chapter 17 – Special Confinement Housing

Interviews:

1. Interview with the Warden
2. Interview with the Staff who Supervise Inmates in Segregated Housing

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of 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. The PAQ noted that there were zero inmates at high risk of victimization that were placed in involuntary segregated housing. The PREA Manual, page 30 states that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. OPS.200.0006, page 5 states that placement of an inmate in special confinement housing shall be in accord with provision for special confinement housing established in the Case Management Manual. The Case Management Manual, section 17, Special Confinement Housing, pages 134-135 describe procedures for protective custody. Page 134 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 housing. These may include, but are not limited to: transfer of the inmate to a different housing unit within the institution; lateral transfer of the inmate to another institution of the same security level; transfer of the inmate's documented enemy or enemies to another institution; transfer of the inmate to another state under the provisions of Interstate Corrections Compact; or assignment to home detention, if eligible. Page 126 of the Manual also states that an inmate may be placed in administrative segregation in response to a potential threat to the safety, security and good order of the institution, and if there is reason to believe such placement will reduce that threat. Page 127 states that examples of situations that warrant the placement of an inmate on administrative segregation include; pending consideration for protective custody; pending an investigation; for medical or mental health reasons; and pending investigation into possible threats to the safety and wellbeing of the individual inmate. Page 128 states that a case management team shall review the inmate's administrative segregation status within five working days of the inmate's placement on segregation and the team shall consider available alternatives to continued administrative segregation. The interview with the Warden confirmed that agency policy prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment has determined there are no available alternative means of separation from potential abusers.

115.43 (b): The staff who supervise inmates in segregated housing confirmed that if a high risk inmate was involuntary segregated he/she would still have access to work, education, programs and other privileges to the extent possible. The staff member further confirmed that any restrictions to work, education, programs or privileges would be documented. During the tour the auditor observed the segregated housing unit was identical to the general population housing units. As such, inmates had a dayroom area that could be utilized for programs, education and privileges. Additionally, each housing unit, including segregated housing, has its own small recreation area that has fresh outdoor air.

115.43 (c): The PAQ indicated there were zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. OPS.200.0006, page 5 states that placement of an inmate in special confinement housing shall be in accord with provision for special confinement housing established in the Case Management Manual. The Case Management Manual, section 17, Special Confinement Housing, pages 134-135 describe

procedures for protective custody. Page 134 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 housing. These may include, but are not limited to: transfer of the inmate to a different housing unit within the institution; lateral transfer of the inmate to another institution of the same security level; transfer of the inmate's documented enemy or enemies to another institution; transfer of the inmate to another state under the provisions of Interstate Corrections Compact; or assignment to home detention, if eligible. Page 126 of the Manual also states that an inmate may be placed in administrative segregation in response to a potential threat to the safety, security and good order of the institution, and if there is reason to believe such placement will reduce that threat. Page 127 states that examples of situations that warrant the placement of an inmate on administrative segregation include; pending consideration for protective custody; pending an investigation; for medical or mental health reasons; and pending investigation into possible threats to the safety and wellbeing of the individual inmate. Page 128 states that a case management team shall review the inmate's administrative segregation status within five working days of the inmate's placement on segregation and the team shall consider available alternatives to continued administrative segregation. The Warden stated that they do not place inmates at high risk of victimization in involuntary segregated housing. He stated this would only be utilized as a last resort after it has been determined there are no alternative means of separation from potential abusers. The Warden further stated that they generally do not place inmates in involuntary segregated housing, but if they had to, it would only be for the duration needed to find alternative housing. The Warden further indicated that the inmate would be reviewed by case management every 30 days while in segregated housing.

115.43 (d): The PAQ indicated there were zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged. There were zero inmates who were segregated due to high risk of victimization or a reported allegation of sexual abuse and as such no interviews were conducted.

115.43 (e): The PAQ indicate that if an inmate was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. The Case Management Manual, section 17, Special Confinement Housing, page 129 states that an inmate assigned to administrative segregation shall be reviewed by the case management team at least once every 30 days (every seven days for the first 60 days, then every 30 thereafter). Page 135 further states that an inmate's protective custody status shall be initially reviewed upon arrival at the institution designated to house protective custody inmates and at least annually thereafter (every 30 days for ACA accredited facilities). The interview with the staff who supervise inmates in segregated housing confirmed that inmates at high risk of sexual victimization would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged. The staff member stated typically the inmate would not be involuntarily segregated more than 30 days. The staff member confirmed that if involuntary segregated housing was extended, the inmate would be reviewed at least every 30 days for continued need of placement. There were zero inmates who were segregated due to high risk of victimization or a reported allegation of sexual abuse and as such no interviews were conducted.

Based on a review of the PAQ, the PREA Manual, OPS.200.0006, the Case Management Manual, observations from the facility tour as well as information from the interview with the Warden and staff who supervise inmates in segregated housing, this standard appears to be not applicable and as such compliant.

## 115.51 Inmate reporting

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. Detainee/Inmate Handbook
5. Intake & Reception Sheet
6. PREA Poster

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of Posted PREA Reporting Information

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. OPS.050.0001, page 6 and OPS.200.0005, page 6 state that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure that procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct and inmate on inmate sexual conduct to any one or all of the parties listed under 05E(4) of this directive. Section 05E(4) states that to effectively reduce actual or implied barriers to filing a complaint, an individual may file a complaint of sexual misconduct or inmate on inmate sexual conduct with any one or all of the following without regard to chain of command or assignment: an employee, supervisor, manager, shift commander, head of a unit, IID, inmate grievance officer, Office of the Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department. Page 8 and page 7 (OPS.200.0005) of the policies further state that a complaint of alleged sexual misconduct or inmate on inmate sexual conduct can be filed by the victim; an individual with knowledge of an incident or through a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct. It further states that a complaint can be submitted in writing or verbally and the complainant may remain anonymous. A review of the Inmate/Detainee Handbook, Intake & Reception Sheet and PREA Posters confirm that inmates are provided numerous way to report sexual abuse and sexual harassment including: to any staff member verbally or in writing; through a third party; anonymously and through the PREA Hotline (which is the outside reporting entity). Interviews with 30 inmates confirm that 29 were aware of at least one method to report sexual abuse and sexual harassment. Most inmates indicated that they would report through a staff member or the hotline. Interviews with thirteen random staff indicated that inmates can report to staff, through the hotline or in written format through a drop note or letter.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the facility does not house inmates solely for civil immigration purposes. OPS.050.0001, page 6 states that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure that procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under 05E(4) of this

directive. Section 05E(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: an employee, supervisor, manager, shift commander, head of a unit, IID, inmate grievance officer, Office of the Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department. Page 8 of the policy further states that a complaint of alleged sexual misconduct can be filed by the victim; an individual with knowledge of an incident or through a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct. It further states that a complaint can be submitted in writing or verbally and the complainant may remain anonymous. A review of the Inmate/Detainee Handbook, Intake & Reception Sheet, PREA Posters and comprehensive PREA education video confirm that inmates are advised that they can make a free, confidential call to the PREA Hotline on any inmate telephone. After leaving a message the call is screened by an operator from an outside agency that is not part of the Department of Public Safety & Correctional Services. The documents further advise the inmates that they can report anonymously, but doing so will make the complaint more difficult to investigate. Documentation from the PC indicated that the outside entity that screens the calls and forwards the information to IID is the Life Crisis Center. Once IID received the information they initiate an investigation and have full arrest power and investigative authority. The auditor tested the PREA hotline during the on-site portion of the audit. The auditor left a message on the hotline and was provided confirmation the following day from the PC that the call was received. The interview with the PCM indicated that the facility educates staff and detainees of the Maryland Coalition Against Sexual Assault (MCASA), which is a conduit for reporting. The PCM stated that the procedures do not allow the receipt and immediate transmission of the inmates report that allow the inmate to remain anonymous upon request. He stated that the detainee would need to be seen evaluated by medical and mental health, be interviewed by IID and housing would need to be considered. He indicated anonymity would be difficult for this to complete. Interviews with 30 inmates indicated that eighteen were aware of the outside reporting entity and nine were aware they could anonymously report. The facility does not house inmates detained solely for immigration services and as such this part of the provision is not applicable. While less than half were aware they could anonymously report, the information is provided to inmates during PREA education (which inmates receive at the intake facility and then again at MRDCC) and is noted on the PREA Posters, Inmate Handbook and Intake and Reception sheet which are provided to all inmates and posted throughout the facility.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. OPS.050.0001, page 6 states that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure that procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under 05E(4) of this directive. Section 05E(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: an employee, supervisor, manager, shift commander, head of a unit, IID, inmate grievance officer, Office of the Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department. Page 8 of the policy further states that a complaint of alleged sexual misconduct can be filed by the victim; an individual with knowledge of an incident or through a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct. It further states that a complaint can be submitted in writing or verbally and the complainant may remain anonymous. Page 9 states a complaint of alleged sexual misconduct received anonymously shall be accepted and processed the same as a complaint received from an identified source. Interviews with 30 inmates indicated that 28 knew they could report verbally and/or in writing and 28 knew they could report through a third party. Interviews with thirteen random staff indicate that inmates can report verbally, in writing, anonymously and through a third party. The staff stated if an inmate reported verbally to them they would document it immediately, but before the end of their shift. A review of investigative reports confirmed that one allegation was verbally reported by the inmate victim. The staff member completed a written report that was included as part of the investigative report attachments. Additionally, the auditor reviewed a sample of incident reports and confirmed that staff are required to document information in writing pertaining to many events/incidents within the facility.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. It further states that staff are informed of this method through policy. OPS.050.0001, page 6 and OPS.200.0005, page 6 state that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure that procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct and inmate on inmate sexual conduct to any one or all of the parties listed under 05E(4) of this directive. Section 05E(4) states that to effectively reduce actual or implied barriers to filing a complaint, an individual may file a complaint of sexual misconduct or inmate on inmate sexual conduct with any one or all of the following without regard to chain of command or assignment: an employee, supervisor, manager, shift commander, head of a unit, IID, inmate grievance officer, Office of the Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department. Page 8 and page 7 (OPS.200.0005) of the policies further states that a complaint of alleged sexual misconduct or inmate on inmate sexual conduct can be filed by the victim; an individual with knowledge of an incident or through a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct. It further states that a complaint can be submitted in writing or verbally and the complainant may remain anonymous. Interviews with thirteen random staff indicated that all thirteen were aware of a method for staff to privately

report sexual abuse of an inmate.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0006, the Inmate/Detainee Handbook, the Intake & Reception Sheet, PREA Posters, observations during the tour and information from interviews with the PCM, random inmates and random staff indicates that this standards appears to require corrective action. While the facility has numerous ways to report allegation of sexual abuse and sexual harassment, the outside entity method and anonymous method are not common knowledge. The interview with the PCM indicated that the facility educates staff and detainees of the Maryland Coalition Against Sexual Assault (MCASA), which is a conduit for reporting. The PCM stated that the procedures do not allow the receipt and immediate transmission of the inmates report that allow the inmate to remain anonymous upon request. He stated that the detainee would need to be seen evaluated by medical and mental health, be interviewed by IID and housing would need to be considered. He indicated anonymity would be difficult for this to complete. Interviews with 30 inmates indicated that eighteen were aware of the outside reporting entity and nine were aware they could anonymously report.

