PREA Facility Audit Report: Final

Name of Facility: Maryland Reception, Diagnostic Classification Center
Facility Type: Prison / Jail
Date Interim Report Submitted: 01/20/2019
Date Final Report Submitted: 08/05/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: David Radziewicz	**Date of Signature:** 08/05/2019

AUDITOR INFORMATION	
Auditor name:	Radziewicz, David
Address:	
Email:	daveradziewicz@yahoo.com
Telephone number:	
Start Date of On-Site Audit:	2018-12-03
End Date of On-Site Audit:	2019-07-17

FACILITY INFORMATION	
Facility name:	Maryland Reception, Diagnostic Classification Center
Facility physical address:	550 E. Madison Street, Baltimore, Maryland - 21202
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	
Email Address:	
Telephone Number:	

Warden/Jail Administrator/Sheriff/Director	
Name:	
Email Address:	
Telephone Number:	

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	Chris Smith
Email Address:	christophers.smith@maryland.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	
Current population of facility:	
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	
Facility security levels/inmate custody levels:	
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	

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

Agency Chief Executive Officer Information:	
Name:	Stephen T. Moyer
Email Address:	Stephen.Moyer@maryland.gov
Telephone Number:	410.339.5005

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

AUDIT FINDINGS

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

A Prison Rape Elimination Act audit of the Maryland Reception, Diagnostic and Classification Center (MRDCC), located at 550 East Madison Street, Baltimore, Maryland was conducted from December 3, 2018 to December 5, 2018, pursuant to a circular audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

I, David Radziewicz, was assisted during this audit by DOJ Certified Auditor Krista Callear and Linda Chismar, who serves as the PREA Compliance Manager at the State Correctional Institution at Coal Township in Pennsylvania. While Ms. Chismar is not a certified auditor, she has been on the receiving side of two audits and was intimately involved in the facility's success in both of those audits.
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The audit team wishes to extend its appreciation to Warden Carolyn Scruggs and her staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor during the site visit. The auditor would also like to recognize the Agency PREA Coordinator, David Wolinski and the facility PREA Compliance Manager Christopher Smith for their hard work and dedication to ensure the facility is compliant with all PREA standards.

Initial contact between the audit team and the facility occurred via email on October 10, 2018, requesting a date to coordinate an introductory telephone conference. The audit team planned to audit the MRDCC and Baltimore Booking and Intake Center (BBIC) during the same week, as the facilities are located within the same city block. This phone conference took place on October 25, 2018 and preliminary logistics were discussed.

The original intent was for pre and post audit activity to be conducted in the Online Audit System (OAS). However, the facility experienced challenges with use of the OAS and subsequently sent the auditor a copy of the facility's pre-audit questionnaire (PAQ) via email and pre-audit sample documentation enclosed on a flash drive. The agency PREA Coordinator had sent the audit team a copy of the agency's PREA Manual on October 15, 2018, upon which review of said materials commenced.

As stated, the auditor was provided pre-audit sample documentation via flash drive. This auditor notes that the pre-audit samples in support of some standards contained gaps where sample documentation was unavailable to support some provisions of standards and which were later answered through document requests onsite or post audit. Additionally, the auditor notes that upon further examination, there was missing information and inaccuracies on the PAQ that were resolved through the auditor's review of supporting documentation and additional document requests.

Auditors arrived onsite at approximately 0800 hours on December 3, 2018. An entrance meeting was held with key administrative staff beginning shortly after 0900 hours. While waiting for the introductory meeting to begin, the audit team began reviewing facility staff and inmate rosters and information contained within binders. The audit team began selecting inmates and staff for upcoming interviews. The audit team selected a minimum of one inmate from each of the facility's occupied housing units for random interview. The auditor notes that 5-B housing unit was not in operation at the time the onsite audit due to renovations to the showers. Additional selections from each housing unit followed, once specialized inmates were identified from the facility's lists. In total, 35 inmates (including random and specialized) were selected for interview using the PREA Resource Center's random inmate protocol for each and applicable specialized protocols when appropriate. A minimum of 5 random staff were selected from each shift for interview, using the random staff protocol. In total, 17 random security staff were selected for interview. The audit team interviewed an additional 17 staff who fulfilled specialized roles, with multiple individuals fulfilling multiple specialized roles.

The auditor notes that, due to the facility's mission as the agency's intake center, where inmates temporarily pass through for classification, many of the specialized/targeted populations were unavailable for interview or were unavailable to interview in the quantities specified by the auditor handbook because they either did not exist in the current population or had transferred out of the facility. Specifically, youthful inmates (which the facility no longer houses) and inmates who reported sexual abuse (transferred out of the facility) were not available for interview. Inmates with disabilities were utilized to fill in targeted inmate quotients. On the specialized staff side of the equation, line staff who supervise youthful inmates, education and program staff who work with youthful inmates and non-medical staff involved in cross-gender strip searches were unavailable.

During the entrance meeting, auditors were greeted by the facility's administrative team and the agency's PREA Coordinator. Introductions were made and logistics for the audit were planned during this meeting. Following introductions and logistics discussions, the audit team began its tour of the facility while the facility prepared its list of specialized inmates for auditor selection.

The auditors were given a tour of all areas of the facility, including; all fourteen celled housing units and the former dormitory that has since been converted to a satellite medical and interview location. The tour also included the intake, medical, psychological, case management, supply area, maintenance area, and visiting area. The facility has an outdoor recreation platform at the center of the vertical tower structure; however, it has not been in use for approximately two years due to the crumbling façade of the building creating a safety hazard. The facility was designed to hold 723 inmates; however, operates at an average population of 556.

The first two floors of the facility are designed for intake, medical, psychological and administrative services. Inmate intake processing, classification, medical evaluations and meetings with professional staff occur on these floors. The first two floors have an interior octagon shaped hallway that splinters off into office areas for each of the aforementioned disciplines. The hallways are covered by cameras and have numerous security and non-security staff continually visible in the areas. Due to the configuration, there is extremely limited opportunity for sexual abuse to go undetected.

The facility's vertical housing structure is divided into three columns. In each column of the housing floors, is a housing unit pod. In most of the pods, there are 32 cells. When used for double celling; the housing units can hold up to 64 inmates. The auditor notes that there are specialized pods designed for

segregation and protection vulnerable inmates (3CM and 5th/6th floors), which will hold only between 16 and 32 inmates each; depending on its intended use and whether double celling occurs in the unit. The standard housing unit configuration resembles an upside-down trapezoid, with the long edge at the far/exterior end of the column. Most housing units have two tiers; however, the specialized units may only have one tier. On the two-tiered units, the officer's platform is situated at the narrow end of the trapezoid, is elevated and situated in the vertical middle of the two tiers (like the entryway to a split-level home); allowing a direct view of all but the four cells which are located behind the officer's station in the narrow corners of the trapezoid configuration. The single tier configuration is the same trapezoid design; however, the officer's station is situated level with the cells. As previously noted, the three-column vertical structure creates a "hollow center" to the overall structure.

The facility is unique, insomuch as it serves as the Maryland's classification center, where inmates are temporarily housed for assessment prior to assignment to a permanent facility within the agency; typically, within 45 days. With this in mind, the facility operates with minimal services for the inmates and the inmate population spends the majority of its time locked in their cells. Those inmates committed to the agency are permitted out of their cells for up to three hours per day, while those housed in a pre-trial detainee status are only permitted out of their cells for one hour per day. Recreation consists of being allowed out of cells on the housing unit to congregate with other inmates on the same unit. Feeding occurs on the unit. Aside from trips to see medical or other professional staff on the second floor of the building; inmates do not leave their housing unit pods.

On the tour, the auditor took notice to the Opposite Gender postings at the entrance to housing units, reminding opposite gender staff of the obligation to knock and verbally announce their presence before entering the housing unit. During the tour, it was observed that opposite gender announcements were consistently made.

During the tour, informal interviews were conducted with 9 inmates and 17 staff on each floor toured throughout the facility. These informal and spontaneous interviews proved useful in determining facility culture and were used to supplement the formal interviews in determining compliance with the standards. One observation that was apparent to the auditor that there was a strong culture among the inmates to refrain from speaking to the audit team and a tendency for the inmates to minimize the need for or importance of PREA implementation within the facility.

During the tour, the auditor also informally interviewed the facility staff escorting the audit team to gather an understanding of institutional operations and to clarify observations made during the tour. These informal interviews included discussions with the facility's PCM, audit coordinator, administrative remedies program coordinator, Captain, and the agency's PREA Coordinator to determine operational procedures and to gain an overall sense of how the institution implements the PREA standards, as well as agency policy. These informal interviews were used to supplement formal interviews in determining compliance with the standards and clarify matters not addressed on the applicable interview protocols for the respective parties.

The audit team toured the facility's housing units and then broke for lunch, before auditors Radziewicz and Callear resumed and concluded the remainder of the audit tour. Ms. Chismar remained in the administrative area of the facility and began interviewing random staff. When resuming the tour, the audit team went to the facility's control station and was given a demonstration of the facility's video surveillance capabilities. The audit team reviewed the facility cameras. During a review of the camera system, the auditors saw evidence of rounds being conducted by security staff within the facility. The auditors

observed that the camera system provides sufficient view of the housing units and their common areas, while precluding view of the shower areas. The camera system also includes views of the hallways on the first and second floors of the building and other potentially problematic areas in the store room, intake and visiting areas. The camera system provides a supplement to existing direct supervision in each area of the facility and provides a means to retroactively review allegations within the facility. The remainder of the tour consisted of the visiting area, maintenance/storage area, traffic office, and medical area.

The audit tour concluded at just before 1500 hours on day one with all areas of the facility observed. Following the audit tour, the audit team began conducting interviews with random and available specialized staff. Interviews concluded shortly after 1700 hours on day one.

The audit team notes that the facility operates its shifts from 0700-1500, 1500-2300 and 2300-0700. The audit team planned to return to the facility on 3rd shift for December 4, 2018.

Auditors arrived onsite at approximately 0545 hours on December 4, 2018 and were greeted by facility administrative staff in preparation for the second day of the audit. Audit logistics were discussed and the audit team commenced with interviews of third shift staff as they were leaving their shifts and first shift staff as they were reporting for duty. Following the interviews with first and third shift staff, the audit team focused its efforts on completing random inmate, specialized inmate and specialized staff interviews. Interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff and inmate interviews available at the facility. As previous mentioned, the audit team was unable to complete several specialized protocols due to their non-existence at the facility. The audit team was onsite from 0600 through 1700 hours on December 5, 2018, completing interviews.

During the second day of the audit, auditor Radziewicz broke from the audit team to review facility risk screening records and inmate education records which are stored in the inmate’s “base file.” Twenty files were sampled and reviewed, with copies of records being made for post audit analysis.

An interview was conducted by this auditor, via telephone, with a representative of Mercy Hospital (who provides SAFE/SANE services to the facility), the agency head designee, and a facility volunteer.

At the conclusion of day two of the audit, the audit team had completed the majority if its interview and onsite document review requirements. Because the facility shared human resource and investigative staff with the BBIC facility; the audit team decided to complete those interviews during the BBIC audit. Auditor Callear and Ms. Chismar did not accompany lead auditor Radziewicz back to MRDCC for the final day of the audit on December 5, 2018 and instead, began the BBIC audit.

Auditor Radziewicz arrived at the facility at approximately 0815 on December 5, 2018 to conclude interviews with the specialized staff, collect documentation, observe the intake and education process, and conduct an exit briefing with the facility.

During the third day, the auditor was afforded with the opportunity to review facility investigations. The facility reported four incidents within the audit period. Two of those investigations were closed and available for review. The auditor requested copies of those investigations, as well as records to incidents just prior to the audit period to gather a representative view of how the agency conducts its investigations. The auditor requested for the facility to place the investigations on a flash drive for further review and the facility provided copies of those investigations for the auditor to take and analyze further post audit. The auditor also requested and was provided with copies of mental health contact notes from

the electronic medical file to verify that evaluation occurred after disclosures of victimization during risk screening. At the conclusion of specialized interviews, the auditor conducted an exit briefing with facility staff and departed the facility at approximately 1330 hours. This auditor explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the facility's audit coordinator.

Multiple document requests and post-audit request were filtered through both the facility audit coordinator and agency PREA Coordinator. At times, the requests required additional clarification, as the audit coordinator did not fully understand what the auditor was requesting. With clarification, the facility audit coordinator was able to provided the auditor with requested documentation when available. Moreover, there were times when the auditor's email system was unable to decrypt messages sent from the facility.

In addition to onsite and post site activities, the auditor reviewed reports on file at the Maryland Commission on Correctional Standards website relative to the facility and conducted an internet search relative to the facility. Neither search produced any relevant information pertaining to the audit period or sexual violence within the facility. The auditor also spoke with the operator of the agency's PREA hotline and agency liaison with the Maryland Coalition Against Sexual Assault.

At the conclusion of the onsite audit, the auditor was aware of a definitive need for corrective action to complete risk screening procedures within the timeframes required by 115.41 and the related standard of use of screening information under 115.42. The auditor also notified the facility of the need for corrective action under standards 115.13, 115.15, 115.33, and 115.63. Moreover, during the formulation of the interim report, the auditor also found a need for corrective action under 115.11, 115.14, 115.16, 115.34, 115.35, 115.43, 115.68, 115.71, and 115.86. Many of these items will be resolved when sufficient records in support of compliance are received, initiated work is completed, additional interviews support evidence of practice and compliance, or when record retention systems to track such information and training protocols are developed.

Throughout the onsite audit, and post audit, open and positive communication was established between the auditor and both the agency and facility staff. During this time, the auditor discussed concerns with the facility audit coordinator and agency PREA Coordinator, who filtered requests to the appropriate staff.

POST INTERIM REPORT CORRECTIVE ACTION PERIOD

Following the issuing of the interim report on January 20, 2019, the auditor scheduled a phone conference with the facility to discuss the corrective action plan. This phone conference took place on February 5, 2019. During the phone conference, the auditor reviewed the findings of the interim report and explained what minimum actions were necessary to achieve corrective action. Several of the auditor's findings were questioned and the auditor explained the rationale behind the findings and why the findings did not support full compliance with each standard. The facility agreed to send the auditor documentation relative to those standards which could be resolved without the auditor's personal reinspection of the facility and the auditor stated that a future site visit would be conducted to verify the remaining changes have been institutionalized.

Following the discussion of the corrective action plan, there was a question about the auditor's initial recommendation about the requirement of a staff facilitated education program. The auditor conferred with a member of the PREA Resource Center on February 12, 2019 on whether such a requirement

could be imposed upon a facility and was advised that the standard literally permits that education may be conducted by video alone. Through discussion with the facility, there was a consensus that education could continue to be conducted via video, so long as the viewing of the video was uninterrupted and the inmates being educated via video had an opportunity to ask questions to verify comprehension.

During the month of February 2019, the facility provided the auditor with modifications to education verification forms, training records for mental health providers, examples of risk screening alert lists from its offender case management system, an investigation result, and other indicators of practice that it had implemented. The auditor reached out to the facility in June 2019 to schedule the final site inspection to verify that all corrective actions had been implemented. The auditor was advised that the facility was undergoing an administration change, with a new Warden being appointed to the facility. The facility PCM requested that the auditor return to the facility after the new Warden was up to speed at the facility. Based upon schedules, the auditor and facility agreed upon a return site inspection on July 17, 2019.

The auditor and DOJ certified auditor Krista Callear returned to the facility for the second site visit at approximately 0730 hours on July 17, 2019. Upon arrival, the audit team was informed that the facility was in the process of receiving two youthful inmates and were escorted to the facility's booking floor to observe the process of reception, identification, and transfer out of the facility. The audit team also requested to view the inmate education and risk screening process and were permitted to do so. The audit team observed and asked questions of the risk screening staff, who is also responsible for verifying comprehension of the inmate education process that is completed via video. Following observation and inquiry into the risk screening and education process, the audit team conducted an interview of the facility's assistant PCM and reviewed audit documentation in the Warden's conference room, to include record keeping procedures by the assistant PCM, investigatory logs/files, and risk screening protocols for housing.

The audit team then requested to visit five housing units chosen by the auditor, with the audit team visiting at least one housing unit on each of the five housing levels of the facility to verify log book entries of intermediate and higher level staff rounds, verify shower doors had been installed on all housing level 5 housing units, and to interview inmates to verify changes in the educational process were implemented and opposite gender announcements were being made. When reinspecting he housing units, auditor Radziewicz conducted a review of the log books, while auditor Callear conducted brief interviews of the inmates to verify educational procedures were conducted according to the corrective action plan and that opposite gender announcements were occurring consistently. Interviews were attempted with six inmates; however, one refused to be interviewed.

Upon arrival on level 3 of the facility, the audit team went to the traffic office to observe housing placement decisions and to interview the traffic officer. Following the reinspection of portions of the facility, the audit team then went to the facility's case management area to view the "base files" to assess risk screening results. While in the area, the audit team interviewed the facility's psychologist to reassess placement decisions for vulnerable inmates.

The auditor team gathered necessary documentation from the facility and briefed the facility's PCM and assistant PCM of the positive observations and changes observed during the second site visit. The audit team advised the facility that the auditor would be issuing a final report within 30 days and departed the facility at approximately 1215 hours.

The auditor notes that on the date the facility was reinspected, the population was 456. This represents a

drop of approximately 100 inmates or 20% since the original onsite review in December 2018. Given the drop in population and the facility's mission as a short term, temporary housing facility for newly committed inmates to the MDOC and temporary housing of pretrail detainees with disciplinary infractions from the neighboring Baltimore Booking and Intake Facility; the auditor notes that triggering events anticipated in the standards to measure compliance may not occur as frequently as expected, as inmates spend an extremely limited amount of time within the facility for a state prison. As a result, there were limited events by which to measure compliance upon reinspection of the facility. It is the auditor's assessment that the facility cannot be penalized for the lack of occurrence of measurable events and thus, some standards required reassessment based upon the systems developed to better retain documentation and those systems developed to ensure a more effective level of day to day oversight of operations by the assistant PCM the facility appointed. In all cases where demonstrable triggering events were not recorded as occurring during the corrective action period or when samples of demonstrable practice were limited, the auditor compared those relative events, such as youthful inmate receptions and allegation rates against statistical data rates for the preceding years to ensure that there appeared to be no dramatic under reporting of triggering events. In summation, the auditor's return to the facility at the conclusion of the corrective action period demonstrated a greater level of engagement from the facility with respect to practicing the concepts of prevention, detection, and response to allegations of sexual abuse and sexual harassment.

The auditor also notes that the final tally of interviews noted within the online audit system are reflective of the initial onsite review interviews and the additional interviews conducted during the second site inspection on July 17, 2019. Specifically, an additional five inmates were interviewed, three staff were formally interviewed, and the auditor observed and informally interviewed the individual responsible for risk screening and verification of inmate education during the second visit to the facility.

AUDIT FINDINGS

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

MRDCC identifies the required degree of security, assesses the offender's physical, educational, vocational and emotional/ psychological needs, substance abuse needs and assigns the offender to the most appropriate correctional facility with the Department of Public Safety and Correctional Services. With the closure of the Baltimore City Detention Center complex, MRDCC's mission has been expanded to include the regional segregation housing for pretrial detainees charged with notices of infractions within Baltimore's pretrial facilities (BCBIC & MTC). Housing of this population requires the facility to conduct hearings to determine innocence or appropriate sanctions that will be waged. MRDCC averages the following pretrial daily population: Protective Custody (46), Restrictive Housing (40), Pending Hearings (25), General Population (52). No additional funding has been given to support these operations. Currently, MRDCC houses: • Newly sentenced inmates received from various county facilities (except Washington, Allegany and Garrett counties) • Parole violators • DOC inmates scheduled for release in Baltimore City area (regional releases) • Sentenced inmates as workers for MRDCC (sanitation, dietary, maintenance) • Sentenced inmates (MRDCC/BCCC/HDU/Threshold): for • Department of Pretrial Detention and Services (DPDS) detainees for administrative segregation – pending adjustment/pending protective custody/disciplinary segregation & detainees (general population – awaiting return to DPDS facility.

The facility was designed to hold 723 inmates; however, operates at an average population of 556. At the time of the onsite audit, the facility population was 589.

The first two floors of the facility are designed for intake, medical, psychological and administrative services. Inmate intake processing, classification, medical evaluations and meetings with professional staff occur on these floors. The first two floors have an interior octagon shaped hallway that splinters off into office areas for each of the aforementioned disciplines. The hallways are covered by cameras and have numerous security and non-security staff continually visible in the areas. Due to the configuration, there is extremely limited opportunity for sexual abuse to go undetected.

The facility's vertical housing structure is divided into three columns. In each column of the housing floors, is a housing unit pod. In most of the pods, there are 32 cells. When used for double celling; the housing units can hold up to 64 inmates. The auditor notes that there are specialized pods designed for segregation and protection vulnerable inmates (3CM and 5th/6th floors), which will hold only between 16 and 32 inmates each; depending on its intended use and whether double celling occurs in the unit. The standard housing unit configuration resembles an upside-down trapezoid, with the long edge at the far/exterior end of the column. Most housing units have two tiers; however, the specialized units may only have one tier. On the two-tiered units, the officer's platform is situated at the narrow end of the trapezoid, is elevated and situated in the vertical middle of the two tiers (like the entryway to a split-level home); allowing a direct view of all but the four cells which are located behind the officer's station in the narrow corners of the trapezoid configuration. The single tier configuration is the same trapezoid design; however, the officer's station is situated level with the cells. The three-column vertical structure of the

housing unit levels creates a “hollow center” to the overall structure. At the time of the audit, 13 of the 14 housing units were in use.

According to the 2018 annual report with the Maryland Commission on Correctional Standards, the facility is allocated a total of 349 positions, with a total inmate to staff ratio of 1.92 to 1 and inmate to security staff ration of 2.31 to 1.

The facility is unique, insomuch as it serves as the Maryland’s classification center, where inmates are temporarily housed for assessment prior to assignment to a permanent facility within the agency; typically, within 45 days. With this in mind, the facility operates with minimal services for the inmates and the inmate population spends the majority of its time locked in their cells. Those inmates committed to the agency are permitted out of their cells for up to three hours per day, while those housed in a pre-trial detainee status are only permitted out of their cells for one hour per day. Recreation consists of being allowed out of cells on the housing unit to congregate with other inmates on the same unit. Feeding occurs on the unit. Aside from trips to see medical or other professional staff on the second floor of the building; inmates do not leave their housing unit pods. There is a small cadre of inmate workers that are longer term residents of the facility. These inmates are limited in privileges similar to the remainder of the population; however, these inmates are afforded an opportunity to work in sanitation positions throughout the facility.

Due to the restricted nature of the facility and the fact that inmates are confined to their cells, there is limited opportunity for interaction and limited opportunity to be isolated in blind spots within the facility.

Post Interim Report Observations:

No substantial changes were noted to the facility’s characteristics during the reinspection of the facility on July 17, 2019. The auditor notes that the facility population had dropped to 456, representing a decrease of over 100 inmates and approximately 20 percent since the initial onsite review in December 2018.

AUDIT FINDINGS

Summary of Audit Findings:
The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

This is a final report that was preceded by an interim report that was accompanied by corrective action plan recommendations made by the auditor. To preserve the record of the original findings and those actions taken by the facility, the original text shall remain intact and all corrective actions are preceded by a heading to identify them as "Post Interim Report Corrective Actions Taken."

This report contains recommendations for the facility to develop compliance. The auditor notes that the facility provided supporting documentation during the pre-audit process, during the onsite audit and post audit. Most requests of the auditor were provided in time for this interim report; however, some items were outstanding and were thus listed as matters requiring corrective action. Upon receipt of requested documentation in support of some standard provisions, the facility can be deemed compliant. Other areas of non-compliance will require firm establishment of practice within the facility to demonstrate compliance.
Standards met: 115.12, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.64, 115.65, 115.66, 115.67, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.87, 115.88, 115.89
Standards not met: 115.11, 115.13, 115.14, 115.15, 115.16, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.63, 115.68, 115.71, 115.86
Specific Corrective Action Recommendations:
115.11
Corrective Action Recommendation:
The facility will be required to demonstrate that sufficient resources are dedicated to ensure day-to-day coordination and implementation of agency PREA policies. The auditor recommends that the facility implement its plans to assign the audit coordinator within the facility the role of assistant PCM to become compliant with provision (c) of the standard. A memorandum directing or job description update for the audit coordinator; declaring assistant PCM responsibilities will be accepted as evidence of compliance.
115.13
Corrective Action Recommendation:
The facility will be required to demonstrate through its log books that unannounced rounds are regularly occurring on each of the facility’s housing units. These rounds should include the facility administration, who also tour the facility on an unpredictable schedule. Compliance will be reassessed during a subsequent site visit and review of log books which demonstrates that practice of conducting unannounced rounds by all classifications has been institutionalized.
115.14

Corrective Action Recommendation:
The auditor will arrange with the agency's PREA Coordinator to interview male inmates from the MDOC's youthful inmate facility during a subsequent return site visit during the corrective action period to verify that the MRDCC continues to limit youthful inmate presence in the facility solely to the intake identification area under direct staff supervision. If youthful inmates confirm that they were not housed in MRDCC and confirm they were processed for intake identification purposes under direct staff supervision; the auditor may find sufficient evidence of compliance, insomuch as the revised procedures outlined in local policy have been implemented.
115.15
Corrective Action Recommendations:
The auditor will expect to see verification that work on the shower doors is completed on both units where the work is to be completed and to conduct additional interviews with inmates at a later date with a greater level of observed compliance with opposite gender announcements to find full compliance with provision (d) of the standard.
115.16
Corrective Action Recommendations:
The auditor will expect to see evidence of a staff facilitated PREA educational instruction program where the agency's PREA video and materials are explained to an inmate, with an opportunity for questions to be asked of staff when inmates cannot comprehend materials. This educational program can be conducted individually or in a group setting; however, cannot rely on the inmate to self-educate based on provision of written materials. During the period between the conclusion of the onsite audit and the issuance of this interim report, the facility stated that they have implemented procedures for intake education to be completed in conjunction with a medical education and orientation program that all inmates complete on their second day within the facility. The auditor will verify such practice through observation of the inmate training program and documentation of educational sessions during the corrective action period.
115.33
Corrective Action Recommendations:
The facility will be required to develop a comprehensive inmate education program which consists of a staff facilitated program that affords inmates the opportunity to ask questions and for the facilitating staff member to observe for deficits in comprehension of the materials. During the period between the conclusion of the onsite audit and the issuance of this interim report, the facility stated that they have implemented procedures for intake education to be completed in conjunction with a medical education and orientation program that all inmates complete on their second day within the facility. The auditor will verify such practice through observation of the inmate training program and documentation of educational sessions during the corrective action period.
115.34
Corrective Action Recommendation:

The facility or agency is required to provide current training records for all investigators. The training records should clearly distinguish that the course completed is for PREA Specialized Training for Investigators for all employees or clearly identify how the training record is related to the requirements of 115.34. Upon receipt of such records for all current investigators, the auditor may find compliance.
115.35
Corrective Action Recommendation:
The auditor will expect to find record of MRDCC mental health staff and MHM staff completion of a specialized training in accordance with the standard to find compliance. The auditor recommended training resources available through the PREA Resource Center's website and through the National

Institute of Corrections as a means to develop or complete a curriculum which covers the requirements of the standards. When specialized training records are produced for the facility mental health staff and MHM staff at the facility; the auditor may find compliance.

115.41

Corrective Action Recommendations:

The facility will be required to develop procedures to ensure that the assessment process is completed according to agency directives. Specifically, assessments will be required to be completed for all commitments to the facility within 72-hours and an affirmative reassessment with the inmate shall occur within 30-days of arrival. The reassessment shall be in person and offer the inmate the opportunity to report any previously unreported triggering event. Additionally, staff administering the assessment shall adhere to agency protocol by reading the introductory statement to the inmate to explain the purpose and intent of the assessment; thereby, increasing the likelihood of accurate and truthful responses. Finally, the assessment book that is kept in the intake screening office shall be kept in a locked filing cabinet or some other secure storage mechanism to prevent access to such sensitive information for those staff who have no explicit reason to know.

115.42

Corrective Action Recommendation:

As noted under provision (a), the auditor is concerned with the ambiguous description of how the facility utilizes information gathered during the risk screening process to inform housing and bed assignments. The traffic officer who was interviewed was unable to clearly articulate how she considered the risk screening score when assigning inmates to beds within the facility. Additional training is determined necessary. Specifically, the facility will need to train all traffic officers on how to utilize the risk assessment designation in making housing determinations. Because the intake screener described a verbal notification process to traffic of high-risk designations; there is an opportunity for communication of the information to break down in the event the person is not present in the traffic office to receive the information. It is recommended that the facility implement procedures for the intake officer to generate a list, which should be kept as a record, of all inmates who score in the high-risk designations on the intake assessment. This list should be forwarded to the traffic office for review each day to ensure that appropriate alerts have been entered in the agency's offender management application; further ensuring that high risk victims and abusers are not housed together.

Additionally, the auditor is concerned about the description of the ability of psychology staff to potentially override the risk screening designation for housing purposes. Interviews with the PCM and psychology staff described a process where all high-risk victims and abusers are referred to psychology for evaluation and determination of appropriate housing. Without an objective set of criteria for such decisions, the process potentially negates the use of an objective tool and consideration of the tool's results as required by 115.41 and 115.42. The facility should develop an objective set of criteria that the psychology office may utilize to override the high-risk designation of any individual for housing purposes which clearly articulates why the facility may consider that individual may be safely housed with an inmate ordinarily precluded by the risk screening tool's designation. Such procedures would ensure consistency in decisions and define what the facility considers appropriate indicators exist to determine that the risk screening tool result was unreliable.