#### Corrective Action

The facility will need to educate staff (to include the PCM) on the outside reporting entity and the option to remain anonymous upon request. A memo from the Warden describing the training method(s) and date(s) the training was provided will need to be provided to the auditor.

#### Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. PowerPoint Training Curriculum
2. Training Sign-In Sheets

On March 28, 2022 the auditor was provided a PowerPoint training curriculum related to Standard 115.51. The curriculum went over all of the language under Standard 115.51, including the outside reporting mechanism. The training curriculum outlined all the reporting methods, including the outside reporting PREA hotline. Four training sign-in sheets were provided confirming staff at MRDCC were trained between March 16, 2022 and March 18, 2022. The auditor requested additional training documents to confirm that the PCM also received the training. On April 8, 2022 a training sign-in sheet was provided related to training of the PCM.



## **115.52 Exhaustion of administrative remedies**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. COMAR 12.02.28 – Administrative Remedy Procedure (ARP)
3. Grievance Log

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. A review of the grievance log confirmed that there were zero sexual abuse allegations reported via grievance.

115.52 (b): The PAQ indicated that the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. A review of the grievance log confirmed that there were zero sexual abuse allegations reported via grievance.

115.52 (c): The PAQ indicated that the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. A review of the grievance log confirmed that there were zero sexual abuse allegations reported via grievance.

115.52 (d): The PAQ indicated that the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. A review of the grievance log confirmed that there were zero sexual abuse allegations reported via grievance.

115.52 (e): The PAQ indicated that the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. A review of the grievance log confirmed that there were zero sexual abuse allegations reported via grievance.

115.52 (f): The PAQ indicated that the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. A review of the grievance log confirmed that there were zero sexual abuse allegations reported via grievance.

115.52 (g): The PAQ indicated that the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. A review of the grievance log confirmed that there were zero sexual abuse allegations reported via grievance.

Based on a review of the PAQ and the grievance log this standard appears to be not applicable and as such compliant.

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. Maryland Coalition Against Sexual Assault (MCASA) Brochure
5. Intake & Reception Sheet
6. Detainee/Inmate Handbook
7. PREA Poster

Interviews:

1. Interview with Random Inmates

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in a confidential a manner as possible. The PAQ stated that the agency does not hold individuals strictly for immigration purposes. The PREA Manual, page 31 states that the Department will provide 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. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential manner as possible. A review of the MCASA Brochure, the Inmate Handbook, the Intake & Reception Sheet and PREA Posters confirmed that inmates are advised that they have access to outside advocates for emotional support services. The documents included the addresses and phone numbers to local, state and national rape crisis centers. The documents further indicated that telephone calls to the agencies may be monitored, however written communication would remain confidential. During the tour the auditor observed that the victim advocacy contact information was posted around the facility. The auditor attempted to call the victim advocacy number, however the call required an inmate number and cost the inmate to call. The PC advised that inmates can make a free confidential call to MCASA by contacting a staff member. Interviews with 30 inmates indicated that nine were aware of outside victim advocacy services and were provided mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations. Most of the inmates indicated that they were not aware of the specifics they just knew the information was posted around the facility. While only nine inmates stated they were provided this information, the auditor confirmed that it was posted around the facility in bright colored, large print placards and the information was discussed during PREA education and was included in the Inmate Handbook and brochures. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. It should be noted that the agency is was working with MCASA on a way to provide free calls to the hotline through the inmate phone that did not involve contacting a staff member. Communication with the staff at MCASA indicated that MCASA does not currently have a service MOU with the facility, however an MOU is not required for advocates to offer services to incarcerated survivors. She stated the rape crisis centers provide services to incarcerated survivors under existing protocols and that the agency has recently implemented a statewide PREA Helpline, so that incarcerated individuals can make free, confidential calls to trauma-informed sexual assault advocates. She further stated that advocates provide survivors with support as well as resources, reporting, and referrals and that they also offer advocacy, counseling, and hospital

accompaniment. She confirmed that she has regular communication with the statewide PREA Coordinators for both Adult and Juvenile services.

115.53 (b): The PAQ indicated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The PREA Manual, page 32 states that each Department facility shall inform inmates, prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the MCASA Brochure, the Intake & Reception Sheet and PREA Posters confirmed that inmates are advised that they have access to outside advocates for emotional support services. The documents included the addresses and phone numbers to local, state and national rape crisis centers. The documents further indicated that telephone calls to the agencies may be monitored, however written communication would remain confidential. During the tour the auditor observed that the victim advocacy contact information was posted around the facility. The auditor attempted to call the victim advocacy number, however the call required an inmate number and cost the inmate to call. The PC advised that inmates can make a free confidential call to MCASA by contacting a staff member. Interviews with 30 inmates indicated that nine were aware of outside victim advocacy services and were provided mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations. Most of the inmates indicated that they were not aware of the specifics they just knew the information was posted around the facility. While only nine inmates stated they were provided this information, the auditor confirmed that it was posted around the facility in bright colored, large print placards and the information was discussed during PREA education and was included in the Inmate Handbook and brochures, including that phone calls would be monitored, but written correspondence would be confidential. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.53 (c): The PAQ indicated that the agency or facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. The PAQ also indicated that the facility maintains copies of the agreement. A review of documentation confirms that the facility has a purchase order with MCASA for services. The purchase order provided was for October 2020-September 2021. The purchase order is renewed annually.

Based on a review of the PAQ, the Purchase Order with Maryland Coalition Against Sexual Assault (MCASA), the Maryland Coalition Against Sexual Assault (MCASA) Brochure, the Intake & Reception Sheet, PREA Posters and interviews with random inmates this standard appears to be compliant.

#### Recommendation

The auditor highly recommends that the facility provide inmates information on how they can access a free and confidential call (by contacting a staff member who will allow them to call on an outside line).

## **115.54 Third-party reporting**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Audit Manual (PREA Manual)

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PREA Manual, page 32 states that the Department shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency website confirmed that third parties can report by calling the Internal Investigative Division Complaint Number or by calling or emailing the PREA Coordinator.

Based on a review of the PAQ, the PREA Manual and the agency's website this standard appears to be compliant.

## 115.61 Staff and agency reporting duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. IIU.110.0011 – Investigating Sex Related Offenses
3. OPS.050.0001 – Sexual Misconduct – Prohibited
4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
5. OPS.020.0003 – Reporting Serious Incidents
6. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. OPS.050.0001, page 9 and OPS.200.0005, page 8 state that an employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct or inmate on inmate 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 misconduct. Page 9 and page 8 (OPS.200.0005) further state that an employee receiving a complaint of alleged sexual misconduct or inmate on inmate sexual conduct, shall immediately notify a supervisor, manager, shift commander or head of the unit of complaint. IIU.110.0011, page 5 states that 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 of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. OPS.020.0003, page 2 states that an employee involved in or with knowledge of a serious incident shall immediately, or when safe to do so, report the incident to the on-duty senior shift supervisor. Page 2 further states that before the end of the shift on which the incident occurred, the senior shift supervisor shall submit a preliminary serious incident report. Interviews with thirteen random staff confirm that policy requires that they are report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report the incident to their supervisor.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. OPS.050.0001, page 9 and OPS.200.0005, page 8 state that an employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct or inmate on inmate 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 misconduct. Page 9 and page 8 (OPS.200.0005) further state that information concerning a complaint of alleged sexual misconduct or inmate on inmate sexual conduct 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 or inmate on inmate sexual conduct and immediate and continued care of the victim. IIU.110.0011, page 5 states that 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 of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. OPS.020.0003, page 2 states that an employee involved in or with knowledge of a serious incident shall immediately, or when safe to do so, report the incident to the on-duty senior shift supervisor. Interviews with thirteen random staff confirm that policy requires that they are report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would immediately report the incident to their supervisor.

115.61 (c): OPS.050.0001, page 9 and OPS.200.0005, page 8 state that an employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct or inmate on inmate 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 misconduct. Page 9 and page 8 (OPS.200.0005) further states that an employee receiving a complaint of alleged sexual misconduct or inmate on inmate sexual conduct, shall immediately notify a supervisor, manager, shift commander or head of the unit of complaint. IIU.110.0011, page 5 states that 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 of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. OPS.020.0003, page 2 states that an employee involved in or with knowledge of a serious incident shall immediately, or when safe to do so, report the incident to the on-duty senior shift supervisor. Page 2 further states that before the end of the shift on which the incident occurred, the senior shift supervisor shall submit a preliminary serious incident report. Interviews with medical and mental health care staff confirm that at the initiation of services to an inmate they disclose limitations of confidentiality and their duty to report. The staff confirmed that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. Both staff indicated that they had been made aware of this type of information and reported it to security immediately.