115.43

Corrective Action Recommendations:

As noted in other standards in this audit report, there are opportunities for improvement of documentation and record keeping. To be fully compliant with this standard, the auditor recommends that the facility's administrative segregation review committee develop a standardized template set of criteria for review of inmates who are placed in administrative segregation following an allegation of sexual abuse or relative to their vulnerability for sexual abuse. Such a template should include an explanation of

what specific alternatives to segregation are available and specifically why the facility believes these options would further jeopardize the safety of the inmate. For any future placements of inmates in involuntary segregation for the purpose of protection from sexual victimization; the auditor will require that documentation of the alternatives considered exist, consistent with provision (a) of the standard. Moreover, the auditor will expect to see rationale during ongoing reviews which clearly document why the perceived threat continues to exist and why transfer to another housing unit or facility cannot be coordinated consistent with provisions (c) and (d).

115.63

Corrective Action Recommendations:

The facility PCM stated that the facility was unable to produce records relative to provisions (a)-(c) due to the departure of the previous Warden. Applicable records were purported to be maintained in that person's email account. Because the facility was unable to produce records consistent with provision (c) to either affirm or refute that notifications were required under provision (a) or made within 72-hours, as required by provision (b); the auditor will require that the facility develop a central repository or mechanism for storing such information outside of the facility Warden's email records. This may be in the form of a shared resource drive for electronic files or a paper file which records the notification made. Whatever mechanism the facility chooses, there should be a documented nexus between the date and time the allegation was received by MRDCC and when the notification was made to the affected facility.

115.68

Corrective Action Recommendation:

As noted under 115.43, the facility has an opportunity for improvement in its record keeping process for inmates who are housed in involuntary administrative segregation pursuant to 115.43 and 115.68. A checklist or form that formally documents and requires the facility to articulate its concerns relative to the provisions of 115.43 would prove beneficial to ensuring compliance with the standard.

To be found compliant with this standard, the facility must demonstrate that it does not use segregated housing for victims of sexual abuse, unless there is a thorough and exhaustive assessment of all available alternatives. When such conditions exist, the facility shall clearly document the rationale for the continued use of segregation and provide evidence of reviews every 30 days, which continue to justify why no alternative means of protective separation can be achieved for the alleged victim's safety. The auditor will review all allegations reported at the facility during the corrective action period and request the housing records to verify that such individuals are not placed into administrative segregation. If administrative segregation is utilized, then documentation in compliance with the standard is necessary.

115.71

Corrective Action Recommendations:

The auditor finds that the agency's investigators for the facility are not consistently completing investigations promptly or thoroughly in accordance with provision (a) of the standard. The auditor finds that a means of prioritizing investigations and establishing a deadline-driven schedule for all investigation that are not delayed due to forensic evidence analysis would assist in meeting the promptness element of provision (a). In addition to prompt interviews with witnesses; all potential witnesses to an allegation should be interviewed when potentially known.

As noted under 115.34, the auditor found insufficient evidence to determine compliance that all investigators have completed the agency's Specialized Investigator's training. Under corrective action for that standard, the facility or agency is required to provide current training records for all investigators. The training records should clearly distinguish that the course completed is for PREA Specialized Training for Investigators for all employees or clearly identify how the training record is related to the requirements of 115.34. Similar corrective action is necessary to find compliance with provision (b) of the standard.

The auditor will review facility investigations during the corrective action period and expect to see that any

allegation, which does not require the processing of forensic evidence is investigated both promptly and thoroughly in accordance with the standard.
115.86
Corrective Action Recommendation:

In order to find compliance with the standard, the auditor notes that there is an additional incident that remains open at the time of this incident report. Should this investigation close, during the corrective action period with a disposition other than unfounded; the auditor will expect the facility to conduct a sexual abuse incident review within 30 days of the investigation concluding.

As a recommendation to ensure future compliance with the standard, it may be beneficial for the facility to establish a standing monthly meeting for the purpose of conducting sexual abuse incident reviews. Should there be no need for an incident review to be conducted; this meeting could be adjourned or utilized to address other compliance issues within the facility.

POST INTERIM REPORT CORRECTIVE ACTIONS TAKEN:

Following the issuing of the interim report, the auditor and the facility held a teleconference on February 5, 2019 to discuss and implement those minimum actions deemed necessary for the facility to come into compliance with the standards. Through an exchange of documentation and a return site inspection on July 17, 2019, the facility developed sufficient evidence of practice or procedures to ensure it is prepared to act in compliance when triggering events occur.
115.11
Post Interim Report Corrective Actions Taken:

The auditor returned to the facility for a follow-up site visit on July 17, 2019 to confirm the facility has implemented the corrective actions discussed during the February 5, 2019 teleconference regarding the corrective action plan. Since that time, the facility's PREA Compliance Manager (PCM) informed the auditor that the facility's Audit Coordinator, who holds the position of Duty Lieutenant, has been appointed as an assistant PCM for the facility. He stated that the assistant PCM is responsible for the routine hands-on functions and allows him to maintain more of a management role with respect to the facility's compliance.

To measure compliance, the auditor interviewed the assistant PCM to determine exactly how she assists the primary PCM with fulfilling those standards noted in need of corrective action following the onsite audit in December 2018. During an interview with the assistant PCM, the auditor was informed that this person is responsible for maintaining documentation relative to each of the facility's compliance audits, whether those audits are related to PREA or other internal agency standards. As such, she was instrumental in developing a documentation retention system for the facility to ensure that all evidence of compliance with applicable PREA standards is securely retained for audit purposes. She presented the auditor with a binder in which she retains standard specific evidence of compliance, which she retains in her office. In addition to the development of a records retention system, the assistant PCM is responsible for oversight of the facility's risk screening process, assisting with placement determinations for identified vulnerable and predatory inmates, and assisting with the case-by-case determination for placement of transgender and intersex individuals committed to the facility. As part of her position within the facility, she conducts unannounced rounds within the facility, inspects housing unit log books, and monitors ongoing compliance with routine functions, such as opposite gender announcements and processing of juvenile inmates through the facility in an expedient manner. She reports any significant compliance

problems to the facility's primary PCM, who holds the position of Assistant Warden, so that he may exercise his authority to effectuate necessary changes.

Based upon an interview with the assistant PCM, this auditor's observation of processes developed by the assistant PCM, the auditor's observation of the assistant PCM's rounds in facility log books and other observations of compliance during the July 17, 2019 site review; this auditor is satisfied that the facility has provided the primary PCM with adequate time resources to ensure the facility maintains ongoing compliance with the PREA standards.

115.13
Post Interim Report Corrective Actions Taken:

The auditor returned to the facility for a corrective action site review visit on July 17, 2019. During the site review, the auditor selected five housing units within the facility and reviewed the log books for evidence of unannounced rounds being conducted. The auditor notes that the facility does not have a system for electronic round reading and relies on log books within the housing units to document each security round and significant events within each unit. Additionally, the facility does not document administrative rounds in any unique color ink; necessitating a thorough review of the log book to read entries and find evidence of compliance. The facility's rank structure includes Sergeants, Lieutenants, Captains, Majors, the Assistant Warden, and the Warden as supervisory staff conducting rounds. Although Sergeant rounds occur more frequently, for purposes of compliance, the auditor considered Lieutenants and above to constitute intermediate level or higher level supervisory staff. During an informal discussion with the facility's assistant PCM, the auditor learned that the agency has recently authorized overtime compensation for its Lieutenants as a means to ensure that vacant supervisory positions are readily filled and adequate supervision is present within facilities. As noted during the initial onsite audit, the facility had multiple vacancies within this rank and it is possible that the offering of additional compensation for existing staff to fill vacant posts has allowed for a greater supervisory presence within the facility.

The auditor randomly selected housing units 3A, 4B, 5B, 6C and 7B for inspection. The auditor notes that each log book varied in terms of its start date, with two beginning prior to May 2019, two beginning in June 2019, and one beginning July 1, 2019.

On housing unit 7B, the auditor observed that 13 unannounced rounds were conducted during first shift, 5 unannounced rounds were conducted during second shift, and four unannounced rounds were conducted on third shift on the unit during the month of May by those staff who were determined to be intermediate or higher level supervisory staff. During the month of June, 11 unannounced rounds were conducted on first shift, four were conducted on second shift, and 10 were conducted on third shift. During the first 17 days of July, 6 unannounced rounds were conducted during first shift, 4 during second shift and 1 on third shift.

On housing unit 6C, the auditor observed that the log book began on June 6, 2019. 9 unannounced rounds were conducted during first shift, 4 unannounced rounds were conducted during second shift, and 8 unannounced rounds were conducted during third shift on the unit during the month of June by those staff who were determined to be intermediate or higher level supervisory staff. During the first 17 days of July, 7 unannounced rounds were conducted during first shift, 2 during second shift and 3 on third shift.

On housing unit 5B, the auditor observed that the log book began on June 3, 2019. 13 unannounced rounds were conducted during first shift, 7 rounds were conducted during second shift, and 13 rounds

were conducted on third shift on the unit during the month of June by those staff who were determined to be intermediate or higher level supervisory staff. During the first 17 days of July, 7 unannounced rounds were conducted during first shift, 2 during second shift and 3 on third shift.

On housing unit 4B, the auditor observed that 10 unannounced rounds were conducted during first shift, 4 unannounced rounds were conducted during second shift, and 6 unannounced rounds were conducted on third shift on the unit during the month of May by those staff who were determined to be intermediate or higher level supervisory staff. During the month of June, 15 unannounced rounds were conducted on first shift, 5 were conducted on second shift, and 5 were conducted on third shift. During the first 17 days of July, 6 unannounced rounds were conducted during first shift, 1 during second shift and 1 on third shift.

On housing unit 3A, the auditor observed that the log book began on July 1, 2019. During the first 17 days of July, 12 unannounced rounds were conducted during first shift, 3 during second shift and 4 on third shift.

The auditor notes that these unannounced rounds included facility Lieutenants, Captains, a Major, the Assistant PCM, the Assistant Warden and Warden. Based upon the frequency, randomness and variances between the frequency and scope between which units were visited on which shifts demonstrates that the facility staggers its rounds to the extent that it would not be readily known when a supervisory presence would be expected; thereby serving as a deterrent to sexual abuse. Based upon the evidence contained within the log books, the auditor finds evidence of practice that the facility is now routinely conducting unannounced rounds in accordance with the standard.

115.14
Post Interim Report Corrective Actions Taken:

The auditor originally planned to interview youthful inmates at the agency's youthful inmate facility to measure compliance. During the return site visit on July 17, 2019, the auditor arrived 30 minutes early at the facility. Upon arrival, the auditor was informed that two youthful inmates were unexpectedly committed to the facility that morning and would be processing through the identification procedures prior to transfer to the youthful inmate facility. The auditor was able to observe the intake, identification and transfer process for both inmates, essentially from start through transfer out of the facility. Prior to transfer to the agency's youthful inmate facility, the auditor was provided an opportunity to interview each of the youthful inmates to confirm the accuracy of the facility's reports and the auditor's observations.

The facility's assistant PCM reiterated the procedures for processing of youthful inmates through the facility for identification purposes, stating that each youthful inmate is migrated through the facility for identification purposes and then transferred to the youthful inmate facility. She further explained that the MRDCC and Baltimore Booking and Intake Facilities are the only facilities in the area equipped with the live scanning identification systems required for admission screening, fingerprint identification and photographing. Therefore, it is still necessary that each male inmate committed to the agency process through the facility, including youthful inmates.

During the return site visit, the auditor was required to observe inmate education and inmate intake risk screening to verify corrective actions discussed during the February 5, 2019 corrective action phone conference had been implemented. In addition to intake identification, the MRDCC provides the initial PREA education and PREA risk screening to youthful inmates. During the time the auditor spent on the

booking floor of the facility, the auditor observed that the youthful inmates were held in a holding cell free of sight and sound contact with adult inmates. Specifically, the MRDCC held all adult intakes in holding cell in the medical area of the facility while the two youthful inmates remained in the booking area holding cell. The booking area is under constant camera observation. The auditor observed that the youthful inmates were permitted to watch the agency's PREA educational video uninterrupted and then during the subsequent risk screening, the staff member confirmed their understanding of the PREA educational video, explained available reporting methods, and provided the inmates with the agency's PREA literature prior to the inmate acknowledging the education process through signature.

While the inmates were on the booking floor, the auditor observed that a staff member was assigned to directly supervise and monitor their safety. Following the PREA education process and the PREA risk screening, the auditor watched the youthful inmates complete the live scan identification process. A brief interview was conducted with each of the youthful inmates following the risk screening and identification process. Both reported being age 17 and being committed to the facility earlier that morning. The first youthful inmate reported being at the facility for approximately one hour prior to completing required functions. The second stated that he was at the facility for approximately two hours before completing required functions. Both confirmed that they were strip searched, viewed the PREA educational video, PREA risk screening, and identification process; nothing more at the facility. Following the auditor's interview with the youthful inmates, the auditor observed the youthful inmates being relinquished to the transport team for departure from the facility.

The facility's assistant PCM states that she is responsible for ensuring the efficient processing and transfer of youthful inmates through the facility for educational and identification purposes. When a youthful inmate is admitted, she is notified and coordinates the intake and transfer process, ensuring they are appropriate supervised and transferred within minimal time. Since the original onsite audit in December 2018, the facility reportedly received three additional youthful inmates. The assistant PCM provided this auditor with a copy of the inmate computerized reception and transfer records for each inmate. The first was received January 14, 2019 at 0739 hours. Computerized records confirm the inmate was transferred and received by the youthful inmate facility at 0946 on January 14, 2019. The second arrived on March 14, 2019 at 1038 hours and was transferred from the facility at 1356 hours. The third arrived April 4, 2019 at 1205 hours and departed the facility at 1401 hours.

Based upon the auditor's observations of the processing of youthful inmates on the date of the second site visit, computerized records confirming the processing of youthful inmates through the facility to the agency's youthful inmate facility within hours of reception, and an interview with the assistant PCM who is responsible for coordinating the reception and transfer process for youthful inmates; the auditor is satisfied that the facility has demonstrated consistent practice of not housing youthful inmates at the facility in shared housing units with adult inmates. Moreover, there is no evidence to suggest that youthful inmates are held in segregated housing to ensure their safety from adult inmates as observed during the initial audit period. Therefore, the auditor finds compliance.
115.15
Post Interim Report Corrective Actions Taken:

During a return site visit to the facility on July 17, 2019, the auditor observed the that the facility installed the necessary shower doors on housing units 5-B and 5-C, which were pending completion at the time of the original audit in December 2018. Of note, housing unit 5-C continued to remain under renovation at the time of the second site visit and remained unoccupied.

As described under 115.13, the auditor was required to revisit portions of the facility to observe whether the facility had implemented practice of consistently conducting unannounced rounds. During the visit to each of these housing units, the auditor observed that female staff entering the housing units consistently announced their presence upon entering the unit. One inmate was randomly selected in each housing unit the auditor visited for a second time and was interviewed to confirm that sufficient practice of corrective action items have been implemented. Five inmates were interviewed. All affirmed that opposite gender announcements were occurring, with one stating that he does not routinely pay attention for the announcement because he is routinely sleeping. A sixth inmate refused to be interviewed.

An interview with the assistant PCM confirms that she conducts unannounced rounds to ensure the facility maintains routine compliance with the standards, including monitoring of such items as unannounced rounds.

Based upon the auditor's observations of opposite gender announcements during the original onsite audit, during the second site visit, the confirmation of practice by inmates interviewed during both site visits to the facility, and the additional ability to monitor compliance through the assistant PCM; the auditor is satisfied that the facility has developed sufficient practices which enable inmates to shower, perform bodily functions and change clothing consistent with provision (d) of the standard.
115.16
Post Interim Report Corrective Actions Taken:

The auditor returned to the facility on July 17, 2019 to verify corrective actions had been implemented at the facility. The auditor observed the education and risk screening process for two inmates.

Since the issuing of the interim report, the facility revised its education procedures to enable inmates to view the agency's recently updated PREA education video uninterrupted in one of the booking floor holding cells. The revised video, which was released following the original onsite audit and is available in English and Spanish, describes inmate rights, what constitutes sexual abuse, sexual harassment, reporting mechanisms, and agency policies for responding to incidents. The auditor finds the video sufficient to fulfill the requirements of 115.33 (b). Moreover, the education video describes what is appropriate contact for performance of official duties so that inmates have the information to differentiate what is and is not considered to be authorized contact and interactions with staff. The video contains text to describe relevant and key standard points to provide accessible information to deaf inmates. The video's audio component adequately communicates to those who are limited in their reading skills and is facilitated at a level that may be understood by those with limited educational backgrounds.

Following the inmate's viewing of the video, the auditor observed that during the risk screening process; the risk screening staff member reiterates the agency's reporting methods to the inmate, asks the inmate if they were able to understand the content of the PREA video they had just viewed, asks the inmate if they had any questions pertaining to what PREA is or how to report an allegation. Following confirmation and comprehension of the materials, the risk screening staff then asked the inmate to sign the facility's revised educational verification form. The revised verification form requires the inmate to initial to verify receipt of five key components of the educational process, including watching the PREA video, receipt of the agency's PREA brochure, receipt of the rape crisis brochure, receipt of a handbook with PREA information and an opportunity to ask questions. Each of the five items were read to the inmate to verify they understand that which they were verifying.

During interviews with five randomly selected inmates, all confirmed that they received PREA educational

information; however, three explained that the video was not functioning properly and froze during their education process. Those inmates confirmed that the agency's PREA educational information was read aloud to them and verbally explained when there was an issue with the educational video. During interviews, all five confirmed that they were able to understand the educational information presented to them. All five affirmed that they were afforded an opportunity to ask questions about the educational materials. The auditor discussed the video issue with the facility's assistant PCM and it was discovered that there was a playback issue with the video which caused the audio to advance while the video froze. The facility has since rectified the matter and received new copies of the video which playback without technical interruptions.

Based upon the procedures implemented in the educational process that necessitate staff confirmation of inmate understanding of educational materials provided, staff explanation of reporting methods, uninterrupted viewing of the educational video, and confirmation of individualized staff instruction when the educational video may not properly function, the auditor is satisfied that the facility has developed procedures to ensure LEP, and disabled inmates can understand and comprehend educational efforts or be accommodated as necessary. Furthermore, the auditor is satisfied that the training provides inmates with a meaningful opportunity to acquire reporting mechanisms, fully comprehend those behaviors prohibited by the PREA standards, and the agency's response to allegations.
115.33
Post Interim Report Corrective Actions Taken:

The auditor returned to the facility on July 17, 2019 to verify corrective actions had been implemented at the facility. The auditor observed the education and risk screening process for two inmates.

Since the issuing of the interim report, the facility revised its education procedures to enable inmates to view the agency's recently updated PREA education video uninterrupted in one of the booking floor holding cells. The revised video, which was released following the original onsite audit and is available in English and Spanish, describes inmate rights, what constitutes sexual abuse, sexual harassment, reporting mechanisms, and agency policies for responding to incidents. The auditor finds the video sufficient to fulfill the requirements of 115.33 (b). Moreover, the education video describes what is appropriate contact for performance of official duties so that inmates have the information to differentiate what is and is not considered to be authorized contact and interactions with staff. The video contains text to describe relevant and key standard points to provide accessible information to deaf inmates. The video's audio component adequately communicates to those who are limited in their reading skills and is facilitated at a level that may be understood by those with limited educational backgrounds.

Following the inmate's viewing of the video, the auditor observed that during the risk screening process; the risk screening staff member reiterates the agency's reporting methods to the inmate, asks the inmate if they were able to understand the content of the PREA video they had just viewed, asks the inmate if they had any questions pertaining to what PREA is or how to report an allegation. Following confirmation and comprehension of the materials, the risk screening staff then asked the inmate to sign the facility's revised educational verification form. The revised verification form requires the inmate to initial to verify receipt of five key components of the educational process, including watching the PREA video, receipt of the agency's PREA brochure, receipt of the rape crisis brochure, receipt of a handbook with PREA information and an opportunity to ask questions. Each of the five items were read to the inmate to verify they understand that which they were verifying.

During interviews with five randomly selected inmates, all confirmed that they received PREA educational

information; however, three explained that the video was not functioning properly and froze during their education process. Those inmates confirmed that the agency's PREA educational information was read aloud to them and verbally explained when there was an issue with the educational video. During interviews, all five confirmed that they were able to understand the educational information presented to them. All five affirmed that they were afforded an opportunity to ask questions about the educational materials. The auditor discussed the video issue with the facility's assistant PCM and it was discovered that there was a playback issue with the video which caused the audio to advance while the video froze. The facility has since rectified the matter and received new copies of the video which playback without technical interruptions.

Based upon the procedures implemented in the educational process that necessitate staff confirmation of inmate understanding of educational materials provided, staff explanation of reporting methods, uninterrupted viewing of the educational video, and confirmation of individualized staff instruction when the educational video may not properly function, the auditor is satisfied that the facility has developed procedures to ensure LEP, and disabled inmates can understand and comprehend educational efforts or be accommodated as necessary. Furthermore, the auditor is satisfied that the training provides inmates with a meaningful opportunity to acquire reporting mechanisms, fully comprehend those behaviors prohibited by the PREA standards, and the agency's response to allegations.
115.34
Post Interim Report Corrective Actions:

The auditor returned to the MRDCC on July 17, 2019 for a second site review to ensure the corrective action items identified in the interim report were complete. The agency PREA Coordinator attended this second site review and the auditor was provided with a copy of the agency investigator's transcripts dated April 9, 2019. The auditor noticed that training record title for those investigator's trained in 2016 and 2017 only referenced "PREA"; however, contained the same instructional hours as those whose records contained the full course title. The agency PREA Coordinator explained that the course title is manually entered by staff who record the training in the electronic training transcript and there is no means to amend older records which were not entered with the correct title.

The auditor reviewed the records and found evidence that 35 investigators have completed PREA investigator training, which is consistent with the current number of agency investigators. Based upon the receipt of training records the documents the completion of specialized training for current investigators, the auditor is satisfied that the facility has proven compliance with the standard.
115.35
Post Interim Report Corrective Actions Taken:

Following the onsite audit, the facility was aware of the need to ensure that its internal and contracted mental health staff received specialized training in accordance with 115.35. Through an exchange of emailed training records, the auditor was provided with the training materials to verify the content of what was provided to MHM contracted providers as part of their training. Because of the shared resources with several other MDOC facilities within walking distance of the MRDCC, one of the MHM providers received specialized training at another facility. Three of the other providers were provided the same specialized training information as those under the Mumby & Simmons dental providers at MRDCC. The auditor notes that these certificates had been provided as part of the pre-audit exchange, verifying completion prior to the onsite audit; however, clarification on the content behind the certificate was required.

The auditor was then provided certificates to verify that the four remaining affected staff who were MDOC

employees completed the National Institute of Corrections online course "PREA: Behavior Health Care for Sexual Assault Victims in a Confinement Setting" to fulfill the requirements of 115.35. Based upon the provision of these training records, the auditor now finds compliance with the standard.

115.41

Post Interim Report Corrective Actions Taken:

During a second site visit to the facility on July 17, 2019, the auditor the auditor selected 11 random samples of inmates who had been committed to the facility for at least 30 days. The auditor notes that the facility's mission as the classification center for the MDOC results in an average length of stay of 45 days or less for those committed to the MDOC. One sample was committed to the facility in March 2019, and the remainder of the samples had been committed to the facility in May and June of 2019. Of the 11 random samples taken, all initial assessments were completed on the date of admission to the facility. Ten of the 11 samples had 30-day reassessments completed within 30 days as required by provision (f) of the standard. The eleventh inmate was rescreened six days late. Given the significant improvement and evidence of substantial compliance with meeting the timeliness provisions of the standard, the auditor now finds compliance with (f) of the standard.

The auditor also observed two inmate risk screenings taking place within the facility. Since the audit, the facility developed an instructional sheet for its risk screening staff that the auditor observed to be posted in the risk screener's area and read from prior to the assessment being conducted. The instructional sheet defines the agency's PREA risk designations, the procedures for administering the assessment, the procedure for logging the scores in the agency's offender management system, and the need to verbally notify the traffic office of any high risk designation so that current or potential housing can be reviewed. The first step in the procedural instructions is to read the agency's introductory statement to the risk assessment process to the inmate, where the inmate is informed of the purpose of the assessment and that refusal to answer any questions may lead the assessor to answer the question based upon the individuals criminal history, other written documentation, or personal observation.

The auditor observed the risk screener ask the inmate if they had any questions prior to beginning the assessment process. The auditor observed that the risk screening questions were asked at a much slower pace, providing the inmate with an opportunity to process the questions being asked and to formulate a meaningful response. Based upon the improved tone, pace and framing of the risk assessment process; the auditor finds that the revised assessment process is conducted in a manner that is likely to elicit the most accurate information and does not convey a potentially punitive tone precluded by provision (h) of the standard. Furthermore, in the intake assessment area, the auditor observed that the room where the initial assessments are conducted is now secure. Within an approximately 15 minute period while the auditor was in the area, the auditor observed that the staff person conducting the initial assessments locked and secured the room each of the three times the room was exited. Based upon the auditor's observations during the second visit to the facility, it appears the MRDCC implemented the recommendations of the auditor to improve the efficiency and effectiveness of its risk screening procedures to become compliant with the standard.

115.42

Post Interim Report Corrective Actions:

During the second site visit to the facility on July 17, 2019, the auditor conducted interviews with both the facility's Traffic officer and the facility's psychologist to ensure that the results of the risk screening tool are effectively being utilized to inform housing, work, bed, and programming assignments in accordance with provision (a) of the standard.

The auditor interviewed the Traffic officer in their workspace and asked for a demonstration of how the individual assigns an inmate to a housing assignment. During the interview and demonstration, the Traffic officer stated that she runs a PREA risk designation list out of the agency's offender management system daily for the facility. The list is sorted by the date the individual was added to the risk designation list; meaning that any changes as a result of rescreening would automatically be presorted to the top of the list. When an individual is being paired for a housing assignment, the Traffic officer will check the housing designation of the inmate currently housed in the cell and ensure compatibility with the inmate being placed into the cell via a cross-reference of the list and in the electronic alerts section within the automated offender case management application. The auditor observed that the Traffic officer had a typed instruction sheet that explains how to house each of the agency's risk designations and with whom pairings would be acceptable.

The Traffic officer explained for technical reasons, inmates cannot be added to the facility's automated list on the first day and must wait until the inmate's second day in the facility to enter high risk status into the automated application. Therefore, the facility has a verbal notification procedure from the initial risk screening staff to the facility's Traffic office to ensure those inmates scoring at high risk during the initial assessment on the date of arrival are properly housed on the first date of arrival before the proper alert can be entered into the automated system. The intake risk screener also confirmed this practice during the observation of intake risk screening. The facility's assistant PCM stated that the requirement for communication between these staff was added as a post order requirement.

Following an interview and observation with the facility's Traffic officer, the auditor met with the facility's psychologist who was previously interviewed during the initial site visit to discuss the previously concerning practice of a potential psychological override of the risk screening designation. During an interview with this staff member, the auditor learned that the Traffic office is responsible for making risk assessment based housing decisions. If there is an inmate who is identified as potentially vulnerable, psychology will only conduct an interview and make recommendations for special housing, such as protective or segregated housing placements when warranted due to psychological concerns. She was clear to explain that her role was only to assess and provide recommendations based upon the assessment; however, she does not make the actual assignment decisions. She states that her primary role with respect to PREA risk screening within the facility is to interview and provide follow-up services to those inmates who disclosed victimization or perpetration as required by 115.81.

Based on the interviews with both the Traffic officer and the psychologist, the auditor is satisfied that the facility has clarified its process for making housing decisions in accordance with 115.42. Specifically, the Traffic officer was clear in her responsibilities to review the inmate's risk designation scores when considering housing options and clearly articulated the process through which the risk designation score is considered. The auditor is also satisfied that the facility has clarified that psychology staff do not have override authority of the risk screening score to make subjective housing determinations in accordance with provision (a) of the standard.

115.43

Post Interim Report Corrective Actions Taken:

During a return visit to the facility on July 17, 2019, the auditor reviewed the facility's investigatory log and the assistant PCM's PREA documentation files, containing record of another inmate transferred into the facility with an allegation reported elsewhere. Since the conclusion of the initial site review, the facility received one allegation of sexual abuse on January 14, 2019. Given reported statistical information for

the facility over the past six years on the agency's website, this statistic did not appear to be an exaggerated underreporting of incidents. The auditor observed in the records associated with investigatory file 00103 that the alleged victim was housed in segregated housing; however, the alleged victim had been housed in segregated housing for gang related separations since May 25, 2018, approximately seven months to the inmate making their allegation, which was later unfounded via video evidence. The file information for the other individual who transferred into the facility with an allegation reported elsewhere did not indicate that segregated housing was used to protect this individual in accordance with the standard.