115.61 (d): The interview with the PREA Coordinator indicated that the state has mandatory reporting laws for those under eighteen. The stated they have to report to the Department of Social Services. The PC further stated that the agency's Police Officers are mandatory reporters and that IID would do the investigation and report to the appropriate agency as a mandatory reporter. The Warden stated that all allegations are investigated by IID, however MRDCC does not house anyone under the age of eighteen.

115.61 (e): 04.01.301, page 8 states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Page 10 (Paragraph II.G.6) states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift. The interview with the Warden confirmed that all allegations of sexual abuse and sexual harassment are reported to IID for investigations. A review of documentation confirmed that all allegations were reported to IID.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, IIU.110.0011, OPS.020.0003, investigative reports and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicates that this standard appears to be compliant.

## 115.62 Agency protection duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Audit Manual (PREA Manual)
3. IIU.110.0011 – Investigating Sex Related Offenses
4. PREA Card

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PREA Manual, page 33 states that when the Department learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. IIU.110.0011, page 6 states the IIU duty officer shall take immediate action to stop the misconduct; protect the victim from further harm, make sure appropriate medical attention is provided and notify the managing official or unit head. The PREA Card states that inmates determined to be at risk of imminent sexual abuse must be immediately protected. Potential victims must be separated from their abusers. The PAQ stated there were zero determinations made in the past twelve months that an inmate was at substantial risk of imminent sexual abuse. The interview with the Agency Head Designee indicated that if an inmate is determined to be at imminent risk of sexual abuse they would separate the potential abuser from the victim. He stated this could be done through a housing change or transfer of one of the individuals to another facility. He stated they also have the ability to utilize protective custody. The Agency Head Designee stated that everything is done to protect the victim without impeding his/her privileges. The interview with the Warden indicated that the facility would ensure that the victim is separated from the potential abuser. He stated supervisory staff would also ensure that all information is gathered and forwarded to IID for proper investigation. Interviews with thirteen random staff confirm that they would separate the inmate from the situation and report to their supervisor. A few staff stated they would take the inmate directly to the supervisor and a few also stated they would try to get the inmate moved from the unit where the risk was posed.

Based on a review of the PAQ, the PREA Manual, IIU.110.0011, the PREA Card and information from interviews with the Agency Head Designee, Warden and random staff indicates that this standard appears to be compliant.

## 115.63 Reporting to other confinement facilities

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. Notice of Incident Form
5. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. OPS.050.0001, page 9 and OPS.200.0005, page 8 state that if a complaint of alleged sexual misconduct or inmate on inmate sexual conduct 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 or inmate on inmate sexual conduct 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 the managing official of the facility where the incident occurred (if occurred in another Department facility); notify the facility head or agency head responsible for the facility where the incident occurred and notify IID, regardless of jurisdiction for the facility where the incident occurred. The PAQ stated that there were zero allegations received that an inmate was abused while confined at another facility. The facility utilizes the Notice of Incident form which includes the facility information, victim inmate information, notification date, offense date, date reported, a description of the incident and the notification method (telephone, email, fax or mail). A review of documentation confirmed there were zero inmates who reported sexual abuse that occurred at another facility.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. OPS.050.0001, page 9 and OPS.200.0005, page 8 state that if a complaint of alleged sexual misconduct or inmate on inmate sexual conduct 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 or inmate on inmate sexual conduct 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 the managing official of the facility where the incident occurred (if occurred in another Department facility); notify the facility head or agency head responsible for the facility where the incident occurred and notify IID, regardless of jurisdiction for the facility where the incident occurred.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. OPS.050.0001, page 9 and OPS.200.0005, page 8 state that if a complaint of alleged sexual misconduct or inmate on inmate sexual conduct 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 or inmate on inmate sexual conduct 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 the managing official of the facility where the incident occurred (if occurred in another Department facility); notify the facility head or agency head responsible for the facility where the incident occurred and notify IID, regardless of jurisdiction for the facility where the incident occurred and record the notifications made in accordance with this directive.

115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. OPS.050.0001, page 9 and OPS.200.0005, page 8 state an IID representative under 05E(6) of this directive and the facility where the alleged sexual misconduct or inmate on inmate sexual conduct occurred is a Department facility, shall follow up with the managing official responsible for the Department



facility where the alleged sexual misconduct or inmate on inmate sexual conduct occurred to ensure that the complaint is addressed according to requirements established under this directive. The PAQ stated there were zero allegations reported to them from another facility in the previous twelve months. The Agency Head Designee stated that the designated point of contact would be the Warden at the facility where the incident occurred. He stated once it was reported they would assign someone to investigate and it would go through the process described in 115.22. The Agency Head Designee further stated that there have been a few instances of these reported, but that they are few and far between. The interview with the Warden indicated that if applicable, the victim would be separated from the abuser, medical would be provided, evidence would be collected and the information would be reported to IID for investigations. The Warden stated that he was unaware of any of these examples during the audit period. A review of documentation confirmed that all five allegations were reported at MRDCC, either verbally, in writing or anonymously.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005 investigative reports and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

## 115.64 Staff first responder duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. IIU.110.0011 – Investigating Sex Related Offenses
5. Investigative Reports/Incident Reports
6. PREA Card

Interviews:

1. Interview with First Responders
2. Interview with Random Staff

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report, separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. OPS.050.0001, page 7 and OPS.200.0005, page 6 state that the first correctional officer responding to an incident of sexual misconduct or inmate on inmate sexual conduct shall: ensure the safety of the victim by immediately stopping an incident in progress and if necessary, arranging for separation of the victim from the abuser; immediately, if applicable, arrange for medical attention; preserve the scene of the incident; ensure the victim is advised not to do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating; and ensure the abuser does not do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. IIU.110.0011, page 6 states the IIU duty officer shall take immediate action to stop the misconduct; protect the victim from further harm, make sure appropriate medical attention is provided and notify the managing official or unit head. It further states that if the proximity of the occurrence to the reporting supports ensure that the perpetrator is detained; witnesses are identified; the scene is protected to preserve evidence and the victim is advised against actions that would destroy evidence that may be present on the victim's body or clothing. The PAQ stated there were two allegations of sexual abuse in the previous twelve months. Neither of the allegations involved any first responder duties, including separating, preserving a scene and preserving evidence. The PREA Card is provided to each staff member as a reference. The PREA Card is provided to each staff member as a reference. The PREA Card outlines first responder duties, including; separate the alleged victim and abuser, preserve and protect any crime scene, request that the victim not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, etc. and ensure that the alleged abuser does not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, etc. A review of investigative reports/incident reports for the five reported allegations indicated zero involved the immediate separation of the victim and alleged abuser. None of the allegations involved the preservation of the crime scene and none were reported within a time period that still allowed for the collection of physical evidence. Additionally, none of the allegations involved advising the victim not to take any action to destroy any evidence, such as showering, using the restroom, changing clothes, etc. The interview with the security staff first responders indicated that if a PREA situation takes place she would isolate the area, separate the offender and the perpetrator, make sure neither inmate engages in any actions to destroy evidence, report the incident to the supervisor and take the inmate victim to medical. The non-security first responder indicated that she would make sure the inmate victim was safe and then report the information to security. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were

conducted.

115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. OPS.050.0001, page 8 and OPS.200.0005, page 7 state that if the first employee responding to an incident of sexual misconduct or inmate on inmate sexual conduct is not a correctional officer, that employee shall immediately request that a correctional officer respond to the scene and perform duties identified under 05D(2)(a) and (b) of this directive for which the employee is officially qualified or authorized to perform. 05D(2)(a) and (b) are spelled out in provision (a) and are the required first responder duties. The PAQ stated there were zero allegations of sexual abuse that involved a non-security staff first responder. The PREA Card is provided to each staff member as a reference. The PREA Card includes tips and first responder duties. The PREA Card outlines first responder duties, including; request that the victim not take actions that could destroy physical evidence and notify security staff. A review of investigative reports/incident reports indicated that none of the five allegations were initially reported to a non-security staff member. The interview with the security staff first responders indicated that if a PREA situation takes place she would isolate the area, separate the offender and the perpetrator, make sure neither inmate engages in any actions to destroy evidence, report the incident to the supervisor and take the inmate victim to medical. The non-security first responder indicated that she would make sure the inmate victim was safe and then report the information to security. The interviews with thirteen random confirmed that staff were informed of first responder duties. They indicated they would remove the inmate from the area, report the incident to the supervisor, escort the inmate to medical and secure the location where it occurred. A few staff stated they would instruct the inmate(s) not to take action to destroy evidence.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, IIU.110.0011, investigative reports/incident reports, the PREA Card and interviews with random staff and first responders, this standard appears to be compliant.

## 115.65 Coordinated response

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. MRDCC.050.0030.1 – Sexual Misconduct - Prohibited

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. OPS.050.0001, page 7 and OPS.200.0005, page 6 state that a supervisor, manager, or shift commander shall ensure the safety of a victim of sexual misconduct or inmate on inmate sexual conduct, through a coordinated response to a complaint of sexual misconduct or inmate on inmate sexual conduct ensuring that continued personal protection is provided; medical and mental health care follow-up is conducted and non-medical or mental health related counseling and support services are offered. MRDCC.050.0030.1 is a facility specific directive related to responsibilities. The policy addresses duties and responsibilities for facility leadership, investigators, medical, the PCM and first responders. The interview with the Warden confirmed that the facility has a plan that coordinates actions among staff first responders, medical and mental health care practitioners, investigators and facility leadership. He stated that the plan directs staff to separate the victim from the abuser, send the victim to hospital for a forensic medical examination, notify IID to conduct the investigation, provide mental health for the victim and provide other accommodations to help the victim get through the situation.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, MRDCC.050.0030.1 and information from the interview with the Warden, this standard appears to be compliant.

## **115.66 Preservation of ability to protect inmates from contact with abusers**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Memorandum of Agreement (MOU) for Bargaining Unit H

Interviews:

1. Interview with the Agency Head Designee

Findings (By Provision):

115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. A review of the MOU for Bargaining Unit H, pages 46-47 indicate that the employer has the right to terminate the employee's employment. The interview with the Agency Head Designee confirmed that the agency has entered into or renewed collective bargaining agreements and that those agreements allow the Department to remove alleged staff 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.

115.66 (b): The auditor is not required to audit this provision.

Based on a review of the PAQ, MOU for Bargaining Unit H and the interview with the Agency Head Designee, this standard appears to be compliant.

## 115.67 Agency protection against retaliation

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. IIU.110.0011 – Investigating Sex Related Offenses
5. Retaliation Monitoring Form
6. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has 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. IIU.110.0011, pages 9-10 state that when conducting an investigation of an incident involving a sex related offense an investigator shall determine if an individual has been the target of retaliation and if so investigate the circumstances of the retaliation. OPS.050.0001, page 5 states that an employee may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint or participates in the investigation or resolution of an allegation of sexual misconduct. OPS.200.0005, page 5 states an inmate may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint or participates in the investigation or resolution of an allegation of sexual conduct. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation. At MRDCC the monitoring staff is the investigative Captain.

115.67 (b): OPS.050.0001, page 6 and OPS.200.0005, page 5 state that the head of a unit or designee is responsible for ensuring that an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct/sexual conduct 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: applicable medical or mental health services or counseling; changes to inmate housing assignments or staff work assignments and continued monitoring as deemed necessary. A review of investigative reports and monitoring documents indicated that there have been no reported allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated that directives state that there is no retaliation. He stated that each facility is responsible for monitoring for retaliation for as long as it is needed. The Agency Head Designee indicated that if there is someone that poses a threat they will be transferred. He further stated that the law requires protection and that this can be done through a change in housing, removal of the staff member, transfer of the inmate or staff member and placing staff on a no contact assignment. The Warden stated that the facility has a staff member that is responsible for monitoring for retaliation and she is required to meet with the victim to ensure there is no retaliation. The Warden stated that protective measures would be taken to protect the victim from retaliation including separating the victim and abuser. He indicated that the facility may seek the transfer of the victim if needed. The interview with the staff member responsible for monitoring retaliation indicated that when an allegation is reported he follows up and makes sure that the individual is not retaliated against. The staff member stated that possible protective measures can include moving the staff member to another facility, removing the staff member from contact with the inmate, transferring the inmate to another facility or moving inmate housing assignments. He stated that he follows-up with the inmate periodically to make sure he/she isn't retaliated against or receiving unnecessary discipline. He stated the facility would also offer mental health services, if necessary. The monitoring staff stated that the periodic status checks are

completed immediately, two weeks after the reported allegation, 30 days after the allegation, 60 days after the allegation and 90 days after the allegation. There were zero inmates who reported sexual abuse and zero inmates in segregated housing for risk of victimization or for reporting sexual abuse and as such no interviews were conducted.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ stated that monitoring is completed for a minimum of 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. OPS.050.0001, page 6 states that the head of a unit or designee is responsible for ensuring that an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: applicable medical or mental health services or counseling; changes to inmate housing assignments or staff work assignments and continued monitoring as deemed necessary. The facility utilizes the Retaliation Monitoring form which has information related to the case number, individuals being monitored, the person conducting the monitoring and any preliminary protective measures taken. The form then has a table section for the date the monitoring occurred, the person conducting the monitoring, the check of housing changes, programming changes and disciplinary records as well as any negative interaction with staff or inmates. The PAQ noted there were zero incidents of retaliation that have occurred in the previous twelve months. The interview with the Warden indicated they have not encountered this situation but that if retaliation is suspected or reported they would take immediate action through an investigation and disciplinary action, if necessary. He stated that the department has zero tolerance and that if retaliation is suspected from an inmate, they would definitely transfer that inmate out of the facility. The interview with the staff member responsible for monitoring retaliation indicated that he monitors tickets (disciplinary infractions), changes in job assignments, changes in housing and incidents such as if the inmate has been involved in any physical altercations. The staff member indicated that he monitors for 90 days and that the max amount of time he would monitor could be up until the inmate is released or transferred to another facility. A review of investigative reports indicated there were three sexual abuse allegations reported, all of which were determined to be unfounded. One investigation was reported in September and did not have a completed investigation until December. As such, retaliation monitoring should have occurred during that timeframe. Documentation showed that monitoring was completed in October, November and December. The monitoring included a check of housing, work and programming changes as well as any negative interactions with staff. A second allegation was reported in September and the case was not closed unfounded until February. As such, retaliation monitoring was also required. A review of documentation confirmed that the inmate victim was monitored for retaliation for almost 90 days (the inmate transferred to another facility just prior to the 90 days). The staff conducted two in-person status checks and included a check of housing, work and programming changes.

115.67 (d): IIU.110.0011, pages 9-10 state that when conducting an investigation of an incident involving a sex related offense an investigator shall determine if an individual has been the target of retaliation and if so investigate the circumstances of the retaliation. OPS.050.0001, page 5 states that an employee may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint or participates in the investigation or resolution of an allegation of sexual misconduct. OPS.200.0005, page 5 states an inmate may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint or participates in the investigation or resolution of an allegation of sexual conduct. The staff member responsible for monitoring confirmed that he initiates contact with the inmate who reported abuse immediately, two weeks after the reported incident and then 30 days, 60 day and 90 days after the reported incident. A review of investigative reports indicated there were three sexual abuse allegations reported, all of which were determined to be unfounded. One investigation was reported in September and did not have a completed investigation until December. As such, retaliation monitoring should have occurred during that timeframe. Documentation showed that monitoring was completed in October, November and December. The monitoring included a check of housing, work and programming changes as well as any negative interactions with staff. The staff conducted in-person status checks during each instance of monitoring. A second allegation was reported in September and the case was not closed unfounded until February. As such, retaliation monitoring was also required. A review of documentation confirmed that the inmate victim was monitored for retaliation for almost 90 days (the inmate transferred to another facility just prior to the 90 days). The staff conducted two in-person status checks and included a check of housing, work and programming changes.

115.67 (e): IIU.110.0011, pages 9-10 state that when conducting an investigation of an incident involving a sex related offense an investigator shall determine if an individual has been the target of retaliation and if so investigate the circumstances of the retaliation. OPS.050.0001, page 5 states that an employee may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint or participates in the investigation or resolution of an allegation of sexual misconduct. OPS.200.0005, page 5 states an inmate may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint or participates in the investigation or resolution of an allegation of sexual conduct. The Agency Head Designee stated that if an individual who cooperates with an investigation expresses fear of retaliation they would offer the same type of measures as indicated in provision (b) and the claim would be call in and investigated. The Warden stated that the facility has a staff member that is responsible for monitoring for retaliation and she is required to meet with the victim to ensure there is no retaliation. The Warden stated that protective measures would be

taken to protect the victim from retaliation including separating the victim and abuser. He indicated that the facility may seek the transfer of the victim if needed. The Warden indicated they have not encountered this situation but that if retaliation is suspected or reported they would take immediate action through an investigation and disciplinary action, if necessary. He stated that the department has zero tolerance and that if retaliation is suspected from an inmate, they would definitely transfer that inmate out of the facility.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, IIU.110.0011, Retaliation Monitoring Forms, Investigative Documents and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, this standard appears to be compliant.



## 115.68 Post-allegation protective custody

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Audit Manual (PREA Manual)
3. Victim Housing Documentation

Interviews:

1. Interview with the Warden
2. Interview with the Staff who Supervise Inmates in Segregated Housing

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ noted there were zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. The PREA Manual, page 37 states that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirement of Standard 115.43. The interview with the Warden confirmed that agency policy prohibits placing inmates who allege sexual abuse in involuntary segregated housing unless an assessment has determined there are no available alternative means of separation from potential abusers. He further stated that they do not place inmates who allege sexual abuse in involuntary segregated housing. He indicated segregated housing would only be utilized as a last resort after it has been determined there are no alternative means of separation from potential abusers. The Warden stated that they generally do not place inmates in involuntary segregated housing, but if they had to, it would only be for the duration needed to find alternative housing. The Warden also indicated that the inmate would be reviewed by case management every 30 days while in segregated housing. The Warden confirmed they have not had any circumstances where segregated housing was utilized to protect an inmate who alleged to have suffered sexual abuse. The staff who supervise inmates in segregated housing confirmed that if an inmate victim was involuntarily segregated he/she would still have access to work, education, programs and other privileges to the extent possible. The staff member further confirmed that any restrictions to work, education, programs or privileges would be documented. He confirmed that inmate victims of sexual abuse would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged. The staff member stated typically the inmate would not be involuntarily segregated more than 30 days. The staff member confirmed that if involuntary segregated housing was extended, the inmate would be reviewed at least every 30 days for continued need of placement. There were zero inmates who were segregated due to high risk of victimization or a reported allegation of sexual abuse and as such no interviews were conducted. During the tour the auditor observed the segregated housing unit was identical to the general population housing units. As such, inmates had a dayroom area that could be utilized for programs, education and privileges. Additionally, each housing unit, including segregated housing, has its own small recreation area that has fresh outdoor air. A review of housing documentation for the three inmate victims of sexual abuse confirmed that none were involuntarily segregated. Two remained in general population and one was already in segregated housing at the time of the reported allegation and remained in the current housing status.

Based on a review of the PAQ, the PREA Manual, victim housing documents and interviews with the Warden and the staff who supervise inmates in segregated housing this standard appears to be not applicable and as such compliant.

## 115.71 Criminal and administrative agency investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. IIU.110.0011 – Investigating Sex Related Offenses
5. Investigative Reports
6. Investigator Training Records

Interviews:

1. Interview with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. OPS.050.0001, page 10 and OPS.200.0005, page 9 state that an IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct and inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards. IIU.110.0011, page 1 states that 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. There were five allegations of sexual abuse or sexual harassment reported at the facility over the previous twelve months. Four were closed during the on-site portion of the audit and the fifth was closed during the interim report period. A review of the closed investigation confirmed that two were completed within 30 days, one was completed within 60 days, one was completed within 90 days and one was completed over 90 days. The one allegation completed over 90 days involved an inmate that was released and the investigator tracked down the inmate victim for interview in the community. This process took over three months. All five were thorough and objective and included information related to the actions taken during the investigative process. The interview with the investigator indicated that if the incident happened right then they would respond to the hospital and if it occurred later, they would assign a case number and a detective would get to it right away. The investigator confirmed that third party and anonymous reports would be investigated in the same manner though the information may be limited.