The auditor also reviewed records for youthful inmates that have processed through the facility since the original site review and observed the processing of two youthful inmates who were committed to the MDOC on the date of the second site visit. The auditor saw evidence that these inmates were processed through the facility within hours and were not housed in segregated housing as previously observed as a means of protecting them from victimization. Based on publicly available data on the agency's website, the auditor found no reason to believe the total of five identified youthful inmates processing through the facility was an exaggerated underreporting of statistical information, insomuch as historical data posted on the agency's website for the past five years indicates the agency averages approximately 12 receptions per year of individuals 17 and under. Given the institutionalization of the practice of processing youthful inmates through the facility expeditiously, avoiding housing those youthful inmates overnight, and avoiding the previously observed housing of youthful inmates in segregation with adult inmates persuades this auditor that the facility has established procedures to ensure that it does not have to routinely resort to the use of involuntary segregated housing to protect those inmates most at risk of sexual victimization within the facility.
115.63
Post Interim Report Corrective Actions Taken:

The auditor returned to the facility for a second site visit on July 17, 2019. During this trip to the facility, the auditor observed that the facility has appointed an assistant PCM to manage document retention relative to PREA compliance. While the facility continues to report that it has not received any such allegations occurring in another facility to report in accordance with provisions (a-c) of the standard during the corrective action period to demonstrate practice; the auditor observed that the MRDCC now has a system in place to retain such documentation outside the scope of the Warden's email account with the assistant PCM's PREA binder that is kept. The assistant PCM was able to produce documentation that the facility's Warden received incoming notice from another Warden in the MDOC about an inmate transferring into the facility with an active allegation from the previous facility to demonstrate that records are kept and retained on related subjects. Absent specific evidence of compliance through an actual required notification, the auditor finds that the newly developed documentation retention procedures will fulfill the original identified concern during the initial onsite review.
115.68
Post Interim Report Corrective Actions Taken:

During a return visit to the facility on July 17, 2019, the auditor reviewed the facility's investigatory log and the assistant PCM's PREA documentation files, containing record of another inmate transferred into the facility with an allegation reported elsewhere. Since the conclusion of the initial site review, the facility received one allegation of sexual abuse on January 14, 2019. Given reported statistical information for the facility over the past six years on the agency's website, this statistic did not appear to be an exaggerated underreporting of incidents. The auditor observed in the records associated with investigatory file 00103 that the alleged victim was housed in segregated housing; however, the alleged

victim had been housed in segregated housing for gang related separations since May 25, 2018, approximately seven months to the inmate making their allegation, which was later unfounded via video evidence. The file information for the other individual who transferred into the facility with an allegation reported elsewhere did not indicate that segregated housing was used to protect this individual in accordance with the standard.
115.71

Post Interim Report Corrective Actions Taken:

During a return visit to the facility on July 17, 2019, the auditor reviewed facility the facility investigatory logs and files. Through discussions with the agency's PREA Coordinator during the initial audit and formulation of the interim report, it was learned that some investigations in the agency during the original audit period had been delayed due to long-term absences and the death of an agency investigator, where cases had not immediately been reassigned. Since the need for corrective action was identified through the interim report, the facility had one reported allegation on January 14, 2019 by which to assess how the facility/agency progressed towards compliance with the standard. The investigation commenced with relevant interviews of relevant parties within three days of the allegation being made. The allegation was that a staff member had been performing a sexual act with an inmate through the inmate's cell door aperture. The investigator clearly described the video evidence which refuted the allegation to arrive at the unfounded disposition. The investigation officially concluded on April 22, 2019 after approval through the agency's investigative unit. As noted under 115.34, the agency provided complete training transcripts for its 35 agency investigators, confirming each had completed specialized investigator's training. Although the evidence of compliance is limited by the absence of allegations following the identified need for corrective action, the available investigatory report reflects that the agency's investigators enacted necessary changes identified during the initial onsite audit to demonstrate compliance with 115.71

115.86
Post Interim Report Corrective Actions Taken:

Following the onsite audit, the auditor was advised that the open investigation ending in case number 732 had concluded with an unfounded disposition; therefore, an incident review as not necessary. However, when the auditor returned to the facility on July 17, 2019 for a second site visit, the auditor observed that in the facility's lone sexual abuse allegation ending in case number 103 that resulted in an unfounded disposition; the facility had conducted an incident review following receipt of the notice of the investigatory conclusion on April 22, 2019. The incident review occurred the same date to meet the timeliness provision of the standard, despite that the review was not required.

Again, while evidence of compliance is limited based upon the limited occurrences of triggering events within the facility; the auditor observed an overall improved atmosphere of preparedness, focus, and organization within the facility following the appointment of an assistant PCM to assist with the maintenance of compliance and record keeping. These improvements indicate that the facility is adequately prepared to address the deficits in compliance observed during the original site review and remain timely with its obligations.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Maryland Department of Public Safety and Correctional Services developed a PREA Manual, which contains all policies relevant to implementing its zero-tolerance policy. The manual, which is considered a Department policy, has adopted the PREA standard language, with agency specific definitions, as its primary PREA policy. The manual also contains the agency's associated policies, procedures manuals, and Maryland regulations and laws, which support the primary policy. In addition to the manual's directives, agency policies DPSCS 020.0026, OPS 050.0001 and OPS 200.0005 serve support the manual's foundation for establishing the zero-tolerance policy. These policies combine with the manual to comprehensively outline the agency's zero-tolerance for sexual abuse and sexual harassment and outlines preventative steps the agency takes to ensure facilities are free of sexual abuse and sexual harassment, including hiring of prospective employees. Policies OPS 050.0001 – Sexual Misconduct Prohibited and OPS 200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, augment the manual, providing more specific direction to reinforce the zero-tolerance policy and speaks specifically to many of the facets of preventing, detecting, and responding to incidents of sexual abuse and sexual harassment. These policies cover training and education for staff and inmates, reporting mechanisms for staff and inmates, response policies for reported incidents, investigation of incidents, protections form retaliation for reporters, prevention responsibilities for facility management, and sanctioning for violations of the zero-tolerance policy. Moreover, the facility has local policy, MRDCC.050.0030.1 Sexual Misconduct – Prohibited, which outlines facility specific responsibilities. The existence of such policies demonstrates compliance with provision (a) of the standard. The PREA manual has adopted the standard language to comply with the standard. Department policy DPSCS 020.0026 establishes the creation and authority of the agency PREA Coordinator with sufficient time and authority to oversee and implement agency efforts to comply with the PREA standards. This policy also designates facility responsibilities to comply with the agency's efforts to implement PREA standards. The position of PREA Coordinator falls under the Deputy Secretary of Operations within the agency; with access to the agency Secretary. His position is solely devoted to ensuring PREA compliance throughout the agency and he reports in an interview that he has sufficient time and authority to conduct the coordination functions within the agency. He oversees 23 PREA compliance managers (PCMs) throughout the agency. He primarily communicates with each through email, phone calls, an annual meeting and periodic trainings throughout each year. The PREA Coordinator reports that the agency formed a PREA committee, consisting of select subject matter experts throughout the agency. The PREA coordinator chairs this committee and its purpose is to review, refine and revise agency policies and procedures as needed. The agency's policies and an interview with the agency PREA Coordinator demonstrate compliance with provision (b) of the standard. The PREA manual has adopted the standard language to comply with provision (c) of the standard. Department policy DPSCS 020.0026 establishes the facility manager as responsible for ensuring PREA compliance within each location. The facility manager may act as the PREA

Compliance Manager for the facility or nominate a designee for approval by the agency to act as the facility's PREA Compliance Manager. The PREA Coordinator stated that there is an agency review process for the appointment of a PREA Compliance Manager, which ensures that the compliance manager will have the appropriate authority and time to coordinate the facility's efforts to comply with the standards.
The Assistant Warden has been designated as the PREA Compliance Manager for the Maryland Reception, Diagnostic and Classification Center (MRDCC). The position of Assistant Warden reports directly to the facility's Warden. The Assistant Warden is responsible for oversight of non-security operations and managers within the facility. The PCM states that he struggles to keep pace with the day-to-day responsibilities associated with PREA, along with his other responsibilities. However, the facility recently employed an audit coordinator, with the rank of Sergeant, and the PCM reports this person will begin to take an active lead in monitoring day-to-day operations and report back to the Assistant Warden.
The facility PCM has sufficient authority to coordinate the facility's efforts to comply with the PREA standards; however, an interview with the facility PCM and discussions regarding standards in need of corrective action indicates there is insufficient time to ensure the agency's zero-tolerance policies are carried out in full on an ongoing basis. While reviewing other standards throughout this audit, the auditor observed that items relative to compliance with certain PCM functions, such as data for completion of the facility's PAQ, PCM incident checklists, delayed investigations, delayed sign off on retaliation monitoring forms to dates just prior to the audit, and the challenge with ensuring regular unannounced rounds are conducted in the facility by mid and upper level managers are indicative that the PCM's other daily responsibilities in his role as Assistant Warden, delay attention to some PCM oversight and record keeping functions. As discussed during the interview with the PCM and facility leadership; the appointment an assistant to the PCM at the facility will ensure that provision (c) of the standard is met consistently.

Corrective Action Recommendation:
The facility will be required to demonstrate that sufficient resources are dedicated to ensure day-to-day coordination and implementation of agency PREA policies. The auditor recommends that the facility implement its plans to assign the audit coordinator within the facility the role of assistant PCM to become compliant with provision (c) of the standard. A memorandum directing or job description update for the audit coordinator; declaring assistant PCM responsibilities will be accepted as evidence of compliance.

Post Interim Report Corrective Actions Taken:

The auditor returned to the facility for a follow-up site visit on July 17, 2019 to confirm the facility has implemented the corrective actions discussed during the February 5, 2019 teleconference regarding the corrective action plan. Since that time, the facility's PREA Compliance Manager (PCM) informed the auditor that the facility's Audit Coordinator, who holds the position of Duty Lieutenant, has been appointed as an assistant PCM for the facility. He stated that the assistant PCM is responsible for the routine hands-on functions and allows him to maintain more of a management role with respect to the facility's compliance.

To measure compliance, the auditor interviewed the assistant PCM to determine exactly how she assists the primary PCM with fulfilling those standards noted in need of corrective action following the onsite audit in December 2018. During an interview with the assistant PCM, the

	auditor was informed that this person is responsible for maintaining documentation relative to each of the facility's compliance audits, whether those audits are related to PREA or other internal agency standards. As such, she was instrumental in developing a documentation retention system for the facility to ensure that all evidence of compliance with applicable PREA standards is securely retained for audit purposes. She presented the auditor with a binder in which she retains standard specific evidence of compliance, which she retains in her office. In addition to the development of a records retention system, the assistant PCM is responsible for oversight of the facility's risk screening process, assisting with placement determinations for identified vulnerable and predatory inmates, and assisting with the case-by-case determination for placement of transgender and intersex individuals committed to the facility. As part of her position within the facility, she conducts unannounced rounds within the facility, inspects housing unit log books, and monitors ongoing compliance with routine functions, such as opposite gender announcements and processing of juvenile inmates through the facility in an expedient manner. She reports any significant compliance problems to the facility's primary PCM, who holds the position of Assistant Warden, so that he may exercise his authority to effectuate necessary changes. Based upon an interview with the assistant PCM, this auditor's observation of processes developed by the assistant PCM, the auditor's observation of the assistant PCM's rounds in facility log books and other observations of compliance during the July 17, 2019 site review; this auditor is satisfied that the facility has provided the primary PCM with adequate time resources to ensure the facility maintains ongoing compliance with the PREA standards.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA manual has adopted the standard language to comply with the standard. The agency supports compliance of the standard through citation of Code of Maryland Annotated Regulations, which require any contractor to comply with all federal, State, and local laws, regulations, and ordinances applicable to its activities and obligations under its Contract. The agency's only contract is with Threshold Inc. The facility is a 32-bed, private non-profit agency incorporated under the Laws of the State of Maryland to provide community-based treatment and work release services for persons incarcerated in the State Prison System. The focus of the program is to assist in the reintegration of the adult male offender. The facility operates under the Community Confinement PREA standards. Under the inspections and evaluations portion of the contract (2.10.1), the Contractor shall permit the Contract Monitor or authorized representatives to conduct audits, physical inspections, and evaluations of the Center at any time during the contract period. The Department's Contract Monitor or authorized representatives may enter the Center at any time without prior notice to the Contractor. The agency's PREA Coordinator states that the agency monitors its contract facility's compliance with the PREA standards through the incorporation of the facility in its overall audit program. The auditor notes that the facility's audit report, dated May 22, 2018 indicated that the agency assigned a PCM to the facility; however, the PREA Coordinator indicates in the current interview that the agency staff member has since retired. The agency PREA Coordinator is now responsible for monitoring compliance. The PREA Coordinator states that agency arranges and pays for audits within the facility, in addition to periodic site visits. The auditor reviewed the contract facility's prior audit reports from 2015 and 2018 and notes that the facility was determined compliant with the PREA standards applicable to the facility type. Through review of the applicable provisions of the contract, the Code of Maryland Annotated Regulations, an interview with the agency PREA Coordinator and review of the contracted facility's 2015 and 2018 PREA audit reports; the auditor finds evidence of compliance with provisions (a) and (b) of the standard.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA manual has adopted the standard language to comply with provision (a) of the standard. The agency supports compliance with OPS.115.0001 - Staffing Analysis and Overtime Management, the agency's policy to address the criteria utilized to develop staffing plans for facilities within the agency. The agency's policy mandates consideration of the following: When determining adequate staffing levels and the use of video monitoring equipment considering the following factors: (i) Best practices used by correction and detention facilities; (ii) 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; (iii) The physical plant to determine the presence of "blind spots" or isolated areas; (iv) Characteristics of the inmate population at the facility; (v) The number and placement of supervisors; (vi) Program activity taking place on each shift; (vii) Applicable federal, State, or local laws or standards; (viii) The prevalence of substantiated and unsubstantiated complaints of sexual abuse at the facility; and (ix) Other factors related to facility security and safety. The audit team finds that these policy factors sufficiently address the 11 enumerated elements of the standard. In review of the facility's staffing plan, the auditor finds that the facility has planned for the adequate supervision of inmates, with respect to facility design and the level of out-of-cell access that each inmate maintains. The facility was designed to hold 723 inmates; however, operates at an average population of 556. The first two floors of the facility are designed for intake, medical, psychological and administrative services. Inmate intake processing, classification, medical evaluations and meetings with professional staff occur on these floors. The first two floors have an interior octagon shaped hallway that splinters off into office areas for each of the aforementioned disciplines. The hallways are covered by cameras and have numerous security and non-security staff continually visible in the areas. Due to the configuration, there is extremely limited opportunity for sexual abuse to go undetected. The facility's vertical housing structure is divided into three columns. In each column of the housing floors, is a housing unit pod. In most of the pods, there are 32 cells. When used for double celling; the housing units can hold up to 64 inmates. The auditor notes that there are specialized pods designed for segregation and protection vulnerable inmates (3CM and 5th/6th floors), which will hold only between 16 and 32 inmates each; depending on its intended use. The standard housing unit configuration resembles an upside-down trapezoid, with the long edge at the far/exterior end of the column. Most hosing units have two tiers; however, the specialized units may only have one tier. On the two-tiered units, the officer's platform is situated at the narrow end of the trapezoid, is elevated and situated in the vertical middle of the two tiers (like the entryway to a split-level home); allowing a direct view of all but the four cells which are located behind the officer's station in the narrow corners of the

trapezoid configuration. The single tier configuration is the same trapezoid design; however, the officer's station is situated level with the cells.
The facility holds inmates who are undergoing classification to one of Maryland's permanent housing facilities, with an average 45-day length of stay. The facility also holds pre-trial detainees from the Baltimore City area. Inmates who are undergoing classification are allowed out of their cells for approximately three hours per day. Inmates who are in pre-trial status are only permitted out of their cells for one hour per day. Recreation within the facility consists of a portion of the inmates on each pod being allowed out of their cells (approximately one quarter) to roam the housing unit tier, sit at tables, and socialize with others at their cell doors. The outdoor recreation area, which is situated on the roof of the second floor and in the hollowed-out middle of the three vertical towers has been restricted from use for approximately 2 years due to safety considerations. The façade of the building is crumbling and the falling debris created a significant safety risk.
Regardless of the total population within the unit or its intended use; each pod is assigned one officer for direct supervision of the inmates within. Access to each of the pods is controlled by a hallway officer, who must manually key open each door to provide access to each pod on the floor. This officer provides a secondary level of supervision for each pod. Each hallway is fully covered by video surveillance. Accesses to each floor is provided by one of two elevator cars, which is manned by a correctional officer to monitor staff and inmate traffic. Each housing unit is almost entirely covered by video surveillance, except for the showering areas and rear closet area; however, the officer's post is in a clear position to observe any staff or inmates accessing the area.
Interviews with the Warden and PCM reveal that the facility considers the 11 factors required by provision (a) of the standard when formulating its staffing plan. The agency has developed a checklist for use by the facility to guide their staffing plan review, which must be signed by the PCM and PREA Coordinator, before forwarding the staffing plan for executive review within the agency's central office each year. The agency is also subject to Maryland Commission on Correctional Standards for staffing and receives a tri-annual audit to ensure compliance with applicable regulations.
The auditor reviewed the facility's documented staffing plan from 2017, which supports the statements by the Warden and PCM. The auditor notes that the facility reduced seven positions; however, such reduction corresponds to the lower inmate population. The 2018 review was submitted to the agency's central office on November 13, 2018 and was not completed at the time of the onsite audit, nor provided to the auditor prior to the issuing of this interim report.
The auditor also reviewed the facility's shift rosters for each of the three shifts, which outlines the number of officer and supervisory staff assigned to each shift. The roster also outlines current vacancies on each shift. The auditor notes that first shift had one Captain vacancy, two Lieutenant vacancies, one Sergeant vacancy and 32 corrections officer vacancies. Second shift had one Major vacancy, 1 Captain vacancy, two Lieutenant vacancies, seven Sergeant vacancies and 23 corrections officer vacancies. Third shift had three Lieutenant vacancies, and five corrections officer vacancies. Interviews with the Warden and PCM confirm that vacant positions for essential posts, i.e. housing unit, hallway and supervisory positions are filled via voluntary or mandatory overtime. Non-essential posts for other programming or facility functions, such as sanitation crews, can be collapsed to ensure sufficient staffing for supervision is available.
Based on interviews with the Warden and PCM, review of the documented staffing plan, review of shift rosters and review of post assignment worksheets (PAWS); the audit finds that

the facility makes its best efforts to develop and comply with a staffing plan consistent with provision (a) of the standard; however, faces significant challenges due to recruitment issues for vacant posts and there is concern regarding the significant number of Lieutenant vacancies.

The PREA manual has adopted the standard language to comply with provision (b) of the standard. In review of OPS.115.0001 - Staffing Analysis and Overtime Management, there is no specific provision of the policy which requires documentation and justification of deviations from the staff plan. During the onsite audit, the audit team was provided a copy of the facility's shift rosters for all three shifts and Post Assignment Worksheets (PAWS), which provided greater insights into the facility's fulfillment of the staffing plan and documentation of deviations from the staffing plan.

The auditor reviewed the facility's shift rosters for each of the three shifts, which outlines the number of officer and supervisory staff assigned to each shift. The roster also outlines current vacancies on each shift. The auditor notes that first shift had one Captain vacancy, two Lieutenant vacancies, one Sergeant vacancy and 32 corrections officer vacancies. Second shift had one Major vacancy, 1 Captain vacancy, two Lieutenant vacancies, seven Sergeant vacancies and 23 corrections officer vacancies. Third shift had three Lieutenant vacancies, and five corrections officer vacancies. Interviews with the Warden and PCM confirm that vacant positions for essential posts, i.e. housing unit, hallway and supervisory positions are filled via voluntary or mandatory overtime. Non-essential posts for other programming or facility functions, such as sanitation crews, can be collapsed to ensure sufficient staffing for supervision is available. The auditor notes that the gender of staff is also noted on the rosters and approximately 60% of the staff is female; requiring roving male officers to complete strip searches or other gender specific tasks to ensure compliance with limitations on cross-gender viewing. Informal discussion with the PCM and administrative staff reveals that the hiring background requirements make recruitment a challenge in the area where the facility is located; thus, the vacancies in the authorized staffing plan.

The PAWS worksheets provide support to the Warden and PCM interviews and demonstrate that non-essential posts are collapsed when essential housing unit needs are left unfilled for any reason. During the first day of the onsite audit, the facility collapsed the Administrative Captain, Investigative Captain, Institutional Trainer and Key/Equipment posts to fulfill supervision needs. The PAWS worksheets detail the 19 most common reasons why the staffing plan would not be fulfilled by specific leave type or training type. On this date, posts were noted as collapsed for the purpose of compensatory leave and family sick act. Interviews with random correctional officer staff reveal that many work significant amounts of overtime; upwards of the maximum of 80 hours of overtime per 80 hour pay-period to ensure the staffing plan is fulfilled.

The auditor selected four random dates throughout the previous 12 months and requested PAWS to verify sufficient documentation of deviation from the staffing plan. The sample from January 2, 2018 reveals that first shift hired 23 staff on overtime to fulfill the staffing plan. Second shift hired 15 staff on overtime to fulfill the staffing plan. Third shift hired 11 staff on overtime to fulfill the staffing plan.

The sample from April 4, 2018 reveals that first shift hired 35 staff on overtime to fulfill the staffing plan. Second shift hired 35 staff on overtime to fulfill the staffing plan. Third shift hired 14 staff on overtime to fulfill the staffing plan.

The sample from August 10, 2018 reveals that first shift hired 27 staff on overtime to fulfill the staffing plan. Second shift hired 24 staff on overtime to fulfill the staffing plan. Third shift hired

9 staff on overtime to fulfill the staffing plan.
The sample from November 1, 2018 reveals that first shift hired 23 staff on overtime to fulfill the staffing plan. Second shift hired 17 staff on overtime to fulfill the staffing plan. Third shift hired 16 staff on overtime to fulfill the staffing plan.
During each shift, non-essential security posts in the areas of training, recreation, APR coordinator, parking garage security, and visiting escorts were collapsed.
The facility adequately documents deviations and its attempts to fulfill essential posts within the staffing plan consistent with provision (b) of the standard.

The PREA manual has adopted the standard language to comply with provision (c) of the standard. OPS.115.0001 - Staffing Analysis and Overtime Management requires 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:
(a) Staffing plan based on topics identified under §.05C(2)(d) of this directive;
(b) Use and deployment of video monitoring system and other surveillance technology; and
(c) Resources available to commit to ensure compliance with the established staffing plan.
Interviews with the Warden and PCM reveal that the facility considers the 11 factors required by provision (a) of the standard when formulating its staffing plan each year. The agency has developed a checklist for use by the facility to guide their staffing plan review, which must be signed by the PCM and PREA Coordinator, before forwarding the staffing plan for executive review within the agency's central office each year. The agency is also subject to Maryland Commission on Correctional Standards for staffing and receives a tri-annual audit to ensure compliance with applicable regulations. The auditor went to the Maryland Commission on Correctional Standards website and found that the MRDCC was scheduled for audit on January 29, 2018. The agency had not yet published or posted its findings in an annual report for 2018 on its website. However, the auditor observed that the most recent annual report from 2015 indicated that the facility required monitoring visits for standard .02 and .05; neither of which were related to staffing.
The auditor reviewed the facility's documented staffing plan review from 2017, which supports the statements by the Warden and PCM. The auditor notes that the facility reduced seven positions; however, such reduction corresponds to the lower inmate population. The 2018 review was submitted to the agency's central office for approval on November 13, 2018 and was not completed at the time of the onsite audit. The 2018 review recommended no further additions or deletions to the existing staffing plan.
Based on the evidence of annual reviews and interviews with the Warden, PCM and PREA Coordinator, the facility finds compliance with provision (c) of the standard.
The PREA manual has adopted the standard language to comply with provision (d) of the standard. Agency policy OPS.050.0001 Sexual Misconduct — Prohibited establishes policy which requires that:
A supervisor, manager, or shift commander shall:
(a) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed:
(i) Randomly on all shifts;
(ii) Except when necessary to prevent prohibited cross gender viewing of an inmate or as part of a legitimate facility operation, unannounced in order to prohibit staff from alerting other staff that the rounds are being conducted; and

(iii) At a frequency established by the managing official

The agency and facility policies contain provisions for supervisory rounds to be conducted. During the onsite audit tour, the audit team found insufficient evidence of practice of documented unannounced rounds conducted by intermediate and higher-level staff. Log books revealed unpredictable rounds by the facility's Captains which covered most days and shifts; however, pre-audit samples of housing unit log books and onsite review of log books revealed an absence of Lieutenant and administrative staff rounds (i.e. Warden, Assistant Warden, Majors, Security Chief) which vary and cover each shift. Rounds within housing units typically consisted of the officer assigned to the unit with a visit from the facility Captain. Moreover, the log books document that rounds by the housing unit officers typically occur at the top and bottom of each hour, in a predictable 30-minute schedule, which could enable inmates to engage in sexual abuse without detection. Formal and informal interviews with facility administration revealed that compliance with this provision of the standard has been challenging due to the number of higher-level management vacancies. However, the auditor finds that entrusting the responsibility of unannounced rounds to one classification does not sufficiently protect against or deter sexual abuse.
A review of the shift rosters reveals vacancies among the key supervisory staff for each shift. The auditor notes that first shift had one Captain vacancy, two Lieutenant vacancies, and one Sergeant vacancy. Second shift had one Major vacancy, 1 Captain vacancy, two Lieutenant vacancies, and seven Sergeant vacancies. Third shift had three Lieutenant vacancies. The PAWs worksheets for the first day of the audit revealed that the Security Rounds, Administrative Captain and Investigative Captain posts were closed to compensate with vacancies; which appears to be related to the absence of such rounds being conducted as required by the standard.
During an exit briefing with facility administration, the auditor advised the facility that provision (d) of the standard would require corrective action. The auditor advised the facility that there would need to be evidence of rounds conducted irregularly, covering each day of the week and all three shifts at unpredictable times to be considered compliant with the standards.

Corrective Action Recommendation:
The facility will be required to demonstrate through its log books that unannounced rounds are regularly occurring on each of the facility's housing units. These rounds should include the facility administration, who also tour the facility on an unpredictable schedule. Compliance will be reassessed during a subsequent site visit and review of log books which demonstrates that practice of conducting unannounced rounds by all classifications has been institutionalized.

Post Interim Report Corrective Actions Taken:

The auditor returned to the facility for a corrective action site review visit on July 17, 2019. During the site review, the auditor selected five housing units within the facility and reviewed the log books for evidence of unannounced rounds being conducted. The auditor notes that the facility does not have a system for electronic round reading and relies on log books within the housing units to document each security round and significant events within each unit. Additionally, the facility does not document administrative rounds in any unique color ink; necessitating a thorough review of the log book to read entries and find evidence of compliance. The facility's rank structure includes Sergeants, Lieutenants, Captains, Majors,

the Assistant Warden, and the Warden as supervisory staff conducting rounds. Although Sergeant rounds occur more frequently, for purposes of compliance, the auditor considered Lieutenants and above to constitute intermediate level or higher level supervisory staff. During an informal discussion with the facility's assistant PCM, the auditor learned that the agency has recently authorized overtime compensation for its Lieutenants as a means to ensure that vacant supervisory positions are readily filled and adequate supervision is present within facilities. As noted during the initial onsite audit, the facility had multiple vacancies within this rank and it is possible that the offering of additional compensation for existing staff to fill vacant posts has allowed for a greater supervisory presence within the facility.

The auditor randomly selected housing units 3A, 4B, 5B, 6C and 7B for inspection. The auditor notes that each log book varied in terms of its start date, with two beginning prior to May 2019, two beginning in June 2019, and one beginning July 1, 2019.

On housing unit 7B, the auditor observed that 13 unannounced rounds were conducted during first shift, 5 unannounced rounds were conducted during second shift, and four unannounced rounds were conducted on third shift on the unit during the month of May by those staff who were determined to be intermediate or higher level supervisory staff. During the month of June, 11 unannounced rounds were conducted on first shift, four were conducted on second shift, and 10 were conducted on third shift. During the first 17 days of July, 6 unannounced rounds were conducted during first shift, 4 during second shift and 1 on third shift.

On housing unit 6C, the auditor observed that the log book began on June 6, 2019. 9 unannounced rounds were conducted during first shift, 4 unannounced rounds were conducted during second shift, and 8 unannounced rounds were conducted during third shift on the unit during the month of June by those staff who were determined to be intermediate or higher level supervisory staff. During the first 17 days of July, 7 unannounced rounds were conducted during first shift, 2 during second shift and 3 on third shift.

On housing unit 5B, the auditor observed that the log book began on June 3, 2019. 13 unannounced rounds were conducted during first shift, 7 rounds were conducted during second shift, and 13 rounds were conducted on third shift on the unit during the month of June by those staff who were determined to be intermediate or higher level supervisory staff. During the first 17 days of July, 7 unannounced rounds were conducted during first shift, 2 during second shift and 3 on third shift.

On housing unit 4B, the auditor observed that 10 unannounced rounds were conducted during first shift, 4 unannounced rounds were conducted during second shift, and 6 unannounced rounds were conducted on third shift on the unit during the month of May by those staff who were determined to be intermediate or higher level supervisory staff. During the month of June, 15 unannounced rounds were conducted on first shift, 5 were conducted on second shift, and 5 were conducted on third shift. During the first 17 days of July, 6 unannounced rounds were conducted during first shift, 1 during second shift and 1 on third shift.

On housing unit 3A, the auditor observed that the log book began on July 1, 2019. During the first 17 days of July, 12 unannounced rounds were conducted during first shift, 3 during second shift and 4 on third shift.