115.71 (b): OPS.050.0001, page 11 and OPS.200.0005, page 10 state that to the extent possible, but in every case where the allegation of alleged sexual misconduct or inmate on inmate sexual conduct 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. Policy further states that at minimum the training will address: interviewing sexual abuse victims; using Miranda and Garrity warnings; sexual abuse evidence collection; and the criteria and evidence necessary to substantiate administrative action, and if appropriate, referral for criminal prosecution. IIU.110.0011, page 1 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. The agency utilizes their own training for this standard; PREA Specialized Training: Investigations. A review of the training curriculum confirms that it covers techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. Documentation was provided showing that 35 agency staff members

received the specialized training. The interview with the investigator indicated he received specialized training related to conducting sexual abuse investigations in a confinement setting. He stated that they go through a six month Police Academy and that they receive the specialized training there. He also stated they received annual PREA training during in-service. The investigator confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.

115.71 (c): IIU.110.001, page 7 states that when the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, the investigator will coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, SANE or a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. Page 7 further states that if possible, the investigator will preserve the scene of the incident and items that maybe used as evidence and collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings. A review of the five investigations confirmed that they all included statements and/or interviews of the alleged victim, perpetrator and witnesses, when applicable. None of the investigations involved video review, however one did involve the collection of other evidence (call logs and call recordings). The interview with the investigator indicated his first steps in the investigation would be to contact and interview the victim. He stated they would also ensure the physical evidence from the SAFE kit was collected. The investigator further stated after he spoke to the victim he would talk to witnesses, collect any evidence, talk to and Mirandize the suspect, collect any video evidence and audio recordings and any other evidence. He further stated that if there is enough evidence to prove that something happened they would obtain charges, get a search warrant and/or contact the State Attorney. He indicated he would then write his report. The investigator confirmed he would be responsible for collecting evidence including; SAFE kits, written and oral statements, bed linens, clothing, weapons, photos and any other evidence pertinent to the investigation.

115.71 (d): OPS.050.0001, page 12 and OPS.200.0005, page 11 state that upon completing an investigation of a complaint of alleged sexual misconduct, the investigator shall, if the incident involves criminal behavior, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incident occurred. The investigator stated that they do not conduct compelled interviews. If they have a suspect they would Mirandize them and conduct the interview.

115.71 (e): IIU.110.0011, page 8 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. Additionally, page 8 indicates that 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. OPS.050.0001, page 12 and OPS.200.0005, page 11 state that a victim of alleged sexual misconduct or inmate on inmate sexual conduct may not be compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct. The interview with the investigator confirmed that the agency does require inmate victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices. He further stated that credibility would be based on if the information matches up with the evidence. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.71 (f): IIU.110.0011, page 7 states that the investigator shall determine if employee action or lack of action contributed to the occurrence. Page 7 further states that the investigator shall document all aspects of the investigation in a comprehensive investigative report that: thoroughly describes physical, testimonial and documentary evidence; explains the reasoning behind credibility assessments; includes facts and finding and when appropriate, has related documents attached. A review of the five closed investigations confirmed that all were documented in a written report with information related to the initial allegation, a description of statements/interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, whether video was reviewed and investigatory facts and findings. The interview with investigative staff confirmed that all administrative investigations are documented in a written report and include everything that was done during the investigation including; statements (oral and written), video, photos, actions that were taken, a summary, facts and findings and a conclusion. The investigator stated he would determine if staff actions or failure to act contributed to the sexual abuse through a review of the information gathered during the investigation.

115.71 (g): IIU.110.0011, page 7 states that the investigator shall document all aspects of the investigation in a comprehensive investigative report that: thoroughly describes physical, testimonial and documentary evidence; explains the reasoning behind credibility assessments; includes facts and finding and when appropriate, has related documents attached. There were zero criminal investigations completed during the audit period. The interview with the investigator indicated that all criminal investigations are documented in a written report and include the same elements as an administrative report: statements (oral and written), video, photos, actions that were taken, a summary, facts and findings and a conclusion.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. The PAQ noted there were zero allegations referred for prosecution since the last PREA audit. A review of documentation confirmed that there have been no substantiated sexual abuse allegations over the audit period. The interview with the investigator indicated that an allegation would be referred for prosecution when evidence supports that a crime has

occurred.

115.71 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. OPS.050.0001, page 12 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. IIU.110.0011, page 8 states that the investigative report shall be maintained according to an established retention schedule, which requires that the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department, plus five years.

115.71 (j): OPS.050.0001, page 12 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. OPS.200.0005, page 11 states that the departure of an inmate alleged to have committed inmate on inmate sexual conduct or the victim of inmate on inmate sexual conduct from the Department is not a basis for terminating an investigation of alleged inmate on inmate sexual conduct. IIU.110.0011, page 8 states that an investigation under this directive may not be terminated based on a victim or suspect departure from Department employment or custody. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if the inmate departs the facility or agency's custody.

115.71 (k): The auditor is not required to audit this standard.

115.71 (l): The PREA Coordinator stated that IID conducts all investigations and they have never had another agency come in to investigate. The interview with the Warden indicated that IID investigates all incidents of sexual abuse and sexual harassment and upon conclusion of their investigation they report the findings to the institution. The PCM stated that updates are received from the investigative entity. The interview with the investigative staff indicated that the situation would be incredibly rare but if it did occur they would help them get reports and information.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, IIU.110.0011, Investigative Reports Investigator Training Records and information from interviews with the Warden, PREA Coordinator, PREA Compliance Manager and investigative staff indicate that this standard appears to be compliant.

#### Recommendation

The auditor highly recommends that the agency go over the timely requirement for investigations to reenforce the 30 day timeframe for sexual abuse and sexual harassment investigations.

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. IIU.110.0011 – Investigating Sex Related Offenses
3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. IIU.110.0011, page 10 states that upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigations resulted in the incident being determined to be: substantiated, unsubstantiated or unfounded. A review of the five closed investigative reports confirmed the findings were accurate based on the evidence and none were substantiated. The interview with the investigator indicated that the quality of evidence to substantiated an administrative investigative is a preponderance of evidence.

Based on a review of the PAQ, IIU.110.0011, investigative reports and information from the interview with the investigator, it is determined that this standard appears to be compliant.

## 115.73 Reporting to inmates

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. IIU.110.0011 – Investigating Sex Related Offenses
3. OPS.050.0001 – Sexual Misconduct – Prohibited
4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
5. Investigative Reports
6. Victim Notification Memorandum

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The PAQ further stated that there were four sexual abuse investigation completed in the previous twelve months and four victim notification. IIU.110.0011, page 10 states that upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigations resulted in the incident being determined to be: substantiated, unsubstantiated or unfounded. Policy further states that the investigator shall document verbal notification of this directive in the investigative report recording; the name of the victim notified; the date, time and location notified and how the victim was notified. OPS.050.0001, page 12 and OPS.200.0005, page 11 state that the head of the unit responsible for the victim inmate shall ensure the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated or unfounded. A review of the three sexual abuse investigations indicated that all three had a victim notification documented. Additionally, the two sexual harassment investigations also included victim notifications. The interviews with the Warden and the investigator confirmed that the facility notifies inmate who make an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigations. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.73 (b): The PAQ indicate that the agency is responsible for administrative and criminal investigations and as such this provision does not apply. IIU.110.0011, page 1 states that 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. A review of documentation confirmed that there were no outside investigations completed during the audit period.

115.73 (c): The PAQ indicated following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in the past 12 months. OPS.050.0001, page 12 states that 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 the inmate is notified of the following: the employee is no longer assigned to the inmate's housing unit; the employee is no longer assigned at the inmate's facility; the employee is criminally charged for an offense related to sexual abuse that occurred within the facility and the employee is

convicted on a charge related to sexual abuse that occurred within the facility. IIU.110.0011, pages 10-11 state that if the incident involved an employee committing a sex related offense on an inmate and the incident was substantiated or unsubstantiated the investigator shall work with the managing official, or designee to ensure the inmate is advised of the following conditions involving the employee: the employee is not assigned to the inmate's housing unit; the employee is no longer employed at the inmate's facility; if the employee was indicated on a charge with a sex related offense occurring at the facility and/or if the employee was convicted of a charge related to a sex offense occurring at the facility. A review of documentation confirmed there were zero allegations reported against a staff member and as such notifications under this provision were not necessary. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.73 (d): The PAQ indicated following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. OPS.200.0005, page 11 states that except when an allegation of inmate on inmate sexual conduct is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the victim is under the authority of the Department, ensure that the victim inmate is notified of the following: the accused inmate is in any way charged with a crime related to sexual abuse that occurred within the facility and the accused inmate is convicted on a charge related to the sexual abuse that occurred within the facility. IIU.110.0011, page 11 states that if the incident involved an inmate committing a sex related offense on another inmate, the investigator shall work with the managing official, or designee, to notify the victim inmate of the following conditions involving the perpetrator: that the perpetrator was indicted on a charge related to a sex related offense occurring at the facility and if the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. A review of investigative reports indicated all five were inmate-on-inmate, however none were substantiated and as such did not require notifications under this provision. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to inmates described under this standard are documented. OPS.050.0001, pages 12-13 and OPS.200.0005, page 12 state that a record of notification shall be maintained in the victim inmate's base file and include the case number; content of the notification; date of the notification; location where the notification was made; printed name and signature of the employee making the notification; and the inmates signature acknowledging notification. IIU.110.0011, page 10 states that upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigations resulted in the incident being determined to be: substantiated, unsubstantiated or unfounded. Policy further states that the investigator shall document verbal notification of this directive in the investigative report recording; the name of the victim notified; the date, time and location notified and how the victim was notified. The PAQ stated there were four notification made pursuant to this standard. A review of the three sexual abuse investigations indicated that all three had a victim notification documented. Additionally, the two sexual harassment investigations also included victim notifications.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, IIU.110.0011, OPS.050.0001, OPS.200.0005, investigative reports and information from interviews with the Warden, and investigator, this standard appears to be compliant.