	The auditor notes that these unannounced rounds included facility Lieutenants, Captains, a Major, the Assistant PCM, the Assistant Warden and Warden. Based upon the frequency, randomness and variances between the frequency and scope between which units were visited on which shifts demonstrates that the facility staggers its rounds to the extent that it would not be readily known when a supervisory presence would be expected; thereby serving as a deterrent to sexual abuse. Based upon the evidence contained within the log books, the auditor finds evidence of practice that the facility is now routinely conducting unannounced rounds in accordance with the standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA manual has adopted the standard language to comply with the standard. Agency policy DPDS.100.003 establishes the requirement that juveniles be housed separate from adult inmates. In such cases where a juvenile is remanded to the custody of the agency, the policy requires that such juveniles be housed in a separate unit designated for juveniles which affords no more than incidental sight or sound contact with adult detainees outside the unit. On the pre-audit questionnaire (PAQ) the facility reported that it housed two youthful inmates in the previous year. The facility also provided a tracking log as part of its pre-audit documentation to reveal that one youthful inmate spent approximately 25 days at the facility (between January 25, 2018 and February 22, 2018) and a second spent approximately 6 days at the facility (between April 5 and April 11, 2018). During a review of records pertaining to 115.43, the auditor noted that a third youthful inmate had been housed at the facility from March 22, 2018 to March 30, 2018 and this individual was not recorded on the log. During the onsite audit, the PCM explained that since these youthful inmates were housed in the facility; the facility has changed its procedures to simply escort the youthful offender into the facility for identification purposes and then transfer the individual to the agency's new youthful inmate facility. Given the average population and observed unfilled housing unit; the facility did have the ability to hold youthful inmates separate in a pod that was not occupied by adult inmates, consistent with reports during the facility's prior audit. However, the auditor's review of records relative to 115.43, revealed that at least one of the youthful inmates was housed in a segregation unit with adult inmates. While housed alone in the cell and recreation was completed alone; the facility made no accommodations to ensure sight and sound separation from adult inmates as required by the standards. The agency opened its new youthful inmate facility in the fall of 2017. According to both the PREA Coordinator and facility PCM, under revised procedures, youthful inmates are brought into the facility under direct staff escort and taken to the second-floor identification room for the purpose of completing the photo and fingerprinting identification process. This is typically completed within hours of entry and then the youthful inmate will be committed to the Youth Detention Center. The auditor requested documentation of an effective date of these procedure changes in the form of an agency level directive or facility level directive; however, no such documentation could be produced. The only written direction the auditor could locate with respect to this procedure was in the form of the facility's local policy which was updated and reissued and effective on November 19, 2018 and in the form of an internal email dated November 1, 2018, which describes the process of receiving youthful inmates for "live scan" processing prior to transfer to the Youth Detention Center. The auditor notes that within this November 1, 2018 email, there is direction, that states any youthful inmate will transfer out of the Youth Detention Center on the day of their 18th birthday for placement in an adult facility. According to the facility's tracking spreadsheet, ten youthful inmates subsequently processed through the facility spent approximately one to four hours in the facility prior to transfer to the agency's youthful inmate facility. During the onsite audit, the PCM and PREA Coordinator stated that youthful inmates are directly escorted and observed by custody staff during this processing. During the onsite audit, the audit team did not observe youthful inmates housed in the housing pods. Formal and informal interviews with the Warden, PREA Coordinator, PCM and staff produced no contradictory evidence to indicate the facility continues house youthful

inmates overnight.
The auditor finds concern in the fact that the facility's internal communications and directives regarding the processing of youthful inmates under the described procedures were not memorialized in writing until November of 2018, approximately one month prior to the audit. Moreover, the auditor finds concern in the fact that the facility's youthful inmate tracking log did not record the youthful inmate identified through segregation records.
Based on observations, interviews and a review of inmate records, the auditor finds a need for additional monitoring during a corrective action period to find compliance with the standard.

Corrective Action Recommendation:
The auditor will arrange with the agency's PREA Coordinator to interview male inmates from the MDOC's youthful inmate facility during a subsequent return site visit during the corrective action period to verify that the MRDCC continues to limit youthful inmate presence in the facility solely to the intake identification area under direct staff supervision. If youthful inmates confirm that they were not housed in MRDCC and confirm they were processed for intake identification purposes under direct staff supervision; the auditor may find sufficient evidence of compliance, insomuch as the revised procedures outlined in local policy have been implemented.

Post Interim Report Corrective Actions Taken:

The auditor originally planned to interview youthful inmates at the agency's youthful inmate facility to measure compliance. During the return site visit on July 17, 2019, the auditor arrived 30 minutes early at the facility. Upon arrival, the auditor was informed that two youthful inmates were unexpectedly committed to the facility that morning and would be processing through the identification procedures prior to transfer to the youthful inmate facility. The auditor was able to observe the intake, identification and transfer process for both inmates, essentially from start through transfer out of the facility. Prior to transfer to the agency's youthful inmate facility, the auditor was provided an opportunity to interview each of the youthful inmates to confirm the accuracy of the facility's reports and the auditor's observations.

The facility's assistant PCM reiterated the procedures for processing of youthful inmates through the facility for identification purposes, stating that each youthful inmate is migrated through the facility for identification purposes and then transferred to the youthful inmate facility. She further explained that the MRDCC and Baltimore Booking and Intake Facilities are the only facilities in the area equipped with the live scanning identification systems required for admission screening, fingerprint identification and photographing. Therefore, it is still necessary that each male inmate committed to the agency process through the facility, including youthful inmates.

During the return site visit, the auditor was required to observe inmate education and inmate intake risk screening to verify corrective actions discussed during the February 5, 2019 corrective action phone conference had been implemented. In addition to intake identification, the MRDCC provides the initial PREA education and PREA risk screening to youthful inmates. During the time the auditor spent on the booking floor of the facility, the auditor observed that the youthful inmates were held in a holding cell free of sight and sound contact with adult inmates. Specifically, the MRDCC held all adult intakes in holding cell in the medical area of the facility while the two youthful inmates remained in the booking area holding cell. The

booking area is under constant camera observation. The auditor observed that the youthful inmates were permitted to watch the agency's PREA educational video uninterrupted and then during the subsequent risk screening, the staff member confirmed their understanding of the PREA educational video, explained available reporting methods, and provided the inmates with the agency's PREA literature prior to the inmate acknowledging the education process through signature.

While the inmates were on the booking floor, the auditor observed that a staff member was assigned to directly supervise and monitor their safety. Following the PREA education process and the PREA risk screening, the auditor watched the youthful inmates complete the live scan identification process. A brief interview was conducted with each of the youthful inmates following the risk screening and identification process. Both reported being age 17 and being committed to the facility earlier that morning. The first youthful inmate reported being at the facility for approximately one hour prior to completing required functions. The second stated that he was at the facility for approximately two hours before completing required functions. Both confirmed that they were strip searched, viewed the PREA educational video, PREA risk screening, and identification process; nothing more at the facility. Following the auditor's interview with the youthful inmates, the auditor observed the youthful inmates being relinquished to the transport team for departure from the facility.

The facility's assistant PCM states that she is responsible for ensuring the efficient processing and transfer of youthful inmates through the facility for educational and identification purposes. When a youthful inmate is admitted, she is notified and coordinates the intake and transfer process, ensuring they are appropriate supervised and transferred within minimal time. Since the original onsite audit in December 2018, the facility reportedly received three additional youthful inmates. The assistant PCM provided this auditor with a copy of the inmate computerized reception and transfer records for each inmate. The first was received January 14, 2019 at 0739 hours. Computerized records confirm the inmate was transferred and received by the youthful inmate facility at 0946 on January 14, 2019. The second arrived on March 14, 2019 at 1038 hours and was transferred from the facility at 1356 hours. The third arrived April 4, 2019 at 1205 hours and departed the facility at 1401 hours.

Based upon the auditor's observations of the processing of youthful inmates on the date of the second site visit, computerized records confirming the processing of youthful inmates through the facility to the agency's youthful inmate facility within hours of reception, and an interview with the assistant PCM who is responsible for coordinating the reception and transfer process for youthful inmates; the auditor is satisfied that the facility has demonstrated consistent practice of not housing youthful inmates at the facility in shared housing units with adult inmates. Moreover, there is no evidence to suggest that youthful inmates are held in segregated housing to ensure their safety from adult inmates as observed during the initial audit period. Therefore, the auditor finds compliance.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA manual has adopted the standard language to comply with provision (a) of the standard. Agency policy OPS.110.0047 Search Protocol — Inmates directs that an inmate strip search is conducted by a correctional officer of the same gender of the inmate being searched in a location that affords privacy. The search is to be conducted in the presence of another correctional officer. On the PAQ, the facility wrote “pending” in response to the number of cross-gender strip searches conducted during the previous year. During discussions with the PCM and facility audit coordinator; the auditor was advised that the facility does not conduct cross-gender strip searches or body cavity searches. The audit team formally interviewed a total of 17 random security staff during the onsite portion of the audit. During onsite interviews, all staff consistently reported that they receive training on searches annually; utilizing the agency’s training materials that cover the prohibitions against cross-gender strip searches. Moreover, all staff affirmed that inmates are only ever subject to incidental cross-gender viewing. During the facility tour, the audit team observed that the intake strip search and new clothing issue area were staffed by male officers. This was affirmed during several random and unscheduled subsequent return visits to the area to conduct interviews and access inmate records. In the segregation units, female staff reported that if a strip search were necessary, they would contact a male escort officer to perform the search. Informal interviews with inmates and staff during the audit tour seemed to indicate that strip searches are only performed during the intake process, outside trips to court, in-cell strip searches in segregation for significant movements, and during visits. Formal interviews with staff and transgender inmates also confirmed that transgender inmates may state a preference of the gender of the staff who perform strip searches. During random inmate interviews; no inmate reported being strip searched by female staff and 31 of 35 inmates reported sufficient privacy from all forms of cross-gender viewing. Based upon formal and informal interviews with inmates and staff, as well as observations during the audit tour; the auditor finds compliance with provision (a) of the standard. The PREA manual has adopted the standard language to comply with provision (b) of the standard. Agency policy OPS.110.0047 Search Protocol — Inmates directs a female officer conducts frisk (pat) searches of female inmates except in exigent circumstances. When an exigent circumstance arises, A managing official or a designee may, based on exigent circumstances, authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate. During the onsite audit staff report during interviews that female inmates are not housed in the facility. During the three days onsite; the audit team did not observe female inmates being housed at the facility to find that provision (b) is not applicable to the facility. The PREA manual has adopted the standard language to comply with provision (c) of the standard. Agency policy OPS.110.0047 Search Protocol — Inmates directs searches be documented; however, it does not specifically refer to the requirements of the standard as written.

As noted under provision (a), on the PAQ, the facility wrote “pending” in response to the number of cross-gender strip searches conducted during the previous year. During discussions with the PCM and facility audit coordinator; the auditor was advised that the facility does not conduct cross-gender strip searches or body cavity searches.
The audit team interviewed a total of 17 random security staff during the onsite portion of the audit. During onsite interviews, all staff consistently reported that they receive training on searches annually; utilizing the agency’s training materials that cover the prohibitions against cross-gender strip searches. Moreover, all staff affirmed that inmates are only ever subject to incidental cross-gender viewing.
During the facility tour, the audit team observed that the intake strip search and new clothing issue area were staffed by male officers. This was affirmed during several random and unscheduled subsequent return visits to the area to conduct interviews and access inmate records. During random inmate interviews; no inmate reported being strip searched by female staff and 31 of 35 inmates reported sufficient privacy from all forms of cross-gender viewing.
Based upon formal and informal interviews with inmates and staff, as well as observations during the audit tour; the auditor found no evidence that the facility conducts cross-gender strip searches that would require documentation under provision (c) of the standard.
Moreover, the auditor found no evidence that female inmates are housed at the facility.

The PREA manual has adopted the standard language to comply with provision (d) of the standard. Agency policy OPS.110.0047 Search Protocol — Inmates considers Cross gender viewing, if performed without warning by non-medical staff at times other than incidental to a routine cell check, supervisory rounds to prevent sexual abuse and harassment, or exigent circumstances to be prohibited sexual misconduct. The policy does not implicitly state the procedures or requirements for cross-announcements.
During the audit tour, the audit team consistently observed the practice of cross-gender announcements by the female escorting staff; however, only 20 of 35 inmates consistently affirmed this practice during formal interviews. During formal interviews with random security staff, 16 of 17 affirmed consistent practice of opposite gender announcements, with the final staff admitting the such announcements are occasionally missed. During random inmate interviews; no inmate reported being strip searched by female staff and 31 of 35 inmates reported sufficient privacy from all forms of cross-gender viewing.
During the audit tour, the audit team observed several measures the facility has undertaken to ensure adequate privacy from cross-gender viewing. In the intake area, where incoming strip searches, showers, and facility clothing is issued; the audit team observed that these posts were staffed by males consistently throughout the audit and were informed that this post is gender-specific to male staff. In the medical holding tanks, the cell windows are screened with an obstructing film to prevent cross-gender viewing when the toilet is in use by an inmate during cell checks. At entryways to areas where inmates may be in a state of undress; the facility posted signage to remind opposite gender staff of their announcement requirements. In areas where their strip searches are performed, the facility posted signage outlining each of the steps required during a properly conducted search to inform inmates what conduct is acceptable and not acceptable during such searches. The auditor recognizes and commends the facility for this practice to ensure such searches are completed with professionalism.
Throughout the majority of the facility; shower doors have been upgraded to reduce the height of windows to further prevent cross-gender viewing. During the audit tour, the work was completed on all but one of the occupied housing units (5-C). On this unit, the lower level shower door on the left side was not yet replaced. The audit team notes that housing unit 5-B

was not in use at the time of the onsite audit. It was reported that the unit is not in use so that the work can be completed on the shower door upgrades to each of the four showers.
The audit team consistently observed that the facility permits inmates to obstruct a portion of their cell window to limit incidental viewing while using the toilet during cell checks. The auditor; however, raises concern that in multiple cells within multiple housing units, inmates fully obstructed their cell windows to prevent any form of viewing into the cell. This practice decreases sexual safety; allowing inmates to commit acts of sexual abuse in their cell with a reduced probability of being observed during routine cell checks. When this was observed during the tour, inmates were instructed to remove barriers to in-cell viewing. It is recommended that the facility reinforce the prohibition against complete obstruction of cell windows during roll-call trainings at the facility.
The audit team observed camera placement throughout the tour and entered the control center to view facility cameras. The audit team observed that the facility's observation cell is not subject to video monitoring and no cells were observed to have in-cell cameras. Housing unit cameras do not have view into showering or toileting areas within cells. No cameras were observed in strip search or medical examination areas, which would allow for potential cross-gender viewing.
Based upon audit team observations, inmate interviews, and staff interviews, the facility appears to have sufficient precautions in place to limit cross-gender viewing, once the shower door upgrades are complete. The auditor is concerned that 15 of 35 inmates did not report consistent observation of opposite gender announcements. The auditor will expect to see verification that work on the shower doors is completed on both units where the work is to be completed and to conduct additional interviews with inmates at a later date seeking a greater level of compliance to find full compliance with provision (d) of the standard.

The PREA manual has adopted the standard language to comply with provision (e) of the standard. Agency policy OPS.110.0047 Search Protocol — Inmates directs that:
(a) A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of
determining the inmate's genital status. If an inmate's genital status is unknown, it is to be determined through:
(i) Conversation with the inmate;
(ii) A review of available medical records; or
(iii) Part of a broader medical examination conducted in private by a licensed medical professional.
(b) When circumstances allow, staff should consult with a transgender or intersex inmate before
conducting a search to determine the inmate's preference in the gender of the officer conducting the search.
During the onsite audit, 16 of 17 staff interviews affirmed awareness of the agency's policy prohibiting searches identified in provision (e) of the standard. Moreover, multiple staff affirmed that transgender inmates have the ability to declare a preference for the gender of the staff that search them.
There were three transgender inmates housed at the facility during the onsite audit and all were interviewed. During each of the interviews, the inmates affirmed that they had not been searched for the purpose of determining genital status.
Based on staff interviews and interviews with transgender inmates; the auditor finds compliance with provision (e) of the standard.

The PREA manual has adopted the standard language to comply with provision (f) of the standard. Agency policy OPS.110.0047 Search Protocol — Inmates does not speak to the training requirements for staff conducting cross-gender searches or professional and respectful search of transgender and intersex inmates.
A review of search training curriculum and general PREA training reveals staff are trained to conduct cross-gender frisk searches of transgender and intersex inmates in a professional and respectful manner. The trainings highlight and reinforce the need for professionalism when working with all members of the LGBTI community. The search training materials dictate that when an inmate is or is suspected of being transgender; a female officer shall search the inmate.
When the audit team entered the facility each day, the audit team was subject to a frisk search. The lead auditor is male and found the searches, which were conducted by various female officers, conformed to the training materials and were both professional and respectful. Searches conducted on the female members of the audit team conformed to what is considered professional and respectful techniques practiced by multiple agencies; involving the use of the blade of the hand to search under the breast area.
Interviews with all 17 random security staff confirm that frisk search training is conducted annually as part of the officer in-service training. Interviews with all three transgender inmates confirm that they believed all searches were conducted professionally and respectfully.
Based on interviews with random staff, transgender inmates and a review of training materials; the auditor finds compliance with provision (f) of the standard.

Corrective Action Recommendations:
The auditor will expect to see verification that work on the shower doors is completed on both units where the work is to be completed and to conduct additional interviews with inmates at a later date with a greater level of observed compliance with opposite gender announcements to find full compliance with provision (d) of the standard.

Post Interim Report Corrective Actions Taken:

During a return site visit to the facility on July 17, 2019, the auditor observed the that the facility installed the necessary shower doors on housing units 5-B and 5-C, which were pending completion at the time of the original audit in December 2018. Of note, housing unit 5-C continued to remain under renovation at the time of the second site visit and remained unoccupied.

As described under 115.13, the auditor was required to revisit portions of the facility to observe whether the facility had implemented practice of consistently conducting unannounced rounds. During the visit to each of these housing units, the auditor observed that female staff entering the housing units consistently announced their presence upon entering the unit. One inmate was randomly selected in each housing unit the auditor visited for a second time and was interviewed to confirm that sufficient practice of corrective action items have been implemented. Five inmates were interviewed. All affirmed that opposite gender announcements were occurring, with one stating that he does not routinely pay attention for the announcement because he is routinely sleeping. A sixth inmate refused to be interviewed.

	An interview with the assistant PCM confirms that she conducts unannounced rounds to ensure the facility maintains routine compliance with the standards, including monitoring of such items as unannounced rounds. Based upon the auditor's observations of opposite gender announcements during the original onsite audit, during the second site visit, the confirmation of practice by inmates interviewed during both site visits to the facility, and the additional ability to monitor compliance through the assistant PCM; the auditor is satisfied that the facility has developed sufficient practices which enable inmates to shower, perform bodily functions and change clothing consistent with provision (d) of the standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA manual has adopted the standard language to comply with the standard. Agency policy OEO.020.0032 Limited English Proficiency (LEP) Policy outlines the agencies approach to providing interpretation services for LEP inmates. Each facility within the agency, and in conjunction with the inmate, determines the preferable means of translation, which could include in-person or over-the-phone translation services. The agency policy outlines under what circumstances staff or volunteer translators can be used, with consideration for the potential impacts of confidentiality breaches. Agency policies OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited and OPS.050.0001 Sexual Misconduct — Prohibited contain the prohibition against the use of an inmate interpreter, except in exigent circumstances where it could impede the effective completion of first responder duties. Agency policy OSPS.050.0011 Americans With Disabilities Act of 1990, Titles I and II outlines the agency's approach to accommodating disabled individuals. The policy directs that to the extent possible and according to federal guidelines, the agency will make reasonable accommodations to ensure equal access to public services, programs, or activities provided by the agency. During the onsite portion of the audit, the audit team was advised that both in-person interpretation and over-the-phone interpretation services are available. During the onsite audit, the audit team found one inmate with limited English proficiency (LEP) and conducted an interview using the telephone interpretation service. The interpretation service allowed for proficient communication with the LEP inmate. During the onsite audit, the audit team observed that inmate informational material was posted throughout the facility in both English and Spanish. Intake handouts were also available in English and Spanish. During the onsite audit, many of the targeted inmate populations were not present within the facility. The facility did have a 32-bed housing unit to specifically dedicated to housing individuals who would be considered vulnerable due to medical issues, physical or psychiatric disabilities. The audit team conducted five interviews with inmates within this unit; utilizing the LEP/Disabled inmate protocol. Four out of five interviews confirmed that training materials were provided in a method that they could understand. The fifth inmate asserted that he did not receive training, nor any written materials. During interviews with staff, 14 of 17 explicitly stated that an inmate interpreter cannot be utilized to translate for incidents of sexual abuse under any circumstances. One of 17 cited emergency circumstances where a delay in responding could justify the use of an inmate interpreter for such situations. The remaining two individuals stated their belief that an inmate interpreter could be used to gather initial information, but asserted that they have not seen practice of such. The auditor raised concern with the facility regarding its inmate training methods employed, which will be further addressed in 115.33; however, the deficits in training methodology have the ability to adversely impact disabled or LEP inmates. Specifically, viewing of the agency's PREA video is not facilitated by a staff member and is merely conducted by the inmate sitting in the intake holding tank with the video passively playing in the background. The auditor observed practice of what was considered intake training. This training consisted of the intake officer handing the inmate a written handout without further verbal instruction. The inmate was

asked to sign for the handout and the video they were to passively watch in the holding tank. Interviews with inmates revealed that some were not provided a copy of the facility's inmate handbook. A review of training documentation revealed that no further documented instruction is provided beyond the intake process where an inmate with a disability would have an opportunity to address questions or comprehension issues with staff. For this reason, the auditor does not find the facility fully compliant with provisions (a) and (b) of the standard.

Corrective Action Recommendations:
The auditor will expect to see evidence of a staff facilitated PREA educational instruction program where the agency's PREA video and materials are explained to an inmate, with an opportunity for questions to be asked of staff when inmates cannot comprehend materials. This educational program can be conducted individually or in a group setting; however, cannot rely on the inmate to self-educate based on provision of written materials. During the period between the conclusion of the onsite audit and the issuance of this interim report, the facility stated that they have implemented procedures for intake education to be completed in conjunction with a medical education and orientation program that all inmates complete on their second day within the facility. The auditor will verify such practice through observation of the inmate training program and documentation of educational sessions during the corrective action period.

Post Interim Report Corrective Actions Taken:

The auditor returned to the facility on July 17, 2019 to verify corrective actions had been implemented at the facility. The auditor observed the education and risk screening process for two inmates.

Since the issuing of the interim report, the facility revised its education procedures to enable inmates to view the agency's recently updated PREA education video uninterrupted in one of the booking floor holding cells. The revised video, which was released following the original onsite audit and is available in English and Spanish, describes inmate rights, what constitutes sexual abuse, sexual harassment, reporting mechanisms, and agency policies for responding to incidents. The auditor finds the video sufficient to fulfill the requirements of 115.33 (b). Moreover, the education video describes what is appropriate contact for performance of official duties so that inmates have the information to differentiate what is and is not considered to be authorized contact and interactions with staff. The video contains text to describe relevant and key standard points to provide accessible information to deaf inmates. The video's audio component adequately communicates to those who are limited in their reading skills and is facilitated at a level that may be understood by those with limited educational backgrounds.

Following the inmate's viewing of the video, the auditor observed that during the risk screening process; the risk screening staff member reiterates the agency's reporting methods to the inmate, asks the inmate if they were able to understand the content of the PREA video they had just viewed, asks the inmate if they had any questions pertaining to what PREA is or how to report an allegation. Following confirmation and comprehension of the materials, the risk screening staff then asked the inmate to sign the facility's revised educational verification form. The revised verification form requires the inmate to initial to verify receipt of five key components of the educational process, including watching the PREA video, receipt of the

	agency's PREA brochure, receipt of the rape crisis brochure, receipt of a handbook with PREA information and an opportunity to ask questions. Each of the five items were read to the inmate to verify they understand that which they were verifying. During interviews with five randomly selected inmates, all confirmed that they received PREA educational information; however, three explained that the video was not functioning properly and froze during their education process. Those inmates confirmed that the agency's PREA educational information was read aloud to them and verbally explained when there was an issue with the educational video. During interviews, all five confirmed that they were able to understand the educational information presented to them. All five affirmed that they were afforded an opportunity to ask questions about the educational materials. The auditor discussed the video issue with the facility's assistant PCM and it was discovered that there was a playback issue with the video which caused the audio to advance while the video froze. The facility has since rectified the matter and received new copies of the video which playback without technical interruptions. Based upon the procedures implemented in the educational process that necessitate staff confirmation of inmate understanding of educational materials provided, staff explanation of reporting methods, uninterrupted viewing of the educational video, and confirmation of individualized staff instruction when the educational video may not properly function, the auditor is satisfied that the facility has developed procedures to ensure LEP, and disabled inmates can understand and comprehend educational efforts or be accommodated as necessary. Furthermore, the auditor is satisfied that the training provides inmates with a meaningful opportunity to acquire reporting mechanisms, fully comprehend those behaviors prohibited by the PREA standards, and the agency's response to allegations.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language to comply with provisions (a) and (b) of the standard and a review of agency policy 020.0026 § .05F(1) PREA - Federal Standards Compliance supports the agency/facility efforts to meet compliance of provisions (a) and (b). During an interview with the PREA Coordinator, the auditor was informed that the agency's hiring of staff is conducted at the agency level. During the application process, the applicant selects the general geographic area where they are willing to accept employment and the agency will assign selected applicants to the facilities in those areas. Hiring is then conducted out of regional Human Resource office locations. This practice was confirmed in a subsequent interview with the agency's Human Resource representative for the location. She stated that the agency has a centralized hiring process and the background check process considers a candidate's criminal background, employment history, consists of a neighborhood check, prior employer check, gang background check, psychological examination and drug screening process. There is a specific application form designed to capture this information in the application process and a series of 13 questions on page 29 of the application and question 287 on page 36 of the application directly asks whether the applicant has engaged in prohibited sexual contact with individuals in a custodial setting to capture this information. During this process, if any items prohibited under provision (a) of the standard are uncovered, the agency will not hire the individual. Sexual harassment is also considered in the hiring process. Candidates with a criminal record for sexually harassing behaviors would not be hired. Candidates with a history of discipline for sexual harassment at a prior employer are presumptively ineligible for hire without the approval of the agency level Deputy Director under limited circumstances. The agency's primary policy has adopted the standard language to comply with the standard and a review of agency policy 020.0026 § .05F(1) PREA - Federal Standards Compliance supports the agency/facility efforts to meet compliance of provisions (c) and (d). During an interview with the agency Human Resource representative, she stated that the centralized Human Resource office is responsible conducting the background check for all employees and contractors within the facility. The background check procedures involve: Databases/Systems Used for the Purpose of Criminal Record Background Investigations: • Check of State and FBI fingerprint records (conducted by CCHU); • Consumer Credit Check through Equifax (conducted by CCHU); • Maryland Criminal Justice Information System (CJIS) – Maryland State Criminal Record Check; • RAPS (MD CJIS); • Maryland Judicial Information System (JIS)– District Court case information; • Through "METERS" (Maryland Electronic Telecommunications Enforcement Resource System) – a check of the following: o National Crime Information Center (NCIC) query – for local and out of state criminal record checks; o III (FBI) record check; o Wanted Person check – local and National;

o Civil and Criminal Record check (Active Protective Orders, Warrants, Ex-Parte orders, etc.;
o In state and out of State Motor Vehicle checks;
• Maryland Case Search – Public Website -- to locate civil case records (not supported by fingerprints);
• Through Regional Information Sharing System (RISS) – check of RissGang. RISS includes the following resources:
o Middle-Atlantic-Great Lakes Organized Crime Law Enforcement Network (MAGLOCLEN);
o Mid-States Organized Crime Information Center (MOCIC);
o New England State Police Information Network (NESPIN);
o Rocky Mountain Information Network (RMIN);
o Regional Organized Crime Information Center (ROCIC);
o Western States Information Network (WSIN);
• Through the Washington/Baltimore High Intensity Drug Trafficking Area Organization (HIDTA) – check of "GangNet" -- The Washington/Baltimore HIDTA region includes:
o Loudoun, Arlington, Fairfax, Prince William, Alexandria, Henrico, Chesterfield, Hanover and Prince George counties in Virginia;
o The cities of Richmond and Petersburg;
o Harford, Baltimore, Howard, Anne Arundel, Montgomery, Prince Georges, Charles and Wicomico Counties and the City of Baltimore in Maryland; and
o Washington, DC.
• VTRACK – inmate phone system;
• Check of the Offender Case Management System (OCMS) to check for gang affiliation and visitor logs;
• Property Search – www.dat.state.md.us
Selective Service Report through https://www.sss.gov/Home/Verification
Additional Investigative Procedures for Full Background Checks:
• Background Interview with Investigator
• Check of Employment History
• Check of Law Enforcement/Corrections Applications and Employment (all)
• Neighbor reference checks (physical neighborhood checks)
• Personal reference checks
• Co-Worker reference checks
• Verification of Education Credentials
• Residential Call History through local Police Departments
• Provide all pertinent information on a "Summary of Investigation"
• Complete information on the "CCHU Results of Background Investigation" Form.
Additional Administrative Procedures for Full Background Checks (conducted through CCHU):
• Verification of minimum qualifications (Citizenship, Education, Age verification)
• Review of Polygraph Examination Report (CO's only)
• Review and processing of Tattoo photos for gang affiliation – coordination with DPSCS Intelligence Unit
• National Personnel Records Center Report
• Scheduling and review of Psychological Evaluation
• Scheduling and review of Physical Examination
• Scheduling and processing of Drug Testing
• Complete review of full background check and documents (Manager's review)
• Completion of the Application for Correctional Certification Form (to MPCTC)
The auditor finds these procedures sufficient to capture the prohibited conduct enumerated

within provision (a) of the standard and considered under provision (b) of the standard.
The agency has a specific form that documents the results of each of the sections of its background check. On the PAQ, the facility reported six new hires of staff and contractors during the audit review period. Subsequent to the onsite audit, the agency Human Resource representative provided records of the background check completion forms for each of these six hires, in addition to the records for an employee hired two weeks after the onsite audit. Based upon interviews with the agency Human Resource representative, the outline of their background check procedures, and documentation to confirm that the agency completed its check in each of the divisions of the background check process; the auditor finds sufficient evidence of compliance for provision (c) and (d).

The agency's primary policy has adopted the standard language to comply with the standard and a review of agency policy 020.0026 § .05F(1) PREA - Federal Standards Compliance supports the agency/facility efforts to meet compliance of provision (e). During an interview with the agency Human Resource representative, she stated that the agency utilizes a continuous background scanning process for employees and contractors within its facilities. The system will generate an electronic notice upon an individual's arrest via a match of their fingerprints. This notice is provided to Human Resource staff, as well as the agency's Intelligence and Investigation Unit (IIU). The auditor finds this procedure sufficient to meet the requirements for provision (e).