**115.76      Disciplinary sanctions for staff**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**



Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. Investigative Reports

Findings (By Provision):

115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. OPS.050.0001, page 13 and OPS.200.0005, page 12 state 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. OPS.050.0001 further states that 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; criminal prosecution and notification of a relevant licensing authority.

115.76 (b): OPS.200.0005, page 12 state 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. OPS.050.0001 further states that 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; criminal prosecution and notification of a relevant licensing authority. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months. A review of investigative reports confirmed that there were zero substantiated sexual abuse and sexual harassment allegations against a staff member during the audit period.

115.76 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. OPS.050.0001, page 13 and OPS.200.0005, page 12 state 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. OPS.050.0001 further states that 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; criminal prosecution and notification of a relevant licensing authority. A review of investigative reports confirmed that there were zero substantiated sexual abuse and sexual harassment allegations against a staff member during the audit period.

115.76 (d): The PAQ indicated that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. OPS.200.0005, page 12 state 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. OPS.050.0001 further states that 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; criminal prosecution and notification of a relevant licensing authority. The PAQ indicated there were no staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse or sexual harassment allegations against a staff member during the audit period.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005 and investigative reports this standard appears to be compliant.

## 115.77 Corrective action for contractors and volunteers

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. Investigative Reports

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. OPS.050.0001, page 13 states that a contractor determined to have committed sexual misconduct is considered in violation of terms or conditions of a contract or other agreement; is subject to sanctions according to provision of the contract or agreement; is subject to criminal prosecution and notification of a relevant licensing authority. OPS.200.0005, pages 12-13 state that a contractor who does not perform responsibilities established under this directive is considered in violation of terms or conditions of a contract or other agreement; is subject to sanctions according to provisions of the contract or agreement and is subject to criminal prosecution. The PAQ indicated that there have been zero contractors or volunteers who violated the sexual abuse or sexual harassment policies nor were there any who were reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were zero contractors or volunteers who violated the agency's sexual abuse or sexual harassment policies.

115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. OPS.050.0001, page 13 states that a contractor determined to have committed sexual misconduct is considered in violation of terms or conditions of a contract or other agreement; is subject to sanctions according to provision of the contract or agreement; is subject to criminal prosecution and notification of a relevant licensing authority. OPS.200.0005, pages 12-13 state that a contractor who does not perform responsibilities established under this directive is considered in violation of terms or conditions of a contract or other agreement; is subject to sanctions according to provisions of the contract or agreement and is subject to criminal prosecution. The interview with the Warden indicated that MRDCC does not utilize volunteers, however any violation of the sexual abuse and sexual harassment policies by contractors would be handled the same as employees. He stated that contractors are held to the same standard as regular employees and are subject to the same disciplinary procedures. The Warden stated any violation of the sexual abuse or sexual harassment policies would result in the termination of the contractor.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

## 115.78 Disciplinary sanctions for inmates

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
3. OPS.050.0001 – Sexual Misconduct – Prohibited
4. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ indicated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. OPS.200.0005, page 12 states that an inmate determined to have committed sexual conduct is subject to a penalty established under the inmate disciplinary process and criminal prosecution, if applicable. The PAQ stated that in the past twelve months there were two administrative finding of inmate-on-inmate sexual abuse and zero criminal findings of inmate-on-inmate sexual abuse. Further discussion with the PCM indicated there were zero administrative and zero criminal finding of guilt for inmate-on-inmate sexual abuse allegations. The PCM stated that they read this question to mean the number of reported administrative inmate-on-inmate sexual abuse allegations. A review of investigative reports confirmed there have been zero substantiated inmate-on-inmate sexual abuse or sexual harassment allegations during the audit period.

115.78 (b): OPS.200.0005, page 12 states that an inmate determined to have committed sexual conduct is subject to a penalty established under the inmate disciplinary process and criminal prosecution, if applicable. The Warden confirmed that if an inmate is determined to have committed sexual abuse they could face additional criminal charges through IID and the State Attorney. The Warden confirmed that sanctions would be 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.

115.78 (c): OPS.200.0005, page 12 states that an inmate determined to have committed sexual conduct is subject to a penalty established under the inmate disciplinary process and criminal prosecution, if applicable. The interview with the Warden confirmed that the disciplinary process considers whether the inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d): The PAQ indicated the facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. It further stated that it does not considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. OPS.200.0005, page 12 states that if therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual conduct is available, an inmate may be required to participate in available therapy, counseling or other intervention services as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the inmate disciplinary process. Interviews with medical and mental health staff indicated that they offer therapy, counseling and other interventions designed to correct and address underlying reasons or motivations for sexual abuse and they offer these services to inmate perpetrators. The staff stated that it is against policy to force inmates to participate in services and that everything would have to be voluntary.

115.78 (e): The PAQ indicated that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. OPS.050.0001, page 13 states that an inmate involved in sexual misconduct with a Department staff member may not be found guilty of a charge of committing a sexual act under the inmate disciplinary process if the involved staff member consented to the sexual act or sexual conduct in which the inmate participated. OPS.200.0005, page 12 states an inmate may be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct.

115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. OPS.050.0001, page 13 and OPS.200.0005, page 13 state that a complaint of alleged sexual misconduct or inmate on inmate sexual conduct made in good faith upon a reasonable belief that the alleged sexual misconduct 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 sexual misconduct.

115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between inmates. It further indicated that if the agency prohibits all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. OPS.200.0005, page 4 states that an inmate may not commit, participate in, support or otherwise condone sexual conduct.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

## **115.81 Medical and mental health screenings; history of sexual abuse**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. OPS.200.0006 – Assessment for Risk of Sexual Victimization and Abusiveness
3. OPS.050.0001 – Sexual Misconduct – Prohibited
4. Medical Records Manual Appendix G & H
5. Standard Operating Procedural Manual for Mental Health
6. Screening for Potential Sexual Victimization or Sexual Abuse
7. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff
3. Interviews with Inmates who Disclosed Prior Sexual Victimization During the Risk Screening

Site Review Observations:

1. Observations of Risk Screening Area
2. Observation of Inmate Medical and Classification Files

Findings (By Provision):

115.81 (a): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. Further communication with the PCM indicated that the facility is considered a jail because the facility is housing inmate that are awaiting trial and it is not a maintaining facility. As such, this provision does not apply. OPS.200.0006, page 5 states that the PC is responsible for ensuring 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 a medical or mental health practitioner within fourteen days of the initial screening. A review of the PREA Intake Screening confirmed that if inmates answer yes to question seven (were you ever sexually assaulted or abused as a child or adult) or questions twelve (have you ever been sexually assaulted while incarcerated) staff are instructed to offer a mental health referral.

115.81 (b): The PAQ indicated that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. Further communication with the PCM indicated that the facility is considered a jail because the facility is housing inmate that are awaiting trial and it is not a maintaining facility. As such, this provision does not apply. A review of the PREA Intake Screening confirmed that if an inmate answers yes to question seventeen (do you have a criminal history of sex offenses with adults) or eighteen (have you ever sexually assaulted another inmate while incarcerated) staff are instructed to offer a mental health referral.

115.81 (c): The PAQ indicated that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary

materials (e.g., form, log) documenting compliance with the above required services. OPS.200.0006, page 5 states that the PC is responsible for ensuring 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 a medical or mental health practitioner within fourteen days of the initial screening. A review of the PREA Intake Screening confirmed that if inmates answer yes to question seven (were you ever sexually assaulted or abused as a child or adult) or questions twelve (have you ever been sexually assaulted while incarcerated) staff are instructed to offer a mental health referral. The PAQ noted that 2% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. Further communication with the PCM indicated that 100% of those that reported prior victimization during the risk screening were offered a follow-up with mental health. A review of documentation for six inmates who disclosed prior sexual victimization during the risk screening indicated that all six were offered a follow-up with mental health care staff. Five of the six were offered the follow-up within fourteen days (most offered the same day of the risk assessment). Three of the inmates accepted mental health services and were offered services less than a week after the risk screening. Three of the eight inmates declined the follow-up services. The interviews with the staff responsible for the risk screening confirmed that inmates are offered a follow-up with mental health. The initial risk screening staff stated that the form where the inmate accepts or declines mental health services is provided to mental health the following day. The case management staff member stated that inmates are offered a follow-up within 30 days. Interviews with inmates who disclosed prior victimization during the risk screening indicated all three were offered a follow-up with mental health. All three stated they saw mental health within a week or two after the disclosure.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, however it stated that the information is only shared with other staff to assist with informing security and management decisions. OPS.200.0006, page 6 states that the PCM is responsible for ensuring confidentiality of screening information is maintained and that facility staff responsible for making decisions consider information discovered as part of the screening. During the tour the auditor observed that inmate medical files and classification files were electronic and paper. All paper files are maintained behind a locked door. Additionally, the auditor observed that the risk screening is conducted in a private office setting and medical and mental health areas provide privacy through sliding metal doors.

15.81 (e): The PAQ indicated that 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 eighteen. Interviews with medical and mental health staff confirm that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. The staff indicated that all inmates under the age of eighteen are housed at the Youth Detention Center and as such they do not deal with inmates under eighteen.

Based on a review of the PAQ, OPS.200.0006, OPS.050.0001, Medical Records Manual Appendix G & H, Standard Operating Procedural Manual for Mental Health, Screening for Potential Sexual Victimization or Sexual Abuse, mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening indicates this standard appears to be compliant.

## 115.82 Access to emergency medical and mental health services

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. COMAR 10.12.02.03 – Alleged Rape or Sexual Offense Victim Care
5. Medical Evaluation Manual
6. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. OPS.050.0001, page 6 and OPS.200.0005, page 5 state that the head of a unit, or a designee is responsible for ensuring that appropriate medical and mental health services and support service are made available to a victim of sexual misconduct/sexual conduct. The Medical Evaluations Manual, Chapter 13, page 1 states that 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. Policy further states that notifications to mental health psychology staff, social workers and the PC will be done irrespective. Page 5 further states that a mental health professional shall conduct a mental health evaluation within 24 hours of the initial report of the incident. During the tour, the auditor noted that the health services area was an old housing unit that was converted into a medical and dental space. Exam rooms were old cells and had sliding metal doors. There were benches throughout the medical area to serve as waiting space as there was not a formal reception area. The facility does not have an infirmary and there are zero observation cells or suicide observation cells in health services. A review of the three reported sexual abuse allegations confirmed that none of the victims were transported to the local hospital. One inmate received medical services immediately after the reported allegation and one inmate advised he did not report the information (initially reported anonymously via the hotline) and did not require medical services as the allegation was untrue. The third inmate received medical services immediately after the alleged incident (which involved a physical altercation and was not yet reported as a PREA). Based on the nature of the allegation, further medical evaluation was not necessary (did not involve penetration or any other contact that would require additional medical services not rendered at the time of the initial allegation. Interviews with medical and mental health care staff confirmed that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention service. The staff stated that services would be offered as soon as they are informed of the abuse or the inmate is brought to health services. The staff stated services are based on their professional judgement as well policy and procedure. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.82 (b): The Medical Evaluation Manual, Chapter 13, page 3 states that if an alleged assault precipitates a determination

that the event necessitates an offsite forensic examination or there are medical indications or concerns that an examination should be performed, where possible, inmates will be taken to an offsite medical facility that has a SAFE or SANE to conduct the forensic examination related to the sexual assault allegation. Policy further states that no forensic activity will be performed by DPSCS medical contractors. The interview with the security staff first responders indicated that if a PREA situation takes place she would isolate the area, separate the offender and the perpetrator, make sure neither inmate engages in any actions to destroy evidence, report the incident to the supervisor and take the inmate victim to medical. The non-security first responder indicated that she would make sure the inmate victim was safe and then report the information to security.

115.82 (c): The PAQ indicated that inmate victims of sexual abuse while incarcerated are 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. The Medical Evaluation Manual, Chapter 13, page 4 states that all follow-up testing related to sexually transmitted infections, pregnancy, HBV and RPR shall be reviewed with the inmate within five business days, including additional testing or required treatment. All of the PREA related post assault follow-up clinical activities for medical, and mental health case must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy. Page 6 further states that 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. Additionally, COMAR 10.12.02.03, states that prophylactic medication shall be discussed and offered to the victim and recommended initial tests and follow-up tests shall be performed. The victim shall be referred to the appropriate anonymous or confidential and free HIV counseling and test sites for potential baseline and follow-up testing and support services. A review of documentation indicated none of the sexual abuse allegations involved touching or penetration that would require emergency contraception and sexually transmitted infection prophylaxis. Interviews with medical and mental health care staff confirm that inmates receive timely information and access to emergency contraception and sexually transmitted infection prophylaxis. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Medical Evaluation Manual, Chapter 13, page 6 states that all treatment services shall be provided to both parties without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, COMAR 10.12.02.03, Medical Evaluation Manual and information from interviews with medical and mental health care staff and first responders indicates that this standard appears to be compliant.



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

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. COMAR 10.12.02.03 – Alleged Rape or Sexual Offense Victim Care
5. Medical Evaluation Manual
6. Office of Clinical Services/Inmate Health Administrative Manual
7. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ indicated the facility offers 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. OPS.050.0001, page 6 and OPS.200.0005, page 5 states that the head of a unit, or a designee is responsible for ensuring that appropriate medical and mental health services and support service are made available to a victim of sexual misconduct/sexual conduct. The Medical Evaluations Manual, Chapter 13, page 1 state that 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. Policy further states that notifications to mental health psychology staff, social workers and the PC will be done irrespective. Page 5 further states that a mental health professional shall conduct a mental health evaluation within 24 hours of the initial report of the incident. Additionally, OPS.200.0006, page 5 states that the PC is responsible for ensuring 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 a medical or mental health practitioner within fourteen days of the initial screening. A review of the PREA Intake Screening confirmed that if inmates answer yes to question seven (were you ever sexually assaulted or abused as a child or adult) or questions twelve (have you ever been sexually assaulted while incarcerated) staff are instructed to offer a mental health referral. During the tour, the auditor noted that the health services area was an old housing unit that was converted into a medical and dental space. Exam rooms were old cells and had sliding metal doors. There were benches throughout the medical area to serve as waiting space as there was not a formal reception area. The facility does not have an infirmary and there are zero observation cells or suicide observation cells in health services.

115.83 (b): The Medical Evaluation Manual, Chapter 13, page 4 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. It further states that all follow-up testing related to sexually transmitted infections, pregnancy, HBV and RPR shall be reviewed with the inmate within five business days, including additional testing or required treatment. All of the PREA related post assault follow-up clinical activities for medical, and mental health case must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy. Page 6 further states that 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. Page 5 states that a mental health professional will see the patient within 24 hours of his or her return from any treatment needs and if the inmate did not go offsite, a mental health professional shall conduct a mental health evaluation within 24 hours of initial report of the incident and document disposition and follow-up needs. The Office of Clinical Services/Inmate Health Administrative Manual, Chapter 9, Continuity of Care, page 1 states that inmates leaving the Department of Public

Safety and Corrections facilities will be provided with information and access to systems that will enable them to continue care for diagnosed disease processes that was received while the inmate was incarcerated. Additionally, COMAR 10.12.02.03, states that prophylactic medication shall be discussed and offered to the victim and recommended initial tests and follow-up tests shall be performed. The victim shall be referred to the appropriate anonymous or confidential and free HIV counseling and test sites for potential baseline and follow-up testing and support services. A review of the three reported sexual abuse allegations confirmed that none of the victims were transported to the local hospital. One inmate received medical services immediately after the reported allegation and one inmate advised he did not report the information (initially reported anonymously via the hotline) and did not require medical services as the allegation was untrue. The third inmate received medical services immediately after the alleged incident (which involved a physical altercation and was not yet reported as a PREA). Based on the nature of the allegation, further medical evaluation was not necessary (did not involve penetration or any other contact that would require additional medical services not rendered at the time of the initial allegation). A review of documentation for eight inmates who disclosed prior sexual victimization during the risk screening indicated that all eight were offered a follow-up with mental health care staff. Seven of the eight were offered the follow-up within fourteen days (most offered the same day of the risk assessment). Five of the inmates accepted mental health services and were offered services less than a week after the risk screening. Three of the eight inmates declined the follow-up services. Interviews with medical and mental health care staff confirm that they provide on-going and follow-up services to inmate victims of sexual abuse. A few of the services include; transportation to the hospital for a forensic medical examination and other services, treatment plans, follow-up services, long term care plans and referral services. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.83 (c): The facility provides access to medical and mental health staff on-site and also transports inmates to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensures and credentials. A review of the three reported sexual abuse allegations confirmed that none of the victims were transported to the local hospital. One inmate received medical services immediately after the reported allegation and one inmate advised he did not report the information (initially reported anonymously via the hotline) and did not require medical services as the allegation was untrue. The third inmate received medical services immediately after the alleged incident (which involved a physical altercation and was not yet reported as a PREA). Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. The Medical Evaluation Manual, Chapter 13, page 4 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. It further states that all follow-up testing related to sexually transmitted infections, pregnancy, HBV and RPR shall be reviewed with the inmate within five business days, including additional testing or required treatment. All of the PREA related post assault follow-up clinical activities for medical, and mental health case must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of documentation confirmed there were zero allegations reported by female inmates and as such pregnancy tests were not required.

115.83 (e): The PAQ indicated if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. The Medical Evaluation Manual, Chapter 13, page 5 states that if pregnancy results from the sexual abuse the detainee or inmate shall receive timely and comprehensive information and access to all pregnancy related medical services including abortion, as outlined in the DPSCS Clinical Services Pregnancy Management Manual. Interviews with medical and mental health care staff confirmed that female victims of sexual abuse vaginal penetration would be offered pregnancy tests and access to all pregnancy related information and services. The staff indicated that female victims of vaginal penetration would be offered information and access to all pregnancy related services as soon as the facility learns of the pregnancy. A review of documentation confirmed there were zero allegations reported by female inmates and as such pregnancy related medical services were not required.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The Medical Evaluation Manual, Chapter 13, page 4 states that all follow-up testing related to sexually transmitted infections, pregnancy, HBV and RPR shall be reviewed with the inmate within five business days, including additional testing or required treatment. All of the PREA related post assault follow-up clinical activities for medical, and mental health case must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy. Page 6 further states that 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. Additionally, COMAR 10.12.02.03, states that prophylactic medication shall be discussed and offered to the victim and recommended initial tests and follow-up tests shall be performed. The victim shall be referred to the appropriate anonymous or confidential and free HIV counseling and test sites for potential baseline and follow-up testing and support services. A review of documentation indicated that zero of the sexual abuse allegations involved touching or penetration and as such prophylaxis was not required. There were zero inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Medical Evaluation Manual, Chapter 13, page 6 states that all treatment services shall be provided to both parties without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were no inmates who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted.

115.83 (h): The PAQ indicated that this provision was not applicable. Further communication with the PCM indicated that the facility is considered a jail because the facility is housing inmate that are awaiting trial and it is not a maintaining facility. The PCM further indicated that mental health is always available for follow-up on all referrals from custody and case management. The Mental Health Evaluation Manual, Chapter 13, page 6 states that the alleged abuser shall be offered a mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse.

Based on a review of the PAQ, OPS.050.0001, OPS.200.0005, COMAR 10.12.02.03, Screening for Potential Sexual Victimization or Sexual Abuse, Medical Evaluation Manual, Office of Clinical Services/Inmate Health Administrative Manual, Medical and Mental Health Documents, observations made during the tour and information from interviews with medical and mental health care staff, this standard appears to be compliant.