The agency's primary policy has adopted the standard language to comply with the standard and a review of agency policy 020.0026 § .05F(1) PREA - Federal Standards Compliance supports the agency/facility efforts to meet compliance of provisions (f), (g) and (h).
The auditor reviewed the agency application materials and found that there are sufficient steps in the application process to identify any of the prohibited conduct identified in provision (a) of the standard. There is a specific application form designed to capture this information in the application process and a series of 13 questions on page 29 of the application and question 287 on page 36 of the application directly asks whether the applicant has engaged in prohibited sexual contact with individuals in a custodial setting to capture the information required by provision (f). The final page of the application (page 39) requires the applicate to affirm that the information provided is accurate. If the information within is found to be incorrect, incomplete, or misleading; the application may be terminated, and any offer of employment withdrawn. An applicant who is already employed may be terminated.
Provision (h) of the standard is supported by the agency's primary policy, which has adopted the standard language to comply with the standard. The Annotated Code of Maryland 17.04.14.10 and.20 allow for an employee who is subject to disclosure of information consistent with provision (h) of the standard to be notified of the request and inspect the records being disclosed. The Human Resource representative stated that when requests for information on former employees consistent with provision (h) of the standard are made; the request is forwarded to the agency's IIU division, as they have access to all investigatory inquiries into the employee.
Through the review of application materials, background check information and an interview with the agency Human Resource representative, the auditor finds sufficient evidence of compliance with provisions (f), (g) and (h) of the standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA manual has adopted the standard language to comply with the standard. A review of PAQ did not reveal references to Upgrades to facilities and technologies. The audit team observed the facility and did not find evidence of substantial modifications or any evidence of expansion. As noted in 115.15, the facility is replacing shower doors to provide additional protections from cross-gender viewing; demonstrating its consideration of sexual safety consistent with provision (a) of the standard. During an interview with the Warden, she related that the facility is in the process of upgrading in-cell lighting to ensure visibility during cell checks, which is also an enhancement which can be used to protect inmates from sexual abuse consistent with provision (a) of the standard. Absent significant modification of the facility and evidence of sexual safety considerations in current projects, the audit team finds compliance with provision (a) of the standard. The audit team observed the facility camera system. There have been no recent upgrades to the system relevant to 115.18. However, when discussing the current camera configuration on each of the housing units; the configuration was designed to consider officer placement within the unit and potential blind spots from the officer's post when multiple inmates may be out of their cells consistent with provision (b) of the standard. Based on interviews with the Warden, informal interviews with security staff, and tour observations; the auditor finds compliance with the standard.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Agency policy indicates the agency is responsible for investigating all allegations of sexual abuse. The agency's primary policy has adopted the standard language for this provision, which is supported by agency policies OPS.050.0001 § .05D & G, OPS.200.0005 § .05D, F & G, IIU.110.0011 § .05C & D, and IIU.220.0002. The agency's policies state that the agency's Internal Investigative Unit (IIU) will conduct investigations of alleged sexual abuse and sexual harassment. While the agency's directives regarding evidence preservation and collection are repeated in varying degrees throughout the above noted policies, the agency has a policy specifically related to the investigation of sexual offenses (IIU.110.0011-Investigating Sex Related Offenses) which directs: "When the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a: (a) A Sexual Assault Forensics Examiner (SAFE); (b) Sexual Assault Nurse Examiner (SANE); or (c) If documented attempts to obtain the services of a SAFE or SANE are unsuccessful, a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims." The agency's policies direct that first responders to an incident are responsible for preserving the scene of the incident an any items that may have been used as evidence; detaining the alleged perpetrator and preventing the destruction of physical evidence, as well as instructing the victim on the need to protect against the destruction of physical evidence on their person. Agency policy IIU.220.0002-Evidence and Personal Property Collection, Storage, and Disposition speaks to the agency's general protocol for ensuring the integrity of the evidence collected, its chain of custody and preserving the value of its use within investigative proceedings. During interviews with random staff, all 17 who were interviewed demonstrated thorough knowledge of their responsibilities to preserve any crime scene and to request that the involved inmates take no action to potentially destroy physical evidence, such as washing, showering, brushing teeth, etc. An interview with investigative staff revealed that the agency has its own internal sworn police force, in its Investigative and Intelligence Division (IID). The IID conducts both criminal and administrative investigations and employs approximately 20 detectives and approximately 36 total investigators throughout the agency. The investigative staff confirm that they are responsible for evidence collection at the site; however, all forensic examinations are conducted at an outside hospital. In the Baltimore area, those examinations are conducted at Mercy Hospital. Investigators are responsible for accompanying the victim during the forensic examination, collecting the evidence and sending it to the crime lab for analysis. The investigator confirms that she was also trained to conduct forensic evidence collection, including body swabs when necessary for investigations. A review of the agency's specialized investigator's training reveals that the agency trains its investigative staff to appropriately preserve evidence and collection techniques. Maryland statute requires that designated hospitals accept all induvial reporting sexual abuse for

forensic examinations that are reimbursed by the state's Department of Health. State statute requires that sites utilize the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", which indicates that evidence shall be collected if the alleged sexual assault occurred within 120 hours.
Based upon review of Maryland statutes, training materials and interviews with staff and investigators, the auditor finds compliance with provision (a) of the standard.

The PAQ indicates that the evidence collection protocol was based upon the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Maryland statute requires that designated hospitals accept all induvial reporting sexual abuse for forensic examinations that are reimbursed by the state's Department of Health. State statute requires that sites utilize the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", which indicates that evidence shall be collected if the alleged sexual assault occurred within 120 hours. The audit team evaluated the agency's training materials for investigators and found that the curriculum addressed evidence collection techniques consistent with the protocol, in compliance with provision (b) of the standard.

The agency's primary policy has adopted the standard language for provision (d), which is supported by agency policies OPS.050.0001, OPS.200.0005, and IIU.110.0011. All policies speak to the agency's commitment to offer sexual abuse victims access to forensic examinations. The agency's "Office of Clinical Services/Inmate Health Medical Evaluations Manual, Chapter 13 – Sexual Assault on an Inmate" states that:
Detainees/inmates reporting to have been sexually assaulted while in DPSCS custody shall be managed using guidelines consistent with the Prison Rape Elimination Act (PREA). An initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. DPSCS medical vendors will not participate in or conduct a forensic examination. All specimen collection for forensic examinations will be done after the patient is transferred to an approved off site medical facility for assessment by an independent provider or nurse who conducts forensic examinations.
The facility utilizes Mercy Hospital for forensic examinations when necessary. Although the facility does not have an explicit agreement with Mercy Hospital; said hospital has been designated by the state of Maryland as a forensic examination site for the city of Baltimore. State regulations designate that the state Department of Health reimburses the hospital directly for all forensic examinations. The facility provided a sample of discharge instructions and confirmation of a forensic examination being performed at Mercy Hospital, relative to serious incident #17-033. The audit team verified, through an interview with hospital staff that SAFE/SANE examinations are performed at Mercy hospital when necessary for inmates housed at MRDCC.

The agency's primary policy has adopted the standard language for provisions (d) and (e), which is supported by agency policies OPS.050.0001, OPS.200.0005, and IIU.110.0011. All policies speak to the agency's commitment to offer sexual abuse victims access to a qualified victim advocate during forensic examinations and during investigatory interviews. The

agency's primary policy designates that the victim advocate shall be from a rape crisis center and only in circumstances where a rape crisis center is not available; the agency shall make a qualified staff member available.
The PREA Coordinator states that the MDOC coordinates its rape crisis services through the Maryland Coalition Against Sexual Assault (MCASA), which serves as the umbrella agency that coordinates with its 17 local sites to provide rape crisis counseling services in the specific locations where MDOC facilities are located. The MDOC contracts for rape crisis counseling and training services with MCASA and provided a $10,000 invoice dated September 25, 2018, purchasing PREA training consultation services and sexual assault counseling hours for the agency. Additionally, the scope of work was reviewed and it confirms that MCASA is responsible for working with its local centers to develop capacity to provide advocacy services in writing, by telephone, or in person, depending upon the needs of the inmate and the availability of resources. MCASA is responsible for making all reasonable attempts to ensure that a qualified victim advocate be made available to accompany victims through the forensic examination process. Turn Around Inc. is the designated local site that provides rape crisis counseling services to the Baltimore City area.
The PCM and PREA Coordinator confirmed that the facility does not have a specific MOU with its MCASA site; Turn Around Inc. An interview was conducted with the PREA Program Coordinator/Analyst with MCASA, and revealed that advocates under the MCASA umbrella throughout the state accompany individuals for forensic examinations at designated state forensic examination sites. She stated that the facility's forensic examination site, Mercy Hospital, has its own pool of advocates that are not affiliated with the Turn Around Inc. MCASA organization. An interview with agency investigators revealed that, upon request from a victim, RCC advocates are allowed to participate in investigatory interviews. The facility had three reports of sexual abuse within the previous 12 months, with the most recent report in July of 2018. Due to the short-term average length of stay at the facility (average of 45 days); there were no alleged victims of sexual abuse still housed at the facility at the time of the onsite audit for interview to confirm that any such request was honored.

The agency's primary policy specifies that the agency is responsible for conducting both criminal and administrative investigations within the facility. Therefore, provisions (f) and (g) are not applicable to the audit. A review of facility investigations confirmed that all investigations are conducted by the agency's Intelligence and Investigation Unit (IIU).

The audit team evaluated the agency's relationship with MCASA and Mercy Hospital. Mercy Hospital's forensic examination program provides a provides an advocate during the examination. An interview was conducted with the PREA Program Coordinator/Analyst with MCASA, and revealed that rape crisis advocates under the MCASA umbrella are trained in national best practices and receive training that qualifies them to serve in such capacity. In addition to traditional advocacy training; she states that she provides training to the local rape crisis centers to educate them on the dynamics of working with incarcerated survivors. This training would include the differing dynamics of sexual abuse within confinement settings and how safety planning for survivors is different that those survivors served in the community, consistent with provision (h) of the standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provisions (a) and (b), which is supported by agency policies OPS.050.0001, OPS.200.0005, and IIU.110.0011. All policies speak to the agency's responsibility for conducting both criminal and administrative investigations. The PREA Coordinator and interviewed investigator confirm the agency's Investigative Division (IID) is responsible for conducting an administrative or criminal investigation for all allegations of sexual abuse and sexual harassment. The IID is an investigative unit with the legal authority to conduct criminal investigations and is responsible for conducting criminal investigations of alleged sexual abuse. The investigatory policy is published on the agency's website. On the PAQ, the facility reported four allegations of sexual abuse and sexual harassment within the audit period. During the onsite portion of the audit, the auditor reviewed the investigatory log and found evidence that four investigations were initiated. The auditor reviewed the agency's annual report to determine whether the reported number of allegations were consistent with recent years data. Except for a spike in allegations in 2015, where the facility had 12 reported incidents; data from 2014, 2016, and 2017 indicated two, six, and six allegations respectively, making the total reported allegations for the audit period consistent with recent levels of reported activity. A review of investigatory files from the audit period confirmed that the IID has not substantiated any allegations to file criminal charges for allegations of sexual abuse or sexual harassment reported at the facility. Agency policy, interviews with the PREA Coordinator, PCM and a review of agency investigative referrals and investigations confirm that the agency is responsible for conducting sexual abuse and sexual harassment investigations throughout the agency. Therefore, provisions (c), (d) and (e) are not applicable to the agency.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a), which is supported by agency policies OPS.050.0001 and OPS.200.0005. Agency policy requires: The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: (1) An employee attends approved training related to preventing, detecting, and responding to acts of inmate on inmate sexual conduct The audit team reviewed the agency's PREA training materials and found that the curriculum explicitly covers the first nine elements of provision (a) of the standard; however, does not address element 10. During an interview with the PREA Coordinator, the agency requires the responding investigative officer to make applicable notifications to the applicable social service agency when a mandatory reporting requirement is triggered. Because all allegations reported to the agency's Investigative and Intelligence Division (IID), which is a law enforcement agency; following the agency reporting protocol ensures compliance with Maryland's mandatory reporting laws. The auditor researched mandatory reporting laws in Maryland and the Maryland Department of Health's website states: To protect patient confidentiality, Maryland does not have mandatory reporting laws for domestic violence or sexual assault. You may not report suspected or confirmed domestic violence or sexual assault unless the adult victim consents or for one of the following exceptions: Exceptions: Disclosure is mandated in the following three conditions: 1. Child abuse • If the case involves physical or sexual abuse of a child up to age 18 by a parent, guardian, other person with permanent or temporary custody, or family or household member, then health care professionals are mandated to report to Child Protective Services (CPS) or law enforcement. 2. Vulnerable adult abuse • If the case involves neglect, self-abuse, or exploitation of a vulnerable adult (adult aged 18 or older lacking the physical or mental capacity to provide for daily needs), then medical personnel, police, and human service workers should report to Adult Protective Services (APS) or law enforcement. 3. Treatment of an injury by health care provider • If the injury was caused by a gunshot or moving vessel, then medical personnel must report to law enforcement. The auditor finds that the PREA Coordinator's explanation regarding mandatory reporting is consistent with state law; thus, training on mandatory reporting laws fulfilled by instructing on agency reporting mechanisms.

The agency conducts its training annually during in-service training and additional refreshers are offered during rollcall. All 17 randomly interviewed staff confirmed that they receive such training and all were knowledgeable on their obligations to report, preserve evidence and ensure the safety of alleged victims; consistent with provision (a) of the standard.

The auditor reviewed the training materials and found that they are tailored to the gender of the male inmates housed at the facility, consistent with provision (b) of the standard.

The auditor reviewed printed electronic training records which documented attendance at the agency's in-service training for 2017 and 2018; on the dates where PREA is covered. The agency utilizes its training curriculum evaluated under provision (a) for both initial and refresher trainings.
The facility provided training records for a total of 230 employees. The auditor notes that the current shift rosters provided to the audit team verified, that as of October, there were 177 security staff employed by the facility. The auditor then took the shift rosters and randomly sampled two employees from each of the three groups assigned to each of the three shifts, selected names and cross-referenced them against training records. The auditor found that each of the six employees sampled from each of the three shifts (18 samples in total) had verification of PREA training for both 2017 and 2018; consistent with provision (c) and (d) of the standard.
All 17 random staff reported receiving PREA training during interviews and demonstrated solid understanding of their responsibilities should they receive an allegation of sexual abuse or sexual harassment. Staff also reported receiving periodic refresher information during rollcall at the facility that covers first responder responsibilities. Beyond this, the facility also requires a sign off on the facility policy regarding Sexual Misconduct Prohibited. The facility provided records which demonstrates that active staff who were not on some form of leave completed their acknowledgement in November of 2018.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for this standard, which is supported by agency policies OPS.050.0001 and OPS.200.0005. Policy 050.0001 – Sexual Misconduct Prohibited defines an employee as : (6) "Employee":(a) Means an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification.(b) Includes:(i) A contractor;(ii) An intern; (iii) A volunteer; and(iv) An employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, and Baltimore City Public Schools; as well as; Of the same policy, 05 C: C. The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: (1) Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct; (2) Written policy and procedures issued by the head of the unit related to the custody and security of an inmate comply with applicable federal PREA standards; (3) Department and agency policy prohibiting sexual misconduct, procedures for filing a complaint, and inmate rights related to sexual misconduct are effectively communicated to an inmate: (a) As part of inmate orientation; (b) By inclusion in the facility's inmate orientation paperwork; and (c) If applicable, the facility's inmate handbook; as well as the DPSCS Volunteer Services Orientation Manual and Volunteer Agreement and Acknowledgement of Orientation form indicating: "I participated in The Department of Public Safety and Correctional Services Volunteer Orientation at (location) on (date) completed by (name of trainer). I attest that I have received, been fully advised, read and clearly understand the following documents and materials: 1. DPSCS Volunteer Program Orientation manual, including a. Volunteer Guidelines – Rules of Conduct b. Emergency Consent Information 2. DPSCS Directives a. Prison Rape Elimination Act – Federal Standards Compliance b. Sexual Harassment – Prohibited c. Sexual Misconduct – Prohibited I understand that with the Prison Rape Elimination Act (PREA), I have a duty to inform for any sexual misconduct I observe or am aware of during the course of my volunteer service. I agree to comply with all security and program regulations and requirements as set forth in writing in the material given to me (orientation guide, rules of conduct, guidelines, and handouts) and explained verbally.; Etc. also depicts the volunteer's Volunteer printed name Date, Volunteer signature, and Trainer's Signature Date During the onsite audit, the audit team observed that the facility utilizes contract medical staff and psychiatric practitioners. Rosters indicate that there is a total of 43 contract staff working periodically at the facility (27 Wexford, 8 from Mumby & Simmons dental consultants, and 8 from MHH). Formal and informal interviews with staff and inmates indicate that there are no

	significant programming offerings at the facility, aside from religious services. The facility reports that it utilizes one volunteer to assist with the delivery of Islamic religious services. The facility provided record of this individual's acknowledgement of receiving PREA training. During the onsite audit, interviews were conducted with two contractors. Both affirmed receiving training required by the standard. One of the contractors was employed by the medical provider Wexford. The contract medical provider has its own PREA training curriculum that its employees must complete. The content was reviewed and determined sufficient to meet the requirements of 115.32. Contract dental providers are trained by an agency specific curriculum which was reviewed by the auditor and deemed sufficient to meet 115.32. MHM contractors were purportedly trained in the agency's PREA materials. Beyond these requirements, contract staff were all required to sign an acknowledgement of the facility's PREA policy, describing facility specific strategies for complying with PREA. An interview with the facility's lone volunteer was conducted via telephone after the onsite audit, as he does not regularly provide services within the facility. He affirmed that he was provided training by the facility in the form of a presentation. He understands the agency's zero-tolerance policy and articulated that he is responsible to report any allegations received to his first-line supervisor, which is the facility's paid chaplain. Based upon interviews, a review of training records, and the acknowledgement of facility policy, the auditor finds compliance with provisions (a-c) of the standard.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a), which is supported by agency policies OPS.050.0001 and OPS.200.0005. Agency policy requires: Department and agency policy prohibiting sexual misconduct, procedures for filing a complaint, and inmate rights related to sexual misconduct are effectively communicated to an inmate: (a) As part of inmate orientation; (b) By inclusion in the facility's inmate orientation paperwork; and (c) If applicable, the facility's inmate handbook; (4) Contact information for persons listed under §.05E(4) of this directive is current and effectively available to an inmate. During the onsite portion of the audit, the audit team observed that each new commitment to the facility receives an intake handout within the first one to three hours of arrival. The agency's PREA video plays in the background during their wait in the holding tanks pending assessment by medical and intake staff. Inmates are provided with a copy of the agency's PREA brochure during the intake process, outlining the agency's zero-tolerance policy, an inmate's right to be free from sexual abuse and harassment, what to do if you have been sexually assaulted, how to report sexual abuse and sexual harassment, tips to reduce risk of sexual abuse, and the agency's response and investigative commitments. Provided that an inmate has a fluent reading and comprehension level; the information within the brochure meets the content requirements of provision (a) of the standard. While the facility is commended for its efforts to ensure each newly committed inmate receives this information within moments of intake; the manner in which it is provided does not fully comply with the intent of the standard. The auditor observed the intake process for multiple inmates, which reportedly served as the facility's intake and comprehensive education process. Following processing for identification and a rapid administration of the agency's risk screening tool questions; inmates were asked to sign an acknowledgement form for receipt of the handout that was merely provided to the inmate without confirmation of understanding or comprehension. If an inmate did not affirmatively state that they were unable to read; there is no opportunity for assurance the materials could be read by the individual. Moreover, the inmates were asked to sign for acknowledgement of the PREA video which was playing in the background in the holding tank. Again, this was without effort to ensure the inmate could understand or comprehend the materials. There was no staff communication of the agency's zero-tolerance policy or reporting methods provided to the inmate; which could be used to ensure the inmate has the ability to comprehend the nature of the material being provided to them. The agency's primary policy has adopted the standard language for provision (b), which is supported by agency policies OPS.050.0001 and OPS.200.0005. As cited under provision (a), inmate education regarding sexual abuse and sexual harassment policies and prevention is provided during inmate orientation. The auditor observed the intake process for multiple inmates, which reportedly served as the facility's intake and comprehensive education process. The practice at the facility deviates from what is noted within agency policy. Following processing for identification and a rapid

administration of the agency's risk screening tool questions; inmates were asked to sign an acknowledgement form for receipt of the handout that was merely provided to the inmate without confirmation of understanding or comprehension. If an inmate did not affirmatively state that they were unable to read; there is no opportunity for assurance the materials could be read or understood by the individual. Moreover, the inmates were asked to sign for acknowledgement of the PREA video which was playing in the background in the holding tank. Again, this was without effort to ensure the inmate could understand or comprehend the material. There was no staff communication of the agency's zero-tolerance policy or reporting methods provided to the inmate; which could be used to ensure the inmate has the ability to comprehend the nature of the material being provided to them.
During interviews with the inmate population, in response to question 5 of the random inmate protocol, nine of the 35 interviewed were unable to confirm that they received training on the four essential required points of training. Additionally, six of the 35 were unable to confirm they received the intake handout. During informal interviews during the audit tour, inmates asserted that the facility does not provide the inmates with a copy of the agency's inmate handbook. Only 17 interviewed inmates affirmed knowledge of the ability to report allegations anonymously.
While some inmates may have passed through a previous MDOC facility as a pre-trial detainee, such as the Baltimore Booking and Intake Center, information gathered during random inmate interviews affirms that not all inmates would have received the agency's comprehensive training elsewhere within the agency provided that the MRDCC receives all new state court commitments throughout the state, including more rural sites without MDOC pre-trial services. During interviews, inmates reporting transferring into the facility from other county prison sites from elsewhere throughout the state that were independent of the MDOC. Based on observations of the intake and education process, and interview with intake staff, and inmate interviews; the auditor does not find compliance with provision (b) of the standard.

The facility is a short-term, temporary location, which houses inmates for an average length of stay of approximately 45 days. The pre-audit questionnaire indicates that NO inmates were committed to the facility prior to the agency's implementation of the PREA standards as described in provision (c). Therefore, all inmates currently at the facility have been educated through the intake process. During inmate interviews, there was no evidence to indicate otherwise.
While some inmates committed to the facility may have passed through a previous MDOC facility as a pre-trial detainee, such as the Baltimore Booking and Intake Center, information gathered during random inmate interviews affirms that not all inmates would have received the agency's comprehensive training elsewhere within the agency provided that the MRDCC receives all new state court commitments throughout the state, including more rural sites without MDOC pre-trial services. Therefore, a comprehensive education program would be required for all inmates who were not previously educated within the agency.

The audit team reviewed the agency's PREA education materials and found that materials are provided in English and Spanish formats to accommodate the agency's predominate populations. In the event that education materials are not available in an inmate's primary language or in a format not readily understood by the inmate population, the facility accommodates the needs of the inmate population by through the use of an in-person or over the phone interpretation service.
As noted in previous provisions of the standard, the auditor observed the intake process for

multiple inmates, which reportedly served as the facility's intake and comprehensive education process. The practice at the facility deviates from what is noted within agency policy. Following processing for identification and a rapid administration of the agency's risk screening tool questions; inmates were asked to sign an acknowledgement form for receipt of the handout that was merely provided to the inmate without confirmation of understanding or comprehension. If an inmate did not affirmatively state that they were unable to read; there is no opportunity for assurance the materials could be read or understood by the individual. Moreover, the inmates were asked to sign for acknowledgement of the PREA video which was playing in the background in the holding tank. Again, this was without effort to ensure the inmate could understand or comprehend the material. There was no staff communication of the agency's zero-tolerance policy or reporting methods provided to the inmate; which could be used to ensure the inmate has the ability to comprehend the nature of the material being provided to them.
Considering there was no effort to confirm an inmate's comprehension of the materials, the practice at the facility does not provide sufficient opportunity to identify those inmates who may be limited in their English proficiency, deaf, visually impaired, limited in their reading skills, or otherwise disabled as specified in provision (d).

During the onsite audit, the auditor reviewed the inmate education records, which are maintained in the inmate base file. The auditor randomly sampled inmates who were committed to the facility for 30 days or more to verify both risk screening and comprehensive education requirements. The auditor sampled 20 random inmate files and found that the facility maintained documentation in 19 of those files, consistent with provision (e) of the standard. However, as previously noted, the inmates were expected to sign verification of participation in education sessions that merely consisted of self-guided, passive educational efforts which are not consistent with provisions (a) and (b) of the standard.

The agency's primary policy has adopted the standard language for provision (f), which is supported by agency policy OPS.001.0008 – Inmate Handbooks. The policy requires that the agency develop handbooks specific to each of its three primary population types, including adult correctional facilities, adult detention facilities and juveniles committed as adults in correctional and detention facilities.
The audit team reviewed pre-audit samples and onsite observation of the education materials and found that the agency's posters, brochures, and handbook sufficiently meet the requirements of provision (f) of the standard. Posters and brochures were present and posted on each housing unit throughout the facility tour; posted by the inmate phones, allowing an inmate to inconspicuously access the information. Moreover, the facility had its PREA hotline and advocacy organization phone numbers painted on the walls throughout the facility. It is noted, that while some inmates reported they did not receive a handbook, the other materials posted throughout the facility satisfy provision (f) of the standard.
During random inmate and staff interviews, acknowledgement of the phone number being painted on the wall and the posters were routinely referenced when individuals were asked how they could make a report.

Corrective Action Recommendations:
The facility will be required to develop a comprehensive inmate education program which consists of a staff facilitated program that affords inmates the opportunity to ask questions and for the facilitating staff member to observe for deficits in comprehension of the materials.

During the period between the conclusion of the onsite audit and the issuance of this interim report, the facility stated that they have implemented procedures for intake education to be completed in conjunction with a medical education and orientation program that all inmates complete on their second day within the facility. The auditor will verify such practice through observation of the inmate training program and documentation of educational sessions during the corrective action period.

Post Interim Report Corrective Actions Taken:

The auditor returned to the facility on July 17, 2019 to verify corrective actions had been implemented at the facility. The auditor observed the education and risk screening process for two inmates.

Since the issuing of the interim report, the facility revised its education procedures to enable inmates to view the agency's recently updated PREA education video uninterrupted in one of the booking floor holding cells. The revised video, which was released following the original onsite audit and is available in English and Spanish, describes inmate rights, what constitutes sexual abuse, sexual harassment, reporting mechanisms, and agency policies for responding to incidents. The auditor finds the video sufficient to fulfill the requirements of 115.33 (b). Moreover, the education video describes what is appropriate contact for performance of official duties so that inmates have the information to differentiate what is and is not considered to be authorized contact and interactions with staff. The video contains text to describe relevant and key standard points to provide accessible information to deaf inmates. The video's audio component adequately communicates to those who are limited in their reading skills and is facilitated at a level that may be understood by those with limited educational backgrounds.

Following the inmate's viewing of the video, the auditor observed that during the risk screening process; the risk screening staff member reiterates the agency's reporting methods to the inmate, asks the inmate if they were able to understand the content of the PREA video they had just viewed, asks the inmate if they had any questions pertaining to what PREA is or how to report an allegation. Following confirmation and comprehension of the materials, the risk screening staff then asked the inmate to sign the facility's revised educational verification form. The revised verification form requires the inmate to initial to verify receipt of five key components of the educational process, including watching the PREA video, receipt of the agency's PREA brochure, receipt of the rape crisis brochure, receipt of a handbook with PREA information and an opportunity to ask questions. Each of the five items were read to the inmate to verify they understand that which they were verifying.

During interviews with five randomly selected inmates, all confirmed that they received PREA educational information; however, three explained that the video was not functioning properly and froze during their education process. Those inmates confirmed that the agency's PREA educational information was read aloud to them and verbally explained when there was an issue with the educational video. During interviews, all five confirmed that they were able to understand the educational information presented to them. All five affirmed that they were afforded an opportunity to ask questions about the educational materials. The auditor discussed the video issue with the facility's assistant PCM and it was discovered that there was a playback issue with the video which caused the audio to advance while the video froze.

	The facility has since rectified the matter and received new copies of the video which playback without technical interruptions. Based upon the procedures implemented in the educational process that necessitate staff confirmation of inmate understanding of educational materials provided, staff explanation of reporting methods, uninterrupted viewing of the educational video, and confirmation of individualized staff instruction when the educational video may not properly function, the auditor is satisfied that the facility has developed procedures to ensure LEP, and disabled inmates can understand and comprehend educational efforts or be accommodated as necessary. Furthermore, the auditor is satisfied that the training provides inmates with a meaningful opportunity to acquire reporting mechanisms, fully comprehend those behaviors prohibited by the PREA standards, and the agency's response to allegations.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for this standard, which is supported by agency policies OPS.050.0001 and OPS.200.0005. Both administrative and criminal investigations are conducted by the agency's Intelligence and Investigative Division (IID). This entity is a sworn police force working within the agency, established under the authority of Correctional Services Article § 10-701 in the Code of Maryland Annotated Regulations (COMAR). State regulations establish the minimum qualification of an investigator within the unit under § 10-701 (d) Investigator -- Minimum qualifications. -- An individual who is employed as an investigator in the Intelligence and Investigative Division shall meet the minimum qualifications required and satisfactorily complete the training prescribed by the Maryland Police Training Commission. Given that investigators are required to come to the unit with the minimum training required of a police officer in the state; investigators come to the unit with a high level of training, which the MDOC augments with its specialized investigator curriculum. The requirement for completion of this specialized investigator curriculum is specified in agency policies OPS.050.0001 and OPS.200.0005. Agency policy Sexual Misconduct — Prohibited, Directive Number: OPS.050.0001, Section 05G2 indicates the following regarding investigations: (2) To the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) Interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings; (c) Sexual abuse evidence collection; and (d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. As well as OPS.200.0005 Section 05G2, Inmate on Inmate Sexual Conduct – Prohibited indicates the following regarding investigations: (2) To the extent possible, but in every case where the allegation of alleged inmate on inmate sexual conduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) Interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings protecting against self-incrimination; (c) Sexual abuse evidence collection; and (d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. The auditor reviewed the lesson plan for the training materials the agency utilizes for its investigators of sexual abuse. The lesson plan includes a review of the MDOC's Executive Directive IIU.110.0011 – Investigating Sex Related Offenses. The training addresses techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and there is discussion on the criteria necessary to substantiate an allegation of sexual abuse. Although the "preponderance of evidence" standard is not explicitly written in the training materials; an interview with an agency investigator revealed that she thoroughly understood the concept. This investigator also teaches the specialized investigator's training to the agency's investigators.

During an interview with the agency investigator, the auditor found her knowledge of the required standard points to be thorough. She described interviewing techniques that are mindful of the potential to revictimize a victim, incomplete witness recall, and evidence collection techniques (to include knowledge of how to complete body swabs). To ensure there is fidelity to both administrative and criminal investigation process and to reduce the possibility of Miranda/Garrity issues; the agency's investigators have separated the tasks of criminal and administrative investigations to ensure that each remains separate when a criminal investigation is appropriate. The training includes information to determine when it is most appropriate to proceed with either a criminal or administrative investigation; however, in the event an administrative investigation uncovers criminal behavior; there are procedures to ensure that a criminal investigation is initiated.

The auditor requested that the facility provide documentation of the agency's investigators having completed the specialized investigator training. While the MRDCC did not provide this information, the auditor assisted in an audit of the audit of the Baltimore Booking and Intake Center that occurred later during the week that MRDCC was audited. That facility provided electronic records pertaining to 18 investigators completing the specialized investigator's course for the agency. The auditor notes that there are 11 other employees listed on this training document, who have PREA listed for the training subject; however, the record does not specify that it was PREA: Specialized Training for Investigators consistent with all other records for investigators. The auditor finds this is insufficient record of training, as such record does not verify that the course was relative to investigations.

The auditor also noticed that the report was dated January 24, 2018 and may not include records for all agency investigators. Specifically, the agency investigator that was interviewed reported that the agency employs approximately 36 investigators. Training records available to the auditor only support that approximately one-half of those have been trained in the agency's Specialized Training for Investigators consistent with the standard.

The auditor determines that additional records of training completion are necessary to support that the agency trains its investigator's consistent with the standard to find compliance.

Corrective Action Recommendation:

The facility or agency is required to provide current training records for all investigators. The training records should clearly distinguish that the course completed is for PREA Specialized Training for Investigators for all employees or clearly identify how the training record is related to the requirements of 115.34. Upon receipt of such records for all current investigators, the auditor may find compliance.

Post Interim Report Corrective Actions:

The auditor returned to the MRDCC on July 17, 2019 for a second site review to ensure the corrective action items identified in the interim report were complete. The agency PREA Coordinator attended this second site review and the auditor was provided with a copy of the agency investigator's transcripts dated April 9, 2019. The auditor noticed that training record title for those investigator's trained in 2016 and 2017 only referenced "PREA"; however, contained the same instructional hours as those whose records contained the full course title.

	The agency PREA Coordinator explained that the course title is manually entered by staff who record the training in the electronic training transcript and there is no means to amend older records which were not entered with the correct title. The auditor reviewed the records and found evidence that 35 investigators have completed PREA investigator training, which is consistent with the current number of agency investigators. Based upon the receipt of training records the documents the completion of specialized training for current investigators, the auditor is satisfied that the facility has proven compliance with the standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for this standard. Agency policy Prison Rape Elimination Act — Federal Standards Compliance, DPSCS.020.0026 Section .05B (2) indicates that medical and mental staff within the agency are required to complete specialized training. Moreover, this policy also affirms that the agency's medical practitioners do not complete forensic examinations. As noted under 115.32, the agency utilizes contract medical staff from Wexford, contract dental staff from Mumby & Simmons dental consultants, and contract psychiatric providers from MHM. The auditor found sufficient evidence that the contract practitioners have been trained according the provisions of 115.32; consistent with provision (d) of the standard. During the onsite audit, the audit team interviewed a contract medical staff Wexford. The contract agency has its own PREA training curriculum that its employees must complete. Training was reportedly ongoing, with required refreshers information provided by the charge nurse and a requirement to complete Wexford's online training every six months. The content of the training material was reviewed and determined sufficient to meet the requirements of 115.35. The auditor only had select samples of training certificates for Wexford employees as part of the pre-audit materials. The auditor requested three additional random samples from the list of Wexford employees and was provided with requested documentation that training was completed in accordance with the standard. The audit team interviewed a MHM psychiatric provider, who confirmed that they received specialized training on the requirements of 115.35 (a). The practitioner reported that this training was provided by the MDOC when the agency began its efforts to comply with PREA. The auditor notes; however, that the facility provided no records of training for specialized mental health training records for MHM staff, outside of an acknowledgement receipt for training on the facility PREA policy. Moreover, the specific training materials applicable to MHM employees was not provided to the auditor. The audit team reviewed the training materials utilized by the dental provider, Mumby & Simmons dental consultants and found the contract agency's policy and training materials sufficiently covered the requirements of 115.35. Training records for the eight dental contract employees were provided in satisfaction of the standard. During an interview with the individual who is the acting head of the facility's mental health staff, she did not recall a specialized training beyond what would be provided in the agency's annual in-service training. Although she was unable to recall any form of specialized training, she was knowledgeable of the four points required by provision (a) of the standard. The auditor contacted the facility audit coordinator and the agency PREA coordinator and requested the training materials utilized for the agency mental health practitioners. The PREA Coordinator stated that there are no agency level training materials and implied that it is the responsibility of the facility to coordinate such training. The facility audit coordinator was unaware that such training was required for the two state mental health staff employed by the

facility.

The auditor determines there is insufficient evidence of compliance at this time. Specifically, the specialized training records and training materials for both MHM and the facility's state mental health providers are necessary to ensure that the facility trains all of its medical and mental health practitioners in accordance with the stanadard.

Corrective Action Recommendation:

The auditor will expect to find record of MRDCC mental health staff and MHM staff completion of a specialized training in accordance with the standard to find compliance. The auditor recommended training resources available through the PREA Resource Center's website and through the National Institute of Corrections as a means to develop or complete a curriculum which covers the requirements of the standards. When specialized training records are produced for the facility mental health staff and MHM staff at the facility; the auditor may find compliance.

Post Interim Report Corrective Actions Taken:

Following the onsite audit, the facility was aware of the need to ensure that its internal and contracted mental health staff received specialized training in accordance with 115.35. Through an exchange of emailed training records, the auditor was provided with the training materials to verify the content of what was provided to MHM contracted providers as part of their training. Because of the shared resources with several other MDOC facilities within walking distance of the MRDCC, one of the MHM providers received specialized training at another facility. Three of the other providers were provided the same specialized training information as those under the Mumby & Simmons dental providers at MRDCC. The auditor notes that these certificates had been provided as part of the pre-audit exchange, verifying completion prior to the onsite audit; however, clarification on the content behind the certificate was required.

The auditor was then provided certificates to verify that the four remaining affected staff who were MDOC employees completed the National Institute of Corrections online course "PREA: Behavior Health Care for Sexual Assault Victims in a Confinement Setting" to fulfill the requirements of 115.35. Based upon the provision of these training records, the auditor now finds compliance with the standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Agency policy requires "That each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential for abusiveness within 72 hours of arrival at a facility." Agency PREA Compliance Managers oversee the implementation of risk screening within each facility and are required to ensure risk screening is conducted at intake or transfer into the facility. During the onsite portion of the audit, the audit team observed the intake process. The auditor observed that the initial intake screening takes place during the identification process for newly arriving inmates. Most are assessed within the first hour or two of admission to the facility. During interviews with intake staff, the audit team learned that all inmates are screened during the initial reception and identification process. The only exception is with respect to those who are transferred into the facility for a regional release, i.e. they are being paroled to Baltimore City. These inmates are transferred into the MRDCC and are housed at the facility for 24 hours or less for release purposes only. The facility's practice is consistent with provision (a) of the standard. The agency's primary policy has adopted the standard language for provision (b), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to direct that intake screening is complete within 72 hours of reception to the facility. During a review of risk screening samples, the audit team observed that initial risk screening occurred on the date of arrival; consistent with the auditor's observation of the risk screening process and consistent with the intake staff's interview. During interviews with inmates, 28 of 35 confirmed that they received an initial risk screening as part of the intake process. The audit team reviewed 20 random inmate files and found evidence that 19 of those files contained a risk screening form that was completed on the date of admission to the facility. The 20th file was missing the intake screening form. The agency's primary policy has adopted the standard language for provision (c), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that risk screening is conducted utilizing an objective screening instrument. The auditor notes that the agency's risk screening tool is as objective as the standard requires; insomuch as the ten minimum required risk screening elements within the standard require subjective input from the assessed individual; specifically, the assessed individual's perception of vulnerability and whether the assessed inmate is perceived to be gender nonconforming in accordance with the PREA Resource Center's Standard in Focus. The risk screening tool consists of 18 questions, resulting in either a "yes" or "no" response with respect to applicability to the assessed individual. The first series of 12 questions pertain to the inmate's risk of sexual victimization. A "yes" response to a predetermined number of questions will result in the inmate being identified at risk of sexual victimization. In addition to the required elements of the standard, the tool also considers elements of vulnerability specific

to the incarcerated environment, such as a past history of being solicited or threatened with sexual abuse and whether the inmate has ever engaged in consensual sexual activity. The inclusion of these factors underscores the agency's commitment to identifying those risk factors which exponentially increase one's risk in a carceral environment.

The second series of six questions pertain to the inmate's risk of sexual abusiveness. A "yes" response to a predetermined number of questions will result in the inmate being identified at risk of being sexually abusive.

Based upon the auditor's review of the risk screening tool, it is apparent that the tool is capable of producing similar risk determinations for the same inmate when the screening is conducted by different assessors; therefore, meeting the objective requirement of this provision of the standard.

The auditor reviewed the agency's tool and found that, through its 18-question risk assessment, it includes nine of the ten required factors identified in provision (d) of the standard. The following elements of the standard are address by the identified question on the assessment:
(1) Whether the inmate has a mental, physical, or developmental disability: Addressed by question 3
(2) The age of the inmate: Addressed by question 1
(3) The physical build of the inmate: Addressed by question 2
(4) Whether the inmate has previously been incarcerated: Addressed by question 4
(5) Whether the inmate's criminal history is exclusively nonviolent: Addressed by question 5
(6) Whether the inmate has prior convictions for sex offenses against an adult or child: Addressed by question 11 and 17.
(7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming: Addressed by question 9.
(8) Whether the inmate has previously experienced sexual victimization: Addressed by question 7, 8, and 12.
(9) The inmate's own perception of vulnerability: Addressed by question 6.
(10) Whether the inmate is detained solely for civil immigration purposes.
The tool does not include a specific question relating to element ten of provision (d); specifically, whether the inmate is detained solely for civil immigration purposes. During the onsite audit, the audit team learned that the MDOC only houses individuals who have been sentenced to a state term of incarceration in Maryland or is a pre-trial detainee accused of a violation of Maryland statutes; thus, the facility does not hold any individual detained solely for civil immigration purposes. The auditor finds compliance at this facility, based on the understanding that it is not necessary to affirmatively seek a response to a factor that is not possible at this facility. The auditor does not imply that such a finding of compliance is applicable at other MDOC sites if it is possible that an individual could be housed for civil immigration purposes.

The agency's primary policy has adopted the standard language for provision (e), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that risk screening shall consider the factors required by provision (e) of the standard. Specifically, prior acts of sexual abuse are addressed by in the risk of abusiveness section of the assessment by questions 16, 17, and

18. Prior violent convictions are addressed by question 13. Prior history of institutional violence and sexual abuse are considered by questions 15, 16, and 18.

The agency's primary policy has adopted the standard language for provision (f), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that risk screening shall be conducted for a second time within 30 days of intake or transfer into the facility. Agency policy requires that agency PREA Compliance Managers develop local procedures for the reassessment process. There is no agency standard for the "set period of time" required by the standard. A review of the facility's risk screening records revealed that reassessments are conducted between day 20 and day 30; however, the auditor notes that four of the reassessments occurred past the 30-day requirement.
An interview with staff responsible for competing reassessments revealed affirmed that the original questionnaire is gone over with the inmate, approximately 14 days after arrival. The case manager reported that they were responsible for ensuring the accuracy of the original form and making updates as necessary. While the facility's risk screening tools produced evidence that inmates were reassessed in the form of a case manager signature relative to completion of the reassessment; interviews with inmates, produced conflicting results. Specifically, only one inmate affirmed that they were asked the risk screening questions for a second time beyond the intake process. There were 30 inmates who asserted they were not asked these questions for a second time, with the remaining inmates either refusing the question or reporting uncertainty.
The auditor does recognize that the rapid turnover of inmates within the facility, consistent with its mission, produced a skewed random sample of inmates who were not housed at the facility long enough to require a second assessment at the time of interview; however, those who were there for such a length of time were consistently unable to affirm a review of the risk screening questions consistent with the agency's policy and standard. Based upon inmate interviews, it is the auditor's assessment that the risk screening reassessment may possibly be taking place with a file review without an affirmative re-administration of the tool to provide an opportunity for the inmate to reveal any previously unreported sexual abuse or any sexual abuse that would have occurred at the facility since arrival.
The auditor finds the need for corrective action to be compliant with provision (f) of the standard. Specifically, the facility will need to develop procedures to ensure that its reassessments consistently occur within 30 days and that such reassessments are based upon a face-to-face interview with the inmate being assessed to allow them an opportunity to disclose victimization that may have occurred.

The agency's primary policy has adopted the standard language for provision (g), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that risk screening shall be conducted 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. During interviews with case management staff, the audit team learned that inmates may be reassessed when additional information comes to light.

The agency's primary policy has adopted the standard language for provision (h), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that an inmate will not be disciplined for

refusing to answer questions pertaining to elements 1, 7, 8, and 9 of provision (d) of the standard. The agency's risk screening tool begins with a preamble to explain the purpose of the questions being asked. Inmates are advised that if an inmate refuses to answer a question of fails to answer a question truthfully; the questions may be answered based on the inmate's criminal history, other written documentation or observation. There is no mention of discipline. During interviews with risk screening staff, the audit team learned that inmates are not subject to discipline for refusing to answer any question. The auditor observed the intake assessment process and found that facility practice deviated from agency policy; however, the deviations are not in conflict with provision (h) of the standard. Specifically, the agency's risk screening tool requires that a preamble be read to the inmate to explain the purpose of the assessment and to reassure the inmate that the assessment would remain confidential. The auditor's observation of the initial risk screening process demonstrated a rapid-paced administration of the assessment tool questions, with no explanation of the intent or indication that such information would be kept as confidential as possible. Without explanation of the process and a rapid paced assessment; the administration of the tool does not encourage inmates to answer honestly or in a forthright manner necessary to generate accurate results.

The agency's primary policy has adopted the standard language for provision (i), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that appropriate controls shall be placed on the tool to avoid potential abuse or misuse of the screening information. The agency tool's instructions include a disclaimer which specifies:
Responses to the questions asked on the screening instrument are to be kept confidential and disseminated only to those individuals with a need to know. Follow your facility policy regarding dissemination.
A review of the facility's local procedures reveals that risk screening assessment results are filed in the inmate's base file, which is accessible to case management staff in a file room that is not accessible to general security staff. The intake screener states that she sends copies of each of the initial assessments she completes to the facility PCM, psychology and case management. She also keeps a book of assessments in her office for review and record keeping in the event a paper copy is lost. The intake officer's log is not kept secure in a locked cabinet and is thus accessible to any officer who works and enters the intake identification room. Outcomes of the assessment process are not centrally tracked by the intake officer; however, the traffic office (the office responsible for bed assignments) is verbally notified of any individuals scoring in the high-risk designation. The facility explained that those inmates scoring in the high-risk category are flagged in the case management application with an "alert" for housing purposes. Conflicting information was obtained during the onsite audit that will be explained further in 115.42.

Corrective Action Recommendations:
The facility will be required to develop procedures to ensure that the assessment process is completed according to agency directives. Specifically, assessments will be required to be completed for all commitments to the facility within 72-hours and an affirmative reassessment with the inmate shall occur within 30-days of arrival. The reassessment shall be in person and offer the inmate the opportunity to report any previously unreported triggering event. Additionally, staff administering the assessment shall adhere to agency protocol by reading the introductory statement to the inmate to explain the purpose and intent of the assessment; thereby, increasing the likelihood of accurate and truthful responses. Finally, the assessment

book that is kept in the intake screening office shall be kept in a locked filing cabinet or some other secure storage mechanism to prevent access to such sensitive information for those staff who have no explicit reason to know.

Post Interim Report Corrective Actions Taken:

During a second site visit to the facility on July 17, 2019, the auditor the auditor selected 11 random samples of inmates who had been committed to the facility for at least 30 days. The auditor notes that the facility's mission as the classification center for the MDOC results in an average length of stay of 45 days or less for those committed to the MDOC. One sample was committed to the facility in March 2019, and the remainder of the samples had been committed to the facility in May and June of 2019. Of the 11 random samples taken, all initial assessments were completed on the date of admission to the facility. Ten of the 11 samples had 30-day reassessments completed within 30 days as required by provision (f) of the standard. The eleventh inmate was rescreened six days late. Given the significant improvement and evidence of substantial compliance with meeting the timeliness provisions of the standard, the auditor now finds compliance with (f) of the standard.

The auditor also observed two inmate risk screenings taking place within the facility. Since the audit, the facility developed an instructional sheet for its risk screening staff that the auditor observed to be posted in the risk screener's area and read from prior to the assessment being conducted. The instructional sheet defines the agency's PREA risk designations, the procedures for administering the assessment, the procedure for logging the scores in the agency's offender management system, and the need to verbally notify the traffic office of any high risk designation so that current or potential housing can be reviewed. The first step in the procedural instructions is to read the agency's introductory statement to the risk assessment process to the inmate, where the inmate is informed of the purpose of the assessment and that refusal to answer any questions may lead the assessor to answer the question based upon the individuals criminal history, other written documentation, or personal observation.

The auditor observed the risk screener ask the inmate if they had any questions prior to beginning the assessment process. The auditor observed that the risk screening questions were asked at a much slower pace, providing the inmate with an opportunity to process the questions being asked and to formulate a meaningful response. Based upon the improved tone, pace and framing of the risk assessment process; the auditor finds that the revised assessment process is conducted in a manner that is likely to elicit the most accurate information and does not convey a potentially punitive tone precluded by provision (h) of the standard. Furthermore, in the intake assessment area, the auditor observed that the room where the initial assessments are conducted is now secure. Within an approximately 15 minute period while the auditor was in the area, the auditor observed that the staff person conducting the initial assessments locked and secured the room each of the three times the room was exited. Based upon the auditor's observations during the second visit to the facility, it appears the MRDCC implemented the recommendations of the auditor to improve the efficiency and effectiveness of its risk screening procedures to become compliant with the standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that risk screening results are used to inform housing, bed, work, education and program assignments with the underlying goal of keeping those at high risk of victimization from those at high risk of being sexually abusive. The agency's risk screening tool specifies: Inmate screening for risk of sexual victimization and abusiveness is required by the Prison Rape Elimination Act of 2003 (PREA), § 115.41. The information collected is to be used to help make decisions regarding housing, bed, work, education and program assignments. Follow your facility policy regarding inmates that are found to be at risk. A review of the facility's local procedures reveals conflicting information, with respect to compliance with provision (a) of the standard. During the onsite audit, the auditor spoke to the intake screening officer and she reported that she verbally notifies the traffic office of inmates with a high risk for abusiveness or high risk for victimization. The traffic office is responsible for bed and housing assignments for all inmates within the facility. The auditor notes that the majority of findings relative to this provision of the standard focus on housing. Except for a small cadre of 47 permanent population inmate workers, there are no work, education, or programming opportunities for inmates housed at the facility. As described under 115.13, depending on an inmate's status, they are only permitted out of their cells between one and three hours per day to roam the floor of their housing units. The work assignments observed during the tour for those 47 permanent population inmates were typically supervised with a staff ratio of 1:10 or less, sufficiently mitigating opportunities for high risk victims and abusers to engage in abusive activity without observation. During an interview with a staff member in the traffic office, the auditor was informed that they would receive a call from the intake screener to identify high risk inmates for a variety of reasons. When the auditor attempted to clarify how the traffic officer specifically considered the risk screening score of the newly received inmates when choosing a bed assignment; she was unable to inform the auditor how she considered the risk screening score of the inmate presently in a cell against the risk screening score of the newly received inmate when choosing to pair those inmates within a cell. The auditor asked the traffic officer how she would be informed of any changes to an inmate's risk designation should it change during the 30-day reassessment. She again was unable to articulate any chain of communication that would ensure that existing housing assignments are reviewed when those designations change. The auditor attempted to clarify further, asking whether there was a master list of inmates who were designated as potential victims and abusers. The traffic officer stated that no such list was accessible to her; however, case management may have access to this information. She stated that she currently housed inmates by their status (pre-trial detainee versus classification) and known separations. The auditor attempted to clarify housing decisions in discussions with the facility PCM, audit coordinator, and Warden. During those discussions, the auditor was again provided with information that did not clearly align with provision (a) of the standard. Specifically, the auditor

was presented with information that indicates inmates who score in either high risk category (victim or abuser) are referred to psychology staff. Psychology staff then conduct an assessment of the individual and determine the most appropriate housing status for the inmate. Interviews with the PCM, intake screening officer, and a facility psychology staff all aligned to indicate that each inmate who scores in the high-risk category on the intake assessment are referred to psychology staff for further assessment. The PCM stated that the facility considers the sentence, the crime, and a subjective eyeball assessment of the individual that gets communicated to traffic and psychology, but try to rely on the recommendations provided by psychology to guide housing. Such a practice permits for psychology staff to make a subjective override of the risk screening designation; thus, the result of the risk screening procedures is not utilized to inform bed and housing assignments.
The auditor asked if the facility has a master list of all inmates who scored at risk of victimization or abusiveness. While the PCM was unfamiliar with the list, the Warden informed that auditor that such a list could be generated from the alert screen in their electronic case management system. The auditor asked for a copy of this list and was provided with a copy post onsite audit. The audit coordinator stated that such a list was provided on a flash-drive pre-audit; however, the auditor reviewed the pre-audit flash drive and found no such report was uploaded.
Because of the conflicting reports, the auditor asked for the facility to provide a business process outline, which clearly describes the facility's consideration and use of the risk screening scores to inform housing and bed assignments. As of the date of this interim report, the auditor has not received this document.
Regardless of the business process outline, the traffic officer who was interviewed communicated no understanding of how the risk assessment tool results factored into housing decisions. Considering the individual responsible for making that crucial initial bed assignment is unfamiliar with the need to separate high-risk victims from high risk abusers; the auditor determines there is a need for corrective action to completely comply with provision (a) of the standard.
Specifically, the facility will need to train all traffic officers on how to utilize the risk assessment designation in making housing determinations. Because the intake screener described a verbal notification process to traffic of high-risk designations; there is an opportunity for communication of the information to break down in the event the person is not present in the traffic office to receive the information. It is recommended that the facility implement procedures for the intake officer to generate a list, which should be kept as a record, of all inmates who score in the high-risk designations on the intake assessment. This list should be forwarded to the traffic office for review each day to ensure that high risk victims and abusers are not housed together. Furthermore, the facility should develop an objective set of criteria that the psychology office may utilize to override the high-risk designation of any individual for housing purposes which clearly articulates why the facility may consider that individual may be safely housed with an inmate ordinarily precluded by the risk screening tool's designation.

The agency's primary policy has adopted the standard language for provision (b), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that individualized determinations are made about the safety of each inmate.
A review of the facility's local procedures and interviews with the PCM revealed that individualized determinations are made by the facility's psychology staff when an individual may score at risk of victimization or abusiveness. As noted under provision (a) of the standard,

the auditor has concerns about the subjective nature of such assessments and recommends the development of objective criterial to demonstrate how an override of an inmate's risk screening tool designation aligns with provision (a) of the standard.

The agency's primary policy has adopted the standard language for provision (c), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that case-by-case decisions are made for the placement of transgender and intersex inmates, with the requirement that the placement ensures the inmate's health and safety, while ensuring management and security problems would not emerge.
A review of the facility's local procedures revealed that decisions for housing transgender inmates are made on a case by case basis. During an interview with the PREA Compliance Manager, the facility stated it asks each transgender inmate whether they feel safe in general population or whether they would prefer to be placed in a protective unit. The facility has no official checklist or procedures to guide the decisions; rather, decisions are made following discussions with facility staff and the transgender inmate consistent with provisions (c) and (e) of the standard.
The auditor was able to interview three transgender inmates during the onsite audit. Each transgender inmate described a process where a staff member from the facility asked them where they felt most safely housed within the facility and whether they had any concerns for their safety. Two of those individuals did not express concerns and were housed in population. The third transgender inmate asserted she was concerned with her placement and therefore requested to be placed in a protective unit.
Based on interviews with transgender inmates at the facility and the interview with the facility's PCM; the auditor finds compliance with provisions (c) and (e) of the standard.

The agency's primary policy has adopted the standard language for provision (d), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that placement and programming decisions are reviewed at least twice per year.
The auditor notes that the facility's specific mission as the classification center for the state of Maryland, generally precludes that a transgender inmate would remain at the facility for more than 45 days; thus, a secondary assessment of housing and programming needs would generally be unnecessary. During an interview with the facility PCM, he stated that transgender inmates are continually reassessed. The facility does a check-in with the transgender inmate at 30 days to ensure that each is adjusting to the facility.
Interviews with transgender inmates appeared to confirm the practice, as the interviewed inmates reported that they were asked questions relative to their safety and perception of their safety multiple times.

The agency's primary policy has adopted the standard language for provision (e), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that a transgender/intersex inmate's own views with respect to safety are given serious consideration.
The auditor was able to interview three transgender inmates during the onsite audit. Each transgender inmate described a process where a staff member from the facility asked them where they felt most safely housed within the facility and whether they had any concerns for their safety. Two of those individuals did not express concerns and were housed in population.

The third transgender inmate asserted she was concerned with her placement and therefore requested to be placed in a protective unit.
Based upon these interviews, the auditor finds compliance with provision (e) of the standard.

The agency's primary policy has adopted the standard language for provision (f), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to specify that a transgender/intersex inmate shall be afforded the opportunity to shower separately from other inmates.
During the audit tour, the auditor observed that each housing unit pod has a total of four single person showers. As described under 115.13, these showers are located on the corners of the narrow end of the trapezoid configuration on each housing unit. Access to the showers are controlled by the officers working the unit. The facility is in the process of upgrading all of the shower doors to reduce the window size and cover handcuffing slots to afford additional privacy. The facility's PREA Compliance Manager stated that the single shower configuration within the facility adequately permits for a transgender inmate to shower separately.
Interviews with transgender inmates revealed that each is permitted to shower separately from other inmates in the single shower configuration. One of the transgender inmates, who was housed on the facility's inmate worker pod for pre-release purposes, stated that she is allowed to shower during evening count when the other inmates are locked in their cells.
Based on the shower configuration within the facility and interviews with transgender inmates and the facility PCM; the auditor finds compliance with provision (f) of the standard.

The agency's primary policy has adopted the standard language for provision (g), which is supported by agency policy OPS.200.0006. – Assessment for Risk of Sexual Victimization and Abusiveness. Both policies include language to prohibit the placement of LGBTI inmates in dedicated facilities/units in accordance with provision (g) of the standard.
A review of the facility's local procedures revealed that LGBTI inmates are housed anywhere within the facility. The facility PREA Compliance Manager stated that LGBTI inmates are not housed in dedicated units or wings.
Interviews with LGBTI inmates revealed that they were housed in various units throughout the facility. Three transgender inmates and one bi-sexual inmate were interviewed. No inmate reported being housed on a dedicated unit within the facility.

Corrective Action Recommendation:
As noted under provision (a), the auditor is concerned with the ambiguous description of how the facility utilizes information gathered during the risk screening process to inform housing and bed assignments. The traffic officer who was interviewed was unable to clearly articulate how she considered the risk screening score when assigning inmates to beds within the facility. Additional training is determined necessary. Specifically, the facility will need to train all traffic officers on how to utilize the risk assessment designation in making housing determinations. Because the intake screener described a verbal notification process to traffic of high-risk designations; there is an opportunity for communication of the information to break down in the event the person is not present in the traffic office to receive the information. It is recommended that the facility implement procedures for the intake officer to generate a list, which should be kept as a record, of all inmates who score in the high-risk designations on the intake assessment. This list should be forwarded to the traffic office for review each day to ensure that appropriate alerts have been entered in the agency's offender management application; further ensuring that high risk victims and abusers are not housed together.

Additionally, the auditor is concerned about the description of the ability of psychology staff to potentially override the risk screening designation for housing purposes. Interviews with the PCM and psychology staff described a process where all high-risk victims and abusers are referred to psychology for evaluation and determination of appropriate housing. Without an objective set of criteria for such decisions, the process potentially negates the use of an objective tool and consideration of the tool's results as required by 115.41 and 115.42. The facility should develop an objective set of criteria that the psychology office may utilize to override the high-risk designation of any individual for housing purposes which clearly articulates why the facility may consider that individual may be safely housed with an inmate ordinarily precluded by the risk screening tool's designation. Such procedures would ensure consistency in decisions and define what the facility considers appropriate indicators exist to determine that the risk screening tool result was unreliable.

Post Interim Report Corrective Actions:

During the second site visit to the facility on July 17, 2019, the auditor conducted interviews with both the facility's Traffic officer and the facility's psychologist to ensure that the results of the risk screening tool are effectively being utilized to inform housing, work, bed, and programming assignments in accordance with provision (a) of the standard.

The auditor interviewed the Traffic officer in their workspace and asked for a demonstration of how the individual assigns an inmate to a housing assignment. During the interview and demonstration, the Traffic officer stated that she runs a PREA risk designation list out of the agency's offender management system daily for the facility. The list is sorted by the date the individual was added to the risk designation list; meaning that any changes as a result of rescreening would automatically be presorted to the top of the list. When an individual is being paired for a housing assignment, the Traffic officer will check the housing designation of the inmate currently housed in the cell and ensure compatibility with the inmate being placed into the cell via a cross-reference of the list and in the electronic alerts section within the automated offender case management application. The auditor observed that the Traffic officer had a typed instruction sheet that explains how to house each of the agency's risk designations and with whom pairings would be acceptable.