## 115.86 Sexual abuse incident reviews

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OSPS.020.0027 – PREA Investigations – Tracking and Review
3. Investigative Reports
4. Sexual Abuse Incident Review Form

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. OSPS.020.0027, page 5 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 shall review the incident. The PAQ stated there were zero sexual abuse investigations completed within the previous twelve months excluding unfounded incidents. A review of documentation indicated there were four closed investigation and one open investigation during the on-site portion of the audit. The fifth case was closed during the interim report period. A review of the closed investigations indicated all three sexual abuse investigations were deemed unfounded and a sexual abuse incident review was not required.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. OSPS.020.0027, page 5 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 shall review the incident. The PAQ stated there were zero sexual abuse incident review completed within 30 days of the conclusion of the investigation. The PAQ further stated that one sexual abuse investigation is still open and one was closed unfounded. A review of documentation indicated there were four closed investigation and one open investigation during the on-site portion of the audit. The fifth case was closed during the interim report period. A review of the closed investigations indicated all three sexual abuse investigations were deemed unfounded and a sexual abuse incident review was not required.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. OSPS.020.0027, pages 5-6 state that the facility incident review team shall: consist of upper-level facility management officials designated by the facility managing official after consultation with the PCM and have input from or access to line supervisors, investigators, and medical and mental health practitioners concerning the incident being reviewed. The interview with the Warden confirmed that the facility has a sexual abuse incident review team. He stated the team consists of upper level management, including himself, the AW and the Security Chief, as well as medical staff, mental health care staff, case management staff and custody supervisors.

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. OSPS.020.0027, page 6 states that the facility incident review team shall; consider if the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification/status, gang affiliation or other group dynamics; examine the location where the incident occurred to determine if physical plant issues contributed to the incident; and assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing in the areas. Policy further states that the facility incident review team shall prepare a report of findings for managing officials and the PCM, which includes, but is not

limited to: identifying problem areas; identifying necessary corrective action; and making recommendation for improvement. A review of the Sexual Abuse Incident Review form confirmed that all components were included on the form. Interviews with the Warden, PCM and incident review team member confirmed that the review team considers the required elements under this provision during each sexual abuse incident review. The Warden stated that information from the reviews would be utilized to implement changes to help make the facility a safer place for the inmates. The PCM stated that he has not completed any of these since he has been at the facility but he would be part of the review and trend identification would be very helpful.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. OSPS.020.0027, page 6 states that the managing official shall work with the PCM to implement the facility incident review team's recommendation for improvement from the review team or if recommendations are not implemented, document the reason for not adopting the recommendations. A review of the Sexual Abuse Incident Review form confirmed a section exists for recommended changes/improvements to policy or practice.

Based on a review of the PAQ, OSPS.020.0027, investigative reports, the sexual abuse incident review form and information from interviews with the Warden, PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

**Data collection**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. OSPS.020.0027 – PREA Investigations – Tracking and Review
3. IIU.110.0011 – Investigating Sex Related Offenses
4. Annual PREA Report
5. Survey of Sexual Victimization (SSV)

Findings (By Provision):

115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. OSPS.020.0027, page 1 states that 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, detention and responsiveness. Page 4 further states 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. A review of the Survey of Sexual Victimization confirmed that the agency collects data utilizing the definitions set forth in the SSV.

115.87 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. OSPS.020.0027, page 5 states that IID shall annually report PREA related data to the PC and that the PC shall aggregate the incident-based sexual abuse data annually. A review of the Annual PREA Report the SSV confirmed that the agency has aggregated data from 2013 to current.

115.87 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. OSPS.020.0027, page 4 states that the IID shall uniformly collect and maintain data for each reported allegation of sexual abuse at each correctional facility under the authority of the Department that, at minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice. IIU.110.0011, page 10 states that the investigator shall complete a Department Internal Investigative Unit "PREA" form and a United States Department of Justice "Survey of Sexual Victimization" form. A review of the Survey of Sexual Victimization confirmed that the agency collects data utilizing the definitions set forth in the SSV.

115.87 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. OSPS.020.0027, page 5 states that the PC shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigative files and sexual abuse incident reviews.

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates and that data from private facilities complies with SSV reporting regarding content. A review of the PREA Annual Report confirms that data is included from all agency facilities, including private facilities.

115.87 (f): The PAQ indicated that the agency provided the Department of Justice with data from the previous calendar year upon request. OSPS.020.0027, page 5 states that IID shall, by June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.

Based on a review of the PAQ, OSPS.020.0027, IIU.110.0011, the PREA Annual Report and the SSV this standard appears to be compliant.

## 115.88 Data review for corrective action

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. OSPS.020.0027 – PREA Investigations – Tracking and Review
3. Annual PREA Report

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. OSPS.020.0027, page 5 states that the PC shall 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; 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 and assesses the Departments progress in addressing sexual abuse. A review of the Annual PREA Report indicates that it includes information on audits completed, inmate reporting, problems and corrective action and data. The interview with the Agency Head Designee indicated that the agency collects data on a monthly basis during the reduction of violence meetings where staff review incidents that have occurred. He stated each facility team consists of a Shift Commander, medical, investigators, facility leadership, case management, the Officer in Charge and the environmental safety officer. He stated the team looks at each case to see where it occurred, how it occurred, what occurred and what measures can be taken to ensure it does not happen again. The interview with the PC indicated that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and that the information is published on the agency website. He stated he is a data and statistics guy and likes to do that stuff. He stated they track all of the cases and they look at every facility and the number of cases per 100 inmates. He indicated they look for anomalies in the data to determine if there are any issues. The PC stated they look for trends and patterns, including staff involved, inmates involved and locations to determine if there should be any specific action taken related to the statistics. He stated that data is contained in the IID database and that is maintained with the rest of the confidential data. The PC confirmed that the agency takes corrective action on an ongoing basis. He stated that they look at the data weekly to determine any patterns and if there is a problem they are able to address it that week. The PCM stated that accurate facility data is an integral part of confirming the effectiveness of the agency's policies, procedure and training.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. OSPS.020.0027, page 5 states that the PC shall 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; 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 and assesses the Departments progress in addressing sexual abuse. A review of the Annual PREA Report confirmed that it includes a data comparison of the current and previous year. It also includes information on prior corrective action and steps the agency plans to take in the future.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. OSPS.020.0027, page 5 states that the PC shall ensure the report is approved by the Secretary and made available to the public through the Department's public

website. The interview with the Agency Head Designee confirmed that all reports are reviewed and approved by the Secretary before being made publicly available. A review of the website confirmed that the current Annual PREA Report and prior Annual PREA Reports are available for review.

115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. OSPS.020.0027, page 5 states that the PC shall ensure the report is approved by the Secretary and made available to the public through the Department's public website and redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information as well as redacts any personal identifiers. A review of the PREA Annual Report confirmed that there was no personal identifying information included nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that they do not put any information in the report that requires redaction. He stated there is a second in-house report that has personally identifiable information but that is never publicly released.

Based on a review of the PAQ, OSPS.020.0027, Annual PREA Reports, the agency website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.



## **115.89 Data storage, publication, and destruction**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. OSPS.020.0027 – PREA Investigations – Tracking and Review
3. Annual PREA Report

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. OSPS.020.0027, page 5 states that the PC shall security maintain incident-based and aggregated data ensuring only authorized personnel have access to the information. The PC stated that the data is placed in the IID database and that it is maintained with the rest of the confidential data.

115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. A review of the website confirmed that the Annual PREA Reports, which include aggregated data, are available for review.

115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. OSPS.020.0027, page 5 states that the PC shall ensure the report is approved by the Secretary and made available to the public through the Department's public website and redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information as well as redacts any personal identifiers. A review of the Annual PREA Report confirmed that there was no personal identifying information included nor any security related information. The report did not contain any redacted information.

115.89 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. OSPS.020.0027, page 5 states that the PC shall maintain sexual abuse data for at least ten years from the date received. A review of prior Annual PREA Reports confirmed that data is available from 2013 to current.

Based on a review of the PAQ, OSPS.020.0027, Annual PREA Reports, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Findings (By Provision):

115.401 (a): The facility is part of the Maryland Department of Public Safety and Correctional Services. All facilities were audited in the previous three-year audit cycle and audit report are found on the agency's website.

115.401 (b): The facility is part of the Maryland Department of Public Safety and Correctional Services. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the third year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

## **115.403     Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Findings (By Provision):

115.403 (f): The facility was previously audited on December 3, 2018 through July 17, 2019 with a final report date of August 5, 2019. The final audit report is publicly available via the agency website.

## 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

**115.13 (a)****Supervision and monitoring**

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

**115.13 (b)****Supervision and monitoring**

In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
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**115.13 (c)****Supervision and monitoring**

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

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



<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	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>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
		Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
		Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	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

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	yes
<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.)	yes
<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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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
<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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (b)</b>	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
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</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 (b)</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
<b>115.41 (c)</b>	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 (d)</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 (e)</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

**115.41 (e)****Screening for risk of victimization and abusiveness**

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes

**115.41 (f)****Screening for risk of victimization and abusiveness**

Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
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<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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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

<b>115.43 (b)</b>	<b>Protective Custody</b>	
	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
<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
<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?	no
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	no
	Does that private entity or office allow the inmate to remain anonymous upon request?	no
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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

<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes



**115.67 (c)****Agency protection against retaliation**

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

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

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

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

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

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

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

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

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

**115.67 (d)****Agency protection against retaliation**

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

**115.67 (e)****Agency protection against retaliation**

If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? yes

**115.68 (a)****Post-allegation protective custody**

Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? yes

**115.71 (a)****Criminal and administrative agency investigations**

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) yes

Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) yes

<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?	yes
<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).	na
<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.)	na
<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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</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
<b>115.83 (c)</b>	<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
<b>115.83 (d)</b>	<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
<b>115.83 (e)</b>	<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
<b>115.83 (f)</b>	<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
<b>115.83 (g)</b>	<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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	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.)	yes
<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



<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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.)	no
	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.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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