The Traffic officer explained for technical reasons, inmates cannot be added to the facility's automated list on the first day and must wait until the inmate's second day in the facility to enter high risk status into the automated application. Therefore, the facility has a verbal notification procedure from the initial risk screening staff to the facility's Traffic office to ensure those inmates scoring at high risk during the initial assessment on the date of arrival are properly housed on the first date of arrival before the proper alert can be entered into the automated system. The intake risk screener also confirmed this practice during the observation of intake risk screening. The facility's assistant PCM stated that the requirement for communication between these staff was added as a post order requirement.

Following an interview and observation with the facility's Traffic officer, the auditor met with the facility's psychologist who was previously interviewed during the initial site visit to discuss the previously concerning practice of a potential psychological override of the risk screening designation. During an interview with this staff member, the auditor learned that the Traffic office is responsible for making risk assessment based housing decisions. If there is an inmate

	who is identified as potentially vulnerable, psychology will only conduct an interview and make recommendations for special housing, such as protective or segregated housing placements when warranted due to psychological concerns. She was clear to explain that her role was only to assess and provide recommendations based upon the assessment; however, she does not make the actual assignment decisions. She states that her primary role with respect to PREA risk screening within the facility is to interview and provide follow-up services to those inmates who disclosed victimization or perpetration as required by 115.81. Based on the interviews with both the Traffic officer and the psychologist, the auditor is satisfied that the facility has clarified its process for making housing decisions in accordance with 115.42. Specifically, the Traffic officer was clear in her responsibilities to review the inmate's risk designation scores when considering housing options and clearly articulated the process through which the risk designation score is considered. The auditor is also satisfied that the facility has clarified that psychology staff do not have override authority of the risk screening score to make subjective housing determinations in accordance with provision (a) of the standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a), which is supported by the agency's Division of Corrections Case Management Manual DOC.100.0002 Section 18 – Special Confinement Housing. The primary agency policy confirms to the standard's requirements and the supplemental manual addresses the requirement that the use of involuntary segregation is limited to those circumstance where there is an identifiable threat to the inmate's safety. The manual also includes alternatives that must be exhausted prior to the use of administrative segregation such as: (a) Transfer of the inmate to a different housing unit within the facility; (b) A lateral transfer of the inmate to another facility of the same security level; (c) Transfer of the inmate's documented enemy or enemies to another facility; (d) Transfer of the inmate to another state under the provisions of the Interstate Corrections Compact (ICC); (e) Transfer to MCAC (in exceptional circumstances only) ; or (f) Assignment to home detention (if eligible). During the onsite audit, the audit team observed that the facility has multiple specialized populations and multiple specialized segregation units. There are multiple MDOC facilities within the city block where MRDCC is located. These MDOC facilities collectively work together to complete specialized functions and will transfer inmates between them to fulfill specialized needs of inmates unable to be met at the housing facility. As an example, MRDCC has one short-term psychiatric observation cell; however, inmates with significant mental health issues in need of more acute care are transferred to the Baltimore Booking and Intake Center. MRDCC's specialized role is to serve as the regional segregation facility, as Baltimore Booking and Intake Center does not have segregation cells. As a result, when an inmate receives a disciplinary infraction at one of the regional sites, the inmate will be transferred to MRDCC to be housed on a pre-hearing confinement housing unit while awaiting a disciplinary hearing. If a disciplinary sanction is imposed, the inmate is then transferred to a disciplinary sanction housing unit. Complicating matters further, MRDCC holds inmates who are sentenced to the MDOC and pre-trial detainee populations, which must also be kept separate from each other. With this information in mind, the facility had multiple segregation pods on multiple floors (5-6-7) throughout the facility with the intent of keeping the inmates on pre-hearing confinement separate from inmates who were sanctioned to disciplinary time. Moreover, the sentenced population was also kept separate from the pre-trial populations. Finally, protective custody populations were kept separate from disciplinary segregation populations. During the onsite audit and through interviews with both random staff and facility administration; the audit team learned that all staff work in the facility's segregation units on a daily rotating basis. Those posts are not held for any designated period of time, so an officer can theoretically work general population one day and work segregation the next. Additionally, the audit team observed that the only significant difference between segregation populations within the facility versus general populations were that segregation populations were handcuffed when they were roaming the housing unit tier for their designated recreation time when in disciplinary segregation and were limited in the numbers of inmates permitted out of cell at the time, with some inmates on recreation alone status. Protective custody inmates were permitted out of cell without handcuffs. Given that recreation and meals all occur on the

unit and there are no other significant programming opportunities within the facility; there is little that is restricted from an inmate by placement in segregation.
During an interview with the Warden, she stated that she did not believe that the agency had a specific policy that prohibited the placement of inmates in segregated housing for risk of victimization or in response to allegations of sexual abuse. However, she stated that the facility would conduct an individualized assessment and there would have to be a security concern to justify such placements in cases of sexual abuse or sexual harassment. She stated that the facility would avoid the use of involuntary segregation by seeking to place the inmate in a comparable housing unit within the facility or to seek a transfer to a neighboring facility.
Interviews with staff who work in administrative segregation revealed that they would not be aware of the rationale for placement into segregation; rather, they would be informed of applicable restrictions imposed by the segregation review committee.
On the PAQ, the facility reported that five inmates were held in involuntary segregation during the previous audit year for risk of victimization or in response to reports of victimization. During the onsite audit, the auditor asked for additional clarification and documentation relative to such placements. The PCM provided the auditor with a copy of an email from one of the facility's case managers listing the names of five individuals and rationale for their placements into segregation. The PCM then wrote behind each name whether the placement was voluntary or involuntary. The list was modified to indicate that only four inmates were housed at the facility in segregation and that only one was housed involuntarily. There was no further explanation of the differences between the PAQ and the email record, other than inaccuracies.
The auditor obtained segregation records for all five inmates listed on the email. Facility housing records confirmed that one of the individuals was not placed in segregation. Two additional inmates voluntarily entered administrative segregation. However, the auditor notes that two inmates were placed in involuntary segregation and not just the one as purported.
The auditor reviewed the segregation placement record and the first inmate was placed for purposes relative to 115.43 and 115.68; specifically, they were housed in involuntary protective custody due to risk of victimization and due to an investigation into the inmate being sexually abused at another regional facility. The facility reported that the inmate remained on the protective unit at the facility from the arrival date in February 2018 through their transfer date in May 2018.
The segregation notice was originally served at the Metropolitan Transition Center on February 2, 2018. The inmate was seen by the MRDCC segregation review committee on February 8, 2018. The committee recommended continued placement in administrative segregation with a review scheduled for 30 days. The next record of review is noted to be April 3, 2018, where the inmate was released from segregation due to the PREA investigation not supporting the allegation.
The second segregation record is dated March 22, 2018 and the purpose is noted as "Juvenile." The auditor reviewed the segregation records for this inmate and discussed the rationale with both the facility audit coordinator and the agency PREA Coordinator. Both searched facility case management records and confirmed that the inmate was placed in involuntary segregation in the facility due to being a youthful inmate, with no other rationale for their placement within the facility. The youthful inmate was held on a segregation unit with adult inmates in conflict with the requirements of 115.14 for a period of eight days until said inmate was transferred to the agency's youthful inmate facility.
In both cases, the facility did not provide sufficient documentation of why no other alternatives were available as required by provision (a) of the standard.

The agency's primary policy has adopted the standard language for provision (b), which is supported by the agency's Division of Corrections Case Management Manual DOC.100.0002 Section 18 – Special Confinement Housing. The primary agency policy confirms to the standard's requirements and the supplemental manual addresses the access that an inmate maintains to basic privileges. However, the auditor notes that many of the privileges specified in the manual reveals that those privileges are left to facility availability and discretion.
As noted under provision (a), a review of the facility's local procedures revealed that an inmate placed in segregation has access to nearly comparable privileges of general populations inmates, insomuch as the inmate maintain access to the primary privileges of on the unit recreation and telephones. The record relative to the lone inmate originally purported to have been housed on involuntary segregation status reveals this individual was on pre-trial detention status; thus, would have been limited to one hour of recreation consistent with other pre-trial detainees in segregation status. Within the record, there were no notations of privileges that were limited.
Post audit, the auditor obtained additional record of a second inmate being housed in involuntary segregation. That inmate was held in involuntary segregation for a period of eight days due to being a youthful inmate in an adult facility. Records confirm this inmate was housed alone and was put on recreation alone status due to the fact that they were housed on a unit with adult inmates.
During the audit tour and during formal Interviews, the audit team spoke with inmates in segregation and found little difference between segregation and general population. Staff who work in segregation note that the facility's administrative segregation committee may impose restrictions, such as recreation alone; however, the inmates maintain access to the primary privileges of the telephone and on-unit recreation.
During a review of records for involuntarily segregated inmates, there were no documented restriction of privileges.
At the time of the onsite audit, the facility purportedly had no inmates who were placed in involuntary segregation for this purpose to interview and confirm practice. Formal and informal interviews with inmates housed on the segregation units and auditor observations on segregation units confirmed that inmates maintained access to on-the-unit recreation and telephone privileges.
Based on the information available from the tour observations, segregation records and interviews with inmates and staff; there are negligible differences in housing status between general population and segregation to document. Thus, there appears to be compliance by default with provision (b) of the standard and there would be limited circumstances to document restrictions.

The agency's primary policy has adopted the standard language for provisions (c)-(e) of the standard, which is supported by the agency's Division of Corrections Case Management Manual DOC.100.0002 Section 18 – Special Confinement Housing. The primary agency policy confirms to the standard's requirements and the manual details the requirements for review and the factors that would trigger the review; however, does not specify the frequency of such reviews.
During the onsite audit, the audit team observed that the facility had no inmates who were placed in involuntary segregation for this purpose. However, records of the one inmate who was purportedly placed in involuntary segregation for protective purposes revealed that he was housed in involuntary segregation in excess of 30 days. Aside from the fact that the individual was pending investigation of their PREA allegations against another inmate at

another facility; there was no rationale provided within the records consistent with provisions (c) and (d) of the standard. The release from administrative segregation rationale was simply that the individual's PREA allegations were not supported by the investigation; giving the appearance that individuals who file PREA allegations may routinely be housed in administrative segregation. On the surface, the record of administrative segregation for the inmate housed involuntarily for an allegation occurring at another location would appear to have mitigated the concerns for victimization by mere transfer alone. If specific facility concerns existed outside the pending investigation; they were not articulated within the record. When the auditor obtained the segregation records relative to the second inmate maintained in involuntary segregation due to their youthful inmate status; the auditor questioned the facility as to why the inmate was not transferred to the agency's youthful inmate facility sooner than the eight days that the inmate remained in the facility. The facility audit coordinator and the agency PREA Coordinator stated that this inmate was one of the last inmates to be housed at the facility prior to new procedures that only allow the youthful inmate to be processed into the facility under staff escort for identification purposes and transferred immediately thereafter to the agency's youthful inmate facility.

Corrective Action Recommendations:
As noted in other standards in this audit report, there are opportunities for improvement of documentation and record keeping. To be fully compliant with this standard, the auditor recommends that the facility's administrative segregation review committee develop a standardized template set of criteria for review of inmates who are placed in administrative segregation following an allegation of sexual abuse or relative to their vulnerability for sexual abuse. Such a template should include an explanation of what specific alternatives to segregation are available and specifically why the facility believes these options would further jeopardize the safety of the inmate. For any future placements of inmates in involuntary segregation for the purpose of protection from sexual victimization; the auditor will require that documentation of the alternatives considered exist, consistent with provision (a) of the standard. Moreover, the auditor will expect to see rationale during ongoing reviews which clearly document why the perceived threat continues to exist and why transfer to another housing unit or facility cannot be coordinated consistent with provisions (c) and (d).

Post Interim Report Corrective Actions Taken:

During a return visit to the facility on July 17, 2019, the auditor reviewed the facility's investigatory log and the assistant PCM's PREA documentation files, containing record of another inmate transferred into the facility with an allegation reported elsewhere. Since the conclusion of the initial site review, the facility received one allegation of sexual abuse on January 14, 2019. Given reported statistical information for the facility over the past six years on the agency's website, this statistic did not appear to be an exaggerated underreporting of incidents. The auditor observed in the records associated with investigatory file 00103 that the alleged victim was housed in segregated housing; however, the alleged victim had been housed in segregated housing for gang related separations since May 25, 2018, approximately seven months to the inmate making their allegation, which was later unfounded via video evidence. The file information for the other individual who transferred into the facility with an allegation reported elsewhere did not indicate that segregated housing was used to protect this individual in accordance with the standard.

	The auditor also reviewed records for youthful inmates that have processed through the facility since the original site review and observed the processing of two youthful inmates who were committed to the MDOC on the date of the second site visit. The auditor saw evidence that these inmates were processed through the facility within hours and were not housed in segregated housing as previously observed as a means of protecting them from victimization. Based on publicly available data on the agency's website, the auditor found no reason to believe the total of five identified youthful inmates processing through the facility was an exaggerated underreporting of statistical information, insomuch as historical data posted on the agency's website for the past five years indicates the agency averages approximately 12 receptions per year of individuals 17 and under. Given the institutionalization of the practice of processing youthful inmates through the facility expeditiously, avoiding housing those youthful inmates overnight, and avoiding the previously observed housing of youthful inmates in segregation with adult inmates persuades this auditor that the facility has established procedures to ensure that it does not have to routinely resort to the use of involuntary segregated housing to protect those inmates most at risk of sexual victimization within the facility.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 detail the means by which an inmate may report sexual misconduct, which is defined by the agency to include sexual abuse (as defined by 115.6), sexual harassment (as defined by 115.6), retaliation, neglect/violation of responsibilities and similar actions directed towards an inmate's personal or professional associates, when the employee exercises influence or authority over the inmate. These policies indicate that an inmate may file a complaint within the Department by reporting to: (i) An employee; (ii) A supervisor, manager, or shift commander; (iii) The head of a unit; (iv) The Intelligence and Investigative Division (IID); (v) The Inmate Grievance Office These policies indicate that an inmate may report outside the Department by reporting to: (i) The Office of the Attorney General; or (ii) Other private or public office able to receive and immediately forward the complaint of alleged inmate on inmate sexual conduct to the Department. A review of the agency's inmate training and education materials revealed that three primary means of the aforementioned reporting methods are communicated to the inmate. Specifically, inmates are informed that they may report to any staff member, may call the PREA hotline, or may file the report in writing via the administrative remedy process (ARP). Not mentioned within the education materials were the options of reporting to the Office of the Attorney General or other outside agency. The auditor notes; however, that the agency's PREA hotline is monitored by an outside agency, specifically, the Life Crisis Center. Thus, provision (b) of the standard is met through publication of this hotline number. During the audit tour, a copy of the agency's posters and a copy of the agency's PREA brochure were prominently posted by the phones on each housing unit to remind inmates of available reporting mechanisms. During interviews with inmates, they identified that they may report allegations through multiple means. The facility has the agency's PREA hotline number stenciled onto the wall throughout the facility. The hotline number is painted in a dark color that stands out against the housing unit paint. All but two of the 35 inmates readily identified this reporting mechanism as a primary means of reporting. A total of 26 of 35 inmates were able to identify multiple methods of reporting, including reports to staff, anonymously through written correspondence, and through third parties. During interviews with staff, they identified that inmates may report allegations directly to any staff member, via the hotline, in writing, and through third parties. Based on observation during the facility tour of posted information, inmate and staff interviews, the auditor finds compliance with provision (a) of the standard. The agency's primary policy has adopted the standard language for provision (b), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and

OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 detail the means by which an inmate may report sexual misconduct, which is defined by the agency to include sexual abuse (as defined by 115.6), sexual harassment (as defined by 115.6), retaliation, neglect/violation of responsibilities and similar actions directed towards an inmate's personal or professional associates, when the employee exercises influence or authority over the inmate. These policies indicate that an inmate may file a complaint with the Office of the Attorney General or other private or public office able to receive and immediately forward the complaint of alleged inmate on inmate sexual conduct to the Department.
A review of the agency's inmate training and education materials revealed that three primary means of the aforementioned reporting methods are communicated to the inmate. Specifically, inmates are informed that they may report to any staff member, may call the PREA hotline, or may file the report in writing via the administrative remedy process (ARP). Not mentioned within the education materials were the options of reporting to the Office of the Attorney General or other outside agency. The auditor notes; however, that the agency's PREA hotline is monitored by an outside agency, specifically, the Life Crisis Center. Thus, provision (b) of the standard is met through publication of this hotline number, which was prominently painted on the walls within housing units and contained on posters throughout the facility. Of note, the auditor left a test message to the hotline from outside the facility, which was successfully relayed to the auditor and also tested the ability to access the hotline via the inmate phones successfully within the facility.

The agency's primary policy has adopted the standard language for provision (c), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 detail the means by which an inmate may report sexual misconduct, which is defined by the agency to include sexual abuse (as defined by 115.6), sexual harassment (as defined by 115.6), retaliation, neglect/violation of responsibilities and similar actions directed towards an inmate's personal or professional associates, when the employee exercises influence or authority over the inmate. These policies indicate that:
An employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct
shall immediately report the complaint to a supervisor, manager, shift commander, or head of the
unit followed by the appropriate written format used to document misconduct.
During interviews with staff, all 17 randomly interviewed staff affirmed that they are required to document reports received from inmates by completing a serious incident report immediately following the incident.
During a review of agency investigations, the audit team observed evidence of staff documenting inmate reports with case numbers 18-35-1358 and 18-35-00867. Specifically, the inmate's verbal report was documented following the report. In case numbers 18-35-00404 and 18-35-00732, the agency initiated an investigation following a report to the agency's hotline.

The agency's primary policy has adopted the standard language for provision (d), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 detail the means by which an inmate may report sexual

	misconduct, which is defined by the agency to include sexual abuse (as defined by 115.6), sexual harassment (as defined by 115.6), retaliation, neglect/violation of responsibilities and similar actions directed towards an inmate's personal or professional associates, when the employee exercises influence or authority over the inmate. These policies indicate that an employee may exercise all reporting mechanisms available to inmates, including reports to the Office of the Attorney General or other private or public office. During interviews with staff, they reported that they may private report allegations of sexual misconduct by speaking to any supervisor, administrator or calling the agency's PREA hotline.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy indicates the agency is exempt from this standard by legislation that became effective March 12, 2018. The Code of Maryland Annotated Regulations 12.02.28 – Administrative Remedy Procedure states that an inmate may not utilize the Administrative Remedy Procedure to resolve allegations of: (a) Rape; (b) Sexual assault, sexual harassment, sexual abuse; and (c) Other sexual misconduct. During interviews with the PCM and through informal discussion with the facility's administrative remedies procedure (ARP) coordinator, the auditor was informed that when an inmate files an allegation of sexual misconduct under the grievance procedures, the facility refers those allegations directly to the Intelligence and Investigations Division (IID). The auditor reviewed the facility's local PREA policy and noticed that the policy was not updated with respect to the recent change in law. Specifically, the local policy still reflected that responses would be provided to ARP complaints within the timeframes specified by the standard. During the onsite audit, the auditor informed the facility of this discrepancy and requested that the facility update its local policy to reflect consistency with the agency policy and state law. The auditor was provided with a revised copy of the facility's policy on December 11, 2018. The revision states that any allegation reported through a request of ARP will immediately be reported to IID by the ARP coordinator and PCM within 24 hours of receipt. Based on the revision of local policy, review of state law, agency policies and investigations within the facility, the auditor finds that the facility is exempt from the remaining provisions of 115.52.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a). There are no supporting policies cited by the agency in support of the standard; however, the auditor notes that agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited do contain provisions to ensure that victims of sexual abuse are provided access to a qualified victim advocate, a Department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role, or a non-Department community-based organization representative who meets the criteria. The PREA Coordinator states that the MDOC coordinates its rape crisis services through the Maryland Coalition Against Sexual Assault (MCASA), which serves as the umbrella agency that coordinates with its 17 local sites to provide rape crisis counseling services in the specific locations where MDOC facilities are located. The MDOC contracts for rape crisis counseling and training services with MCASA and provided a $10,000 invoice dated September 25, 2018, purchasing PREA training consultation services and sexual assault counseling hours for the agency. Additionally, the scope of work was reviewed and it confirms that MCASA is responsible for working with its local centers to develop capacity to provide advocacy services in writing, by telephone, or in person, depending upon the needs of the inmate and the availability of resources. MCASA is responsible for making all reasonable attempts to ensure that a qualified victim advocate be made available to accompany victims through the forensic examination process. Turn Around Inc. is the designated local site that provides rape crisis counseling services to the Baltimore City area. The PCM and PREA Coordinator confirmed that the facility does not have a specific MOU with its MCASA site; Turn Around Inc. An interview was conducted with the PREA Program Coordinator/Analyst with MCASA, and revealed that the most significant barrier to formulating and solidifying MOUs within the agency pertain to the local center's capacity to provide services to incarcerated survivors in those areas where the MDOC has multiple facilities. During the auditor's observation of the inmate intake procedure, the auditor observed that, in addition to the being provided a copy of the agency's PREA brochure, newly committed inmates are provided a copy of the MCASA PREA brochure. This was a brochure created in partnership with the MDOC and it advertises counseling resources available in each of the state's primary geographic areas, to include the telephone number and address for Turn Around Inc. for those inmates in the Baltimore City area. There was no explanation to accompany the provision of this handout, which most likely explains why only 11 of 35 inmates displayed any potential knowledge of the availability of outside advocacy services during inmate interviews. In addition to the MCASA brochure and information, the facility's handbook also publishes the address and contact information for the Rape Abuse and Incest National Network (RAINN) and the National Sexual Abuse Hotline. The handbook also asserts that calls to PREA hotline are not monitored, but are recorded. However, the auditor notes that some inmates reported that they have not received a facility handbook since commitment to the facility. The MCASA brochure advises inmate that they may correspond confidentially by marking the correspondence as "confidential" to be treated as privileged correspondence.

The agency's primary policy has adopted the standard language for provision (b). There are no supporting policies cited by the agency in support of the standard. During an interview with the PREA Compliance Manager and PREA Coordinator, it was communicated that inmates are informed of monitoring by the MCASA brochure.
The MRDCC handbook asserts that calls to PREA hotline are not monitored, but are recorded. All other calls are subject to monitoring. Only one of the 11 inmates who were aware of the availability of outside support services was affirmatively aware of the limits on confidentiality. Others were unsure.
The auditor finds that written materials, i.e. the MCASA brochure and MRDCC handbook, sufficiently cover the requirement of provision (b) of the standard; however, there is opportunity for improvement of this knowledge that can be interwoven into a more robust comprehensive inmate education program under 115.33.

The agency's primary policy has adopted the standard language for provision (c). There are no supporting policies cited by the agency in support of the standard.
The PREA Coordinator states that the MDOC coordinates its rape crisis services through the Maryland Coalition Against Sexual Assault (MCASA), which serves as the umbrella agency that coordinates with its 17 local sites to provide rape crisis counseling services in the specific locations where MDOC facilities are located. The MDOC contracts for rape crisis counseling and training services with MCASA and provided a $10,000 invoice dated September 25, 2018, purchasing PREA training consultation services and sexual assault counseling hours for the agency. Additionally, the scope of work was reviewed and it confirms that MCASA is responsible for working with its local centers to develop capacity to provide advocacy services in writing, by telephone, or in person, depending upon the needs of the inmate and the availability of resources. MCASA is responsible for making all reasonable attempts to ensure that a qualified victim advocate be made available to accompany victims through the forensic examination process. Turn Around Inc. is the designated local site that provides rape crisis counseling services to the Baltimore City area; however, there is no formal agreement between this site and the facility.
An interview was conducted with the PREA Program Coordinator/Analyst with MCASA, and revealed that the most significant barrier to formulating and solidifying MOUs within the agency pertain to the local center's capacity to provide services to incarcerated survivors in those areas where the MDOC has multiple facilities. She stated that within her role, she is responsible for helping to facilitate agreements between individual facilities and the local rape crisis center. She could not speak to the specific reason why the facility does not have an independent agreement with Turn Around Inc. and stated that absent such an agreement, the MCASA umbrella site is not obligated to provide services. She stated in her role, she is typically the individual reaching out on behalf of MCASA to initiate agreements between MDOC facilities versus the individual facilities seeking to negotiate agreements on their behalf.
During the onsite audit, the auditor asked for evidence of the facility's attempts to enter into an agreement with its MCASA site. The auditor was advised that there were no facility records in support of the facility's efforts to reach an agreement with its local site.
Based upon the invoices and the cooperative brochure between MCASA and the MDOC, the auditor finds sufficient evidence that the agency complied with the minimum obligations under provision (c) of the standard. However, the facility does not have documented records to confirm that it has made its efforts to initiate its local agreement. There is an opportunity for improvement and it is recommended that the facility begins negotiations to enter into a formal

	agreement with its local site, Turn Around Inc. The auditor notes; however, that this is not a required element of the corrective action plan, as the standard specifically refers to the agency's compliance.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for this standard, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 detail the means by which an inmate may report sexual misconduct, which is defined by the agency to include sexual abuse (as defined by 115.6), sexual harassment (as defined by 115.6), retaliation, neglect/violation of responsibilities and similar actions directed towards an inmate's personal or professional associates, when the employee exercises influence or authority over the inmate. These policies indicate that third-party reports may be received. The agency's website advertises the agency PREA Coordinator's contact information and the Internal Investigative Division's complaint number as a means for third parties to report allegations of sexual abuse. Additionally, during the onsite audit, the audit team observed that PREA information and reporting mechanisms, such as the PREA hotline, were posted and advertised the ability to report allegations within the visiting room and public access areas of the facility to sufficiently meet the intent of the standard. The auditor notes that he tested and called the agency's PREA Hotline both within the facility and external to the facility to verify that the reporting mechanism worked both internally and externally with success. During interviews with inmates, 25 of 35 were able to articulate that third parties were able to file reports on behalf of an inmate and that they could file reports on behalf of another inmate. During interviews with staff, all 17 randomly interviewed security staff confirmed that third parties can make reports on behalf of another inmate and that all reports had to be taken seriously. The auditor finds compliance with 115.54 based on the agency's website publication of reporting mechanisms and inmate and staff interviews.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, OPS.020.0003 – Reporting Serious Incidents and IIU.110.0011 Investigating Sex Related Offenses. It is noted that agency policies define "sexual misconduct" to include all facets of reportable activity as defined in provision (a) of the standard. IIU.110.0011 Investigating Sex Related Offenses requires: An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. OPS.020.0003 – Reporting Serious Incidents requires: An employee involved in or with knowledge of a serious incident shall, (1) if the incident is in progress, initiate the appropriate response based on the circumstance or summon assistance to stop the incident and protect the individuals involved and (2) Immediately, or when safe to do so, report the incident to the on-duty senior shift supervisor. Agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited require: An employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document misconduct. During interviews with staff, all 17 randomly interviewed security staff and other specialized staff, to include medical and mental health practitioners affirmed that they are responsible for reporting all allegation information consistent with provision (a) of the standard. A review of the agency's employee training materials revealed that employees are trained to report all allegations and suspicions consistent with provision (a) of the standard. A review of investigations revealed evidence of employees following through with their reporting obligations by documenting and acting upon verbal report received within case numbers 18-35-1358 and 18-35-00867. The agency's primary policy has adopted the standard language for provision (b), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Supplemental policies OPS.050.0001 and OPS.200.0005 state: Information concerning a complaint of alleged sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating, and resolving the alleged sexual misconduct and immediate and continued care of the victim. During interviews with staff, it was clear that they were aware of the requirement to keep

reports of sexual abuse as confidential as possible, except when necessary to initiate investigation and inform management and continued care decisions for the inmate.

The agency's primary policy has adopted the standard language for provision (c). There are no supporting policies cited by the agency in support of the standard. During interviews with medical and mental health practitioners, the audit team learned that they must document and report all allegations reported to them. Furthermore, they are obligated to disclose the limitations on confidentiality prior to the initiation of services.

The agency's primary policy has adopted the standard language for provision (d). There are no supporting policies cited by the agency in support of the standard. The Maryland Department of Health website states that:
Maryland does not have mandatory reporting laws for domestic violence or sexual assault. You may not report suspected or confirmed domestic violence or sexual assault unless the adult victim consents or for one of the following exceptions:
1. Child abuse
• If the case involves physical or sexual abuse of a child up to age 18 by a parent, guardian, other person with permanent or temporary custody, or family or household member, then health care professionals are mandated to report to Child Protective Services (CPS) or law enforcement.

2. Vulnerable adult abuse
• If the case involves neglect, self-abuse, or exploitation of a vulnerable adult (adult aged 18 or older lacking the physical or mental capacity to provide for daily needs), then medical personnel, police, and human service workers should report to Adult Protective Services (APS) or law enforcement.

3. Treatment of an injury by health care provider
• If the injury was caused by a gunshot or moving vessel, then medical personnel must report to law enforcement.
• In Allegany, Anne Arundel, Charles, Kent, Montgomery, Prince George's, Somerset, Talbot and Wicomico counties, if injury is caused by an "auto accident or lethal weapon", then medical personnel must report to law enforcement.

During an interview with the PREA Coordinator, the agency requires the responding investigative officer to make applicable notifications to the applicable social service agency when a mandatory reporting requirement is triggered. Because all allegations reported to the agency's Investigative and Intelligence Division (IID), which is a law enforcement agency; following the agency reporting protocol ensures compliance with Maryland's mandatory reporting laws, which require notification to the applicable social services agency OR law enforcement.

The agency's primary policy has adopted the standard language for provision (e), which is supported by agency policy IIU.110.0011 Investigating Sex Related Offenses. Policy indicates 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 (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident." During interviews with the PCM it was communicated that all reports documented and received by the facility are forwarded to his attention. A serious incident report is generated and either he or the facility's shift commander is responsible for notifying the IIU of allegations reported within the facility. During an interview with facility investigators, it was learned that allegations reported at the facility are communicated to investigators via the Intelligence and Investigative Division's (IID) duty officer. This individual will assign a case number and investigator. During a review of facility investigations, the auditor observed that verbal reports and calls to the agency's PREA hotline were acted upon and forwarded to the agency's designated investigators.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	immediate action to protect the inmate. The agency's primary policy has adopted the standard language for this standard, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. All policies require that when facility staff learns that an inmate is subject to substantial risk of imminent sexual abuse, those staff are responsible for taking actions to immediately ensure that individuals' safety. During interviews with staff, they were aware of their obligations to act when an inmate discloses imminent risk of sexual abuse. All 17 randomly interviewed security staff stated that they would immediate act upon such knowledge. Staff reported that they would immediately alert of supervisor of their suspicions of vulnerability, remove the inmate from the vulnerable environment and place them in another safe location, whether that be another cell or another housing unit. Interviews with the Warden and PCM affirmed that the facility has multiple housings where separation from likely abusers is possible through an in-house move. However, in those situations where necessary, the facility has the ability to transfer an inmate to one of its neighboring facilities to further remove an inmate from a threat. Based on staff knowledge of their obligations to immediately act and remove inmates from threatening situations, as well as the PCM and Warden's interviews; the auditor finds the facility is both adequately prepared to and understands its obligations to act when an inmate is identified as being at imminent risk of sexual abuse.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. All policies require that the managing official is responsible for notifying the managing official for allegations received within the agency; the Intelligence and Investigations Division (IID) within the Department for all allegations; and the facility head or agency head responsible for the facility where the incident occurred when the allegation originates outside the agency. During the onsite audit, the auditor was informed that the previous Warden left the facility mid-way through the audit year; therefore, the facility was no longer in possession of records to verify that notifications pursuant to provision (a) of the standard were made. The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. All policies require that the managing official is responsible for notifying the affected facility immediately, but not later than 72 hours of being notified of the incident. During the onsite audit, the auditor was informed that the previous Warden left the facility mid-way through the audit year; therefore, the facility was no longer in possession of records to verify that notifications were made within 72 hours pursuant to provision (b) of the standard. The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. All policies require that the managing official is responsible for recording the notification. The agency utilizes a standardized form titled "Notice of Incident" to document this notification. During the onsite audit, the auditor was informed that the previous Warden left the facility mid-way through the audit year; therefore, the facility was no longer in possession of records to verify that notifications pursuant to provision (a) of the standard were made. The auditor will require that the facility develop procedures to ensure that adequate records are kept of interfacility notifications pursuant to provision (a) of the standard. This record keeping procedure should include a storage and retention system on a shared drive outside of an email system to ensure accessibility through changes in facility administration. The agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. All policies require that the agency's Intelligence and Investigations Division (IID) be notified of allegations reported to have occurred in any of the agency's facilities or reported within any of the agency's facilities. When an allegation relevant to 115.63 is reported, the IID representative and the managing official for a facility within the agency are responsible for ensuring the reported abuse is investigated. The facility reported that it received two allegations reported to it from other agency correctional facilities during the audit year. During a review of notifications received by the

	facility, the audit team found that the facility appropriately responded by opening investigations 17-35-01759 and 18-35-00243, consistent with provision (d) of the standard. Corrective Action Recommendations: The facility PCM stated that the facility was unable to produce records relative to provisions (a)-(c) due to the departure of the previous Warden. Applicable records were purported to be maintained in that person's email account. Because the facility was unable to produce records consistent with provision (c) to either affirm or refute that notifications were required under provision (a) or made within 72-hours, as required by provision (b); the auditor will require that the facility develop a central repository or mechanism for storing such information outside of the facility Warden's email records. This may be in the form of a shared resource drive for electronic files or a paper file which records the notification made. Whatever mechanism the facility chooses, there should be a documented nexus between the date and time the allegation was received by MRDCC and when the notification was made to the affected facility. Post Interim Report Corrective Actions Taken: The auditor returned to the facility for a second site visit on July 17, 2019. During this trip to the facility, the auditor observed that the facility has appointed an assistant PCM to manage document retention relative to PREA compliance. While the facility continues to report that it has not received any such allegations occurring in another facility to report in accordance with provisions (a-c) of the standard during the corrective action period to demonstrate practice; the auditor observed that the MRDCC now has a system in place to retain such documentation outside the scope of the Warden's email account with the assistant PCM's PREA binder that is kept. The assistant PCM was able to produce documentation that the facility's Warden received incoming notice from another Warden in the MDOC about an inmate transferring into the facility with an active allegation from the previous facility to demonstrate that records are kept and retained on related subjects. Absent specific evidence of compliance through an actual required notification, the auditor finds that the newly developed documentation retention procedures will fulfill the original identified concern during the initial onsite review.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited; OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited and IIU.110.0011 – Investigating Sex Related Offenses. Policies require that the first responder, when an investigator or correctional officer, take actions to stop any incident in progress, if necessary, by arranging for separation of victim and abuser, ensuring appropriate medical attention is arranged, and preserving the scene of the incident, including advising the victim not to taken any actions that would destroy evidence that may be present on the victim's body or clothing, such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. Policies also require that the first responders make efforts to ensure the alleged abuser does not take any of the aforementioned actions which could contaminate or destroy physical evidence. During interviews with all 17 random security staff, each displayed thorough knowledge of their first responder obligations, consistent with provision (a) of the standard. Officers affirmed their responsibility to separate the involved parties, preserve the crime scene, ask that the involved parties take no action to destroy potential forensic evidence on their bodies, such as washing, eating, using the bathroom, or changing clothing. During a review of facility preliminary investigation information relative to case 18-35-1358 the audit team saw evidence of an inmate being separated from his alleged abuser, taken to medical for evaluation before being referred to an outside hospital for forensic evidence collection. The agency investigator was dispatched to the hospital to gather the forensic evidence collected by the forensic nurse. The facility secured the cell where the potential crime scene was located; however, the cell was later released when investigators determined there was information to indicate the allegation did not occur. The auditor notes the allegation was initially disclosed to a psychology staff member, who informed security staff, who then acted upon this information in accordance with provisions (a) and (b) of the standard. The agency's primary policy has adopted the standard language for provision (b), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited; OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited and IIU.110.0011 – Investigating Sex Related Offenses. Policies require that when the first responding employee is not a correctional officer that the employee immediately request that a correctional officer respond to the scene and that the staff person makes a request for the victim not to take any actions that would destroy evidence that may be present on the victim's body or clothing, such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. Policies also require that the non-correctional officer first responders make efforts to ensure the alleged abuser does not take any of the aforementioned actions which could contaminate or destroy physical evidence. During interviews with non-security staff, to include case managers, mental health, and medical staff, all were knowledgeable of their responsibilities to notify security staff of allegations that they received and to request that the alleged victim take no actions to potentially destroy physical evidence. During a review of facility preliminary investigation information relative to case 18-35-1358 the

	audit team saw evidence of an inmate being separated from his alleged abuser, taken to medical for evaluation before being referred to an outside hospital for forensic evidence collection. The agency investigator was dispatched to the hospital to gather the forensic evidence collected by the forensic nurse. The facility secured the cell where the potential crime scene was located; however, the cell was later released when investigators determined there was information to indicate the allegation did not occur. The auditor notes the allegation was initially disclosed to a psychology staff member, who informed security staff, who then acted upon this information in accordance with provisions (a) and (b) of the standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for this standard. The audit team reviewed the facility's local policy MRDCC 050.0030.1 – Sexual Misconduct – Prohibited. This policy mirrors the agency's policy; however, provides facility specific implementation plans. The auditor finds that the local policy outlines the steps the facility employs from the initial receipt of an allegation of sexual abuse through sexual abuse incident review. The local policy outlines first responder procedures, notification to key administrative staff and the Intelligence and Investigation Division (IID) for investigation, evaluation by medical staff at the facility, with transfer to Mercy Hospital if a forensic examination is necessary. Following an allegation of sexual abuse, the facility's psychology department is responsible for meeting with the alleged victim the following business day. The auditor finds that the facility's local policy contains sufficient planning and coordination of the response efforts among those enumerated within the standard to find compliance. Moreover, the audit finds through incidents alleged to have occurred at the facility; the staff appear to have successfully executed their first responder plans.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for this standard, which is supported by the Annotated Code of Maryland – State Personnel and Pensions § 3-302. Rights of the State permits: (1) (i) determine the mission, budget, organization, numbers, types and grades of employees assigned, the work projects, tours of duty, methods, means, and personnel by which its operations are to be conducted, technology needed, internal security practices, and relocation of its facilities; and (ii) maintain and improve the efficiency and effectiveness of governmental operations; (2) determine the: (i) services to be rendered, operations to be performed, and technology to be utilized; and (ii) overall methods, processes, means, and classes of work or personnel by which governmental operations are to be conducted; (3) hire, direct, supervise, and assign employees; (4) (i) promote, demote, discipline, discharge, retain, and lay off employees; and (ii) terminate employment because of lack of funds, lack of work, under conditions where the employer determines continued work would be inefficient or nonproductive, or for other legitimate reasons; (5) set the qualifications of employees for appointment and promotion, and set standards of conduct; (6) promulgate State or Department rules, regulations, or procedures; (7) provide a system of merit employment according to the standard of business efficiency; and (8) take actions, not otherwise specified in this section to carry out the mission of the employer. During a review of collective bargaining contracts, the audit team found that correctional staff are represented by AFSCME/Teamsters . Article 21 of the contract, section 2 permits the employer to suspend the employee without pay in compliance with the standard.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Agency policies direct that: An individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged inmate on inmate sexual conduct is monitored for a minimum or 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: (a) Provision of available medical or mental health services or counseling; (b) Changes to inmate housing assignments and staff work assignments; and (c) Continued monitoring as deemed appropriate The audit team finds that the agency's policies sufficiently comply with provision (a) of the standard. The agency has developed a standardized form for documenting monitoring sessions, which requires contacts within two weeks of the allegation, followed by additional contacts at 30, 60 and 90 days. Through interviews, it was determined that in the MRDCC, the Assistant Warden/PCM is responsible for conducting retaliation monitoring for inmates or staff who report sexual abuse, sexual harassment, or cooperate into investigations into such activity. The auditor found evidence of compliance, where retaliation monitoring was initiated with inmates who alleged sexual abuse at the facility; prior to their transfer to other MDOC facilities. The auditor questions, however, whether retaliation monitoring is continued upon transfer from the facility to another agency facility, as the monitoring forms within facility investigations did not contain any monitoring information beyond the inmate's transfer date. Regardless, such an agency deficiency will not be held against the facility's compliance. During an interview with the facility PCM, he states that he is the sole individual responsible for retaliation monitoring within the facility. When there is an allegation, he attempts to keep the two alleged parties separated during the course of the investigation, consistent with provision (b). Due to the short-term length of stay at the facility, most individuals would transfer during the course of the investigation and the retaliation monitoring would be forwarded to the receiving, permanent housing facility. Due to the multiple pods available on each floor of the facility, the PCM stated that housing unit transfers can readily be accommodated when necessary and separation of alleged staff abusers from inmates can also be accommodated within the facility. If necessary, interfacility transfers can also be accommodated with inmate transfers to one of the several neighboring MDOC facilities in the area. There were no inmates who reported sexual abuse present in the facility at the time of the onsite audit; therefore, the audit team was unable to further confirm practice through an inmate interview. During an interview with the facility PCM, he stated that, after an initial contact, he would check-ins with individuals requiring retaliation monitoring at 30, 60, and 90 days. However, with the average length of stay in the 45-day range, most individuals requiring retaliation monitoring would transfer from the facility to a permanent location prior to the conclusion of 90 days. In such cases, the retaliation monitoring form would be forwarded to the receiving facility

	for continuation. The facility PCM confirmed that retaliation monitoring services are available to any individuals who require such monitoring, including witnesses and staff. The agency's primary policy affirms that retaliation monitoring ceases upon an allegation being determined unfounded.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	As noted under 115.43, the facility utilized administrative segregation for the dual purpose of the individual being an alleged victim of sexual abuse and at risk of victimization. The auditor reviewed the segregation placement record and determined the inmate was placed for purposes relative to 115.43 and 115.68; specifically, they were housed in involuntary protective custody due to risk of victimization and due to an investigation into the inmate being sexually abused at another regional facility. The facility reported that the inmate remained on the protective unit at the facility from the arrival date in February 2018 through their transfer date in May 2018. The segregation notice was originally served at the Metropolitan Transition Center on February 2, 2018. The inmate was seen by the MRDCC segregation review committee on February 8, 2018. The committee recommended continued placement in administrative segregation with a review scheduled for 30 days. The next record of review is noted to be April 3, 2018, where the inmate was released from segregation due to the PREA investigation not supporting the allegation. The auditor notes that although the placement into involuntary segregation was initiated at the facility of incident; the transfer to MRDCC to effectuate separation from the alleged abuser in this instance, should have provided sufficient safety for the inmate to have been released from involuntary segregation for investigatory purposes. Based upon the facility's supporting rationale for release from involuntary segregation (i.e. the PREA investigation concluded) there is an absence of supporting documentation to validate what specific safety concerns existed to continue the previously initiated segregation placement at MRDCC in accordance with the standard. Given this absence of supporting documentation and the supporting documentation for both placement and release indicating that the involuntary segregation was relative to the inmate's reported allegation; the auditor does not find compliance with 115.68. Corrective Action Recommendation: As noted under 115.43, the facility has an opportunity for improvement in its record keeping process for inmates who are housed in involuntary administrative segregation pursuant to 115.43 and 115.68. A checklist or form that formally documents and requires the facility to articulate its concerns relative to the provisions of 115.43 would prove beneficial to ensuring compliance with the standard. To be found compliant with this standard, the facility must demonstrate that it does not use segregated housing for victims of sexual abuse, unless there is a thorough and exhaustive assessment of all available alternatives. When such conditions exist, the facility shall clearly document the rationale for the continued use of segregation and provide evidence of reviews every 30 days, which continue to justify why no alternative means of protective separation can be achieved for the alleged victim's safety. The auditor will review all allegations reported at the facility during the corrective action period and request the housing records to verify that such individuals are not placed into administrative segregation. If administrative segregation is utilized, then documentation in compliance with the standard is necessary. Post Interim Report Corrective Actions Taken:

	During a return visit to the facility on July 17, 2019, the auditor reviewed the facility's investigatory log and the assistant PCM's PREA documentation files, containing record of another inmate transferred into the facility with an allegation reported elsewhere. Since the conclusion of the initial site review, the facility received one allegation of sexual abuse on January 14, 2019. Given reported statistical information for the facility over the past six years on the agency's website, this statistic did not appear to be an exaggerated underreporting of incidents. The auditor observed in the records associated with investigatory file 00103 that the alleged victim was housed in segregated housing; however, the alleged victim had been housed in segregated housing for gang related separations since May 25, 2018, approximately seven months to the inmate making their allegation, which was later unfounded via video evidence. The file information for the other individual who transferred into the facility with an allegation reported elsewhere did not indicate that segregated housing was used to protect this individual in accordance with the standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	allegations, including third-party and anonymous reports. The agency's primary policy has adopted the standard language for provision (a), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011 Investigating Sex Related Offenses. It is noted that agency policies define "sexual misconduct" to include all facets of reportable activity as defined in provision (a) of the standard. IIU.110.0011 Investigating Sex Related Offenses requires: An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. During an interview with the facility PCM, agency PREA Coordinator, and Warden, the auditor was informed that allegations received within the facility are forwarded up the chain of command to the shift commander, who then notifies the Assistant Warden/PCM. The PCM then notifies the agency's Intelligence and Investigations Unit (IIU) of the allegation to initiate investigation. The auditor reviewed the facility's allegation log and found that investigations were initiated for all four of the recorded allegations. At the time of the onsite audit, two of those four investigations were registered as complete. During the time between the onsite audit and the issuance of the interim report, a third investigation closed; however, the final investigative report was not provided to the auditor in time for the issuance of the audit report. The fourth investigation, case number 18-35-1358, remained opened and there was indication that said investigation may be pending forensic evidence analysis; however, the auditor was unable to confirm the exact nature of why this investigation remained open, as a request for confirmation to the agency's IIU went unanswered. To observe a more thorough picture of how the agency conducts its investigations, the auditor reviewed one additional investigation just prior to the audit review period. The auditor reviewed case 18-35-00243, which was reported during the audit period. The allegation was reported on February 2, 2018, and was reported back to the facility pursuant to 115.63 from another agency facility. The allegation revolved around an incident alleged to have occurred at MRDCC in July 2017. The auditor finds the investigation was promptly initiated; however, does not produce evidence of thoroughness. Specifically, the alleged victim stated that another inmate, who was identified by nickname, assisted in stopping the alleged sexual assault. Despite the facility identifying the potential witness by nickname; the facility concluded its investigation without interviewing the potential witness when the alleged victim could not identify the potential witness out of a photo line-up. The inability of the alleged victim to identify the potential witness out of a photo line-up does not indicate that sufficient efforts were made to thoroughly investigate the allegation. Specifically, interviewing the potential witness to determine whether he observed the alleged sexual assault would have produced evidence of a sufficient effort to be thorough. During the audit period, the allegation relative to case number 18-35-00732 was reported on April 19, 2018. During the time of the onsite audit, the facility advised the auditor that the allegation was still pending investigation. The allegation involved the alleged victim's report

that a staff member harassed the alleged victim by commenting that the alleged victim should perform a sexual act. Given that the allegation was reported over eight months prior to the onsite audit, the auditor question why the investigation was not complete. On January 7, 2019 (post audit), the auditor was informed that the originally assigned detective was out on extended medical leave. The case was reassigned to another detective. The auditor was provided email correspondence between the facility PCM and the investigator dated January 8, 2019 to confirm that the investigation was being closed as unfounded. As of the date of this interim report, the auditor was not provided a copy of the investigation. The auditor does not find evidence within this incident that the timeliness provision was met. Specifically, the agency acknowledged that the investigation sat dormant for an unknown period of time due to the extended absence of a staff member. Moreover, the auditor finds it questionable how the allegation was determined unfounded, approximately one day after it appears it had been reassigned. The auditor will require review of the investigatory report during the corrective action period to further examine whether the thoroughness element of the provision has been met.

The auditor reviewed investigation 18-35-00867, reported during the audit period. The allegation was reported May 9, 2018 and concluded as unfounded on July 10, 2018. The auditor finds this meets the prompt element of provision (a). The alleged victim had been released from custody following he allegation. The investigator made an effort to contact the alleged victim's probation/parole officer to coordinate in interview with the alleged victim, demonstrating thoroughness. During the interview, the alleged victim disclosed details of why he filed the allegation and admitted the alleged acts did not occur; resulting in the appropriate disposition of unfounded.

The auditor reviewed investigation 17-35-01759. The allegation was reported on August 31, 2017 via the agency's PREA hotline. The auditor finds this investigation does meet the promptness element of provision (a). Specifically, the incident was reported on August 31, 2017. The alleged victim was interviewed on September 21, 2017. The alleged staff perpetrators were not interviewed until July 6, 2018, with the investigation concluding as unfounded on July 27, 2018. There was no forensic evidence to be analyzed, which could account for the delay in investigation.

Although the agency's investigator communicated in an interview that all investigations are conducted in accordance with provision (a) of the standard; the auditor found insufficient evidence within the corresponding investigations to demonstrate practice.

The auditor finds that the agency's investigators for the facility are not consistently completing investigations promptly or thoroughly in accordance with provision (a) of the standard. The auditor finds that a means of prioritizing investigations and establishing a deadline-driven schedule for all investigation that are not delayed due to forensic evidence analysis would assist in meeting the promptness element of provision (a). In addition to prompt interviews with witnesses; all potential witnesses to an allegation should be interviewed when potentially known. Requiring an alleged victim to positively identify the potential witness out of a photo line-up in order to trigger an interview with said potential witness is not consistent with trauma informed training applicable to investigators via 115.34, insomuch as alleged victims of sexual abuse may have fragmented memories or unable to recall specific details when engaged in the "fight, flight, or freeze" response to a potentially traumatic event.

The agency's primary policy has adopted the standard language for provision (b), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011

Investigating Sex Related Offenses. It is noted that agency policies define “sexual misconduct” to include all facets of reportable activity as defined in provision (b) of the standard. Specifically, the former policy states that:
(2) To the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received
specialized training related to conducting sexual abuse investigations in a confinement setting that,
at a minimum, specifically addresses:
(a) Interviewing sexual abuse victims;
(b) Using Miranda and Garrity warnings;
(c) Sexual abuse evidence collection; and
(d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.
As noted under 115.34, the auditor found insufficient evidence to determine compliance that all investigators have completed the agency’s Specialized Investigator’s training. Under corrective action for that standard, the facility or agency is required to provide current training records for all investigators. The training records should clearly distinguish that the course completed is for PREA Specialized Training for Investigators for all employees or clearly identify how the training record is related to the requirements of 115.34. Similar corrective action is necessary to find compliance with provision (b) of the standard.

The agency’s primary policy has adopted the standard language for provision (c), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011 Investigating Sex Related Offenses.

As cited under provision (a) of the standard, the auditor found insufficient evidence that agency investigators interviewed all available witnesses. The auditor reviewed case 18-35-00243, which was reported during the audit period. The allegation revolved around an incident alleged to have occurred at MRDCC in July 2017. The auditor finds the investigation was promptly initiated; however, does not produce evidence of all known potential witnesses being interviewed. Specifically, the alleged victim stated that another inmate, who was identified by nickname, assisted in stopping the alleged sexual assault. Despite the facility identifying the potential witness by nickname; the agency concluded its investigation without interviewing the potential witness when the alleged victim could not identify the potential witness out of a photo line-up. The inability of the alleged victim to identify the potential witness out of a photo line-up should not have ended the information gathering process with the potential witness.

The auditor, however, found evidence of compliance in other facility investigations, where the agency investigators preserved video evidence and matter of record reports relative to the investigation. There is one open investigation from the audit period that involved the alleged victim being referred for a forensic examination; however, the investigation was not complete to determine how the investigator analyzed such evidence within the investigation.
The agency investigator communicated in her interview that investigators are available on-call to assist with securing and preserving any crime scene. When necessary, an investigator would accompany an alleged victim to a hospital for a forensic examination and collect the

rape kit. Moreover, the agency's investigators would collect any physical evidence available at the potential crime scene.

The agency's primary policy has adopted the standard language for provision (d), which is supported by the agency policy IIU.110.0011 Investigating Sex Related Offenses. Specifically, it states that: (6) If appropriate, work with the prosecutor to develop the case for criminal prosecution.
Through a review of allegations and investigations, there were no substantiated incidents within the facility or any allegation made within the facility that produced evidence in support of criminal prosecution. Moreover, through a review of facility investigations, there was no evidence of compelled interviews.
An interview with the agency investigator revealed that the agency divides its detectives to conduct purely administrative and criminal investigations to avoid entanglements with compelled testimony. When there is a need for both a criminal and administrative investigation; the administrative detectives are not permitted to share the fruits of their investigation with the criminal investigators to avoid prosecutorial complications. Moreover, the investigator confirms that everyone who is interviewed is provided with their Miranda Warnings. The auditor also finds that this provision is adequately addressed within the agency's investigator's training.

The agency's primary policy has adopted the standard language for provision (e), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011 Investigating Sex Related Offenses. Specifically, the former policy specifies that:
(6) A victim of alleged sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct.
The latter policy specifies:
E. Credibility of a Victim, Witness, or Suspect.
(1) Credibility of a victim, witness, or suspect shall be determined on an individual basis, regardless of
the individual's status, for example employee or inmate.
(2) A victim may not be required to take a polygraph or other truth telling test to determine to proceed
with an investigation of an incident involving a sex related offense.

During an interview with the agency investigator, the auditor was informed that investigators are not permitted to require the use of a polygraph. An inmate may volunteer for the use of a polygraph; however, it is not required. There was no evidence of alleged victims being compelled to submit to a polygraph examination in reviewed investigations. During the review of facility investigations, the auditor did not find evidence that individualized credibility assessments were not occurring; however, the auditor notes that two facility investigation reports from the audit period were unavailable at the time of this interim report. The agency investigator stated during an interview that credibility is assessed based upon evidence, past complaints, intelligence sources, and corroborating information uncovered during the investigation.

The agency's primary policy has adopted the standard language for this provision, which is

supported by the agency policy IIU.110.0011 Investigating Sex Related Offenses.
The auditor reviewed facility investigations and found that the reports contained information and were written in a format that demonstrated compliance with provision (f) of the standard. There were no reviewed investigations that rose to the level of a criminal investigation to asses compliance with provision (g) from the audit period. The auditor notes; however, that one allegation of a potential criminal nature and involving a forensic examination remained open at the time this interim report was issued.
An interview with the agency investigator confirmed that administrative investigations would review video and housing unit logs to confirm whether staff actions may have contributed to an incident.

The agency's primary policy has adopted the standard language for provision (h), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011 Investigating Sex Related Offenses.
There was no substantiated allegation within the MRDCC to validate practice of provision (h). An interview with the agency investigator confirmed that substantiated allegations of a criminal nature would be referred for prosecution.

The agency's primary policy has adopted the standard language for provision (i), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited, and IIU.110.0011 Investigating Sex Related Offenses. Policy sets the standard that investigations are retained for five years after the alleged abuser is released from the custody or employment of the agency.
The agency PREA Coordinator states that the agency's Intelligence and Investigation Unit (IIU) is responsible for maintaining investigations in accordance with provision (i) the standard. These investigations are securely retained within the IIU to avoid discovery of sensitive details.

The agency's primary policy has adopted the standard language for provision (j), which is supported by the agency policies OPS.050.0001 – Sexual Misconduct – Prohibited and OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited. Specifically, it states:
(5) 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.
Interviews with investigative staff related that when a staff member is alleged to have committed sexual abuse terminates employment prior to a completed investigation, the investigation continues. The investigator noted one investigation where a subject staff fled the country; there is a warrant waiting for them.
The auditor found evidence of compliance with provision (j) in facility investigation 18-35-00867. Specifically, the alleged victim had been released from the agency's custody; however, the investigator located the alleged victim through their probation/parole officer in order to pursue the investigation.

The auditor finds that provisions (k) and (l) are not applicable to the facility, as all investigations are conducted internally. During an interview with the facility PCM, he states that he can communicate with the agency's IIU via email and telephone to remain informed on the status of investigations at his facility.

Corrective Action Recommendations:
The auditor finds that the agency's investigators for the facility are not consistently completing investigations promptly or thoroughly in accordance with provision (a) of the standard. The auditor finds that a means of prioritizing investigations and establishing a deadline-driven schedule for all investigation that are not delayed due to forensic evidence analysis would assist in meeting the promptness element of provision (a). In addition to prompt interviews with witnesses; all potential witnesses to an allegation should be interviewed when potentially known.
As noted under 115.34, the auditor found insufficient evidence to determine compliance that all investigators have completed the agency's Specialized Investigator's training. Under corrective action for that standard, the facility or agency is required to provide current training records for all investigators. The training records should clearly distinguish that the course completed is for PREA Specialized Training for Investigators for all employees or clearly identify how the training record is related to the requirements of 115.34. Similar corrective action is necessary to find compliance with provision (b) of the standard.
The auditor will review facility investigations during the corrective action period and expect to see that any allegation, which does not require the processing of forensic evidence is investigated both promptly and thoroughly in accordance with the standard.

Post Interim Report Corrective Actions Taken:

During a return visit to the facility on July 17, 2019, the auditor reviewed facility the facility investigatory logs and files. Through discussions with the agency's PREA Coordinator during the initial audit and formulation of the interim report, it was learned that some investigations in the agency during the original audit period had been delayed due to long-term absences and the death of an agency investigator, where cases had not immediately been reassigned. Since the need for corrective action was identified through the interim report, the facility had one reported allegation on January 14, 2019 by which to assess how the facility/agency progressed towards compliance with the standard. The investigation commenced with relevant interviews of relevant parties within three days of the allegation being made. The allegation was that a staff member had been performing a sexual act with an inmate through the inmate's cell door aperture. The investigator clearly described the video evidence which refuted the allegation to arrive at the unfounded disposition. The investigation officially concluded on April 22, 2019 after approval through the agency's investigative unit. As noted under 115.34, the agency provided complete training transcripts for its 35 agency investigators, confirming each had completed specialized investigator's training. Although the evidence of compliance is limited by the absence of allegations following the identified need for corrective action, the available investigatory report reflects that the agency's investigators enacted necessary changes identified during the initial onsite audit to demonstrate compliance with 115.71

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for this standard, which is supported by the agency policy IIU.110.0011 Investigating Sex Related Offenses. Policy sets the standard for determining whether allegations are substantiated by the preponderance of evidence. During an interview with the agency investigator, she affirmed that the preponderance of evidence standard was used to determine whether allegations were substantiated. She was able to clearly articulate that the preponderance of evidence standard means that an event was more likely than not to have occurred. Through a review of facility investigations, the auditor found no evidence that the facility failed to properly apply preponderance of evidence standard to substantiate any investigation; allowing the auditor to find compliance with the standard.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provision (a), which is supported by the agency policies OPS.050.0001, § .05H (1), OPS.200.0005 § .05H (1), and IIU.110.0011 § .05H (1) to support its efforts towards compliance of the provision. During interviews with the agency investigator, she stated that she notifies the facility of the investigatory outcome and then the PCM or Warden is responsible for making notification. During an interview with the facility Warden, she stated that once the agency's Intelligence and Investigation Unit (IIU) notifies her of the disposition; she sends a letter to the inmate. During an interview with the agency PREA Coordinator, the auditor was informed that the investigator is responsible for notifying the facility PCM and alleged victim of the investigatory outcome at the conclusion of the investigation. Despite conflicting verbal reports from the interviewed investigator and the Warden, the auditor found evidence within the investigatory reports that the investigator notified the alleged victim of the investigatory outcome when the individual remained in the custody of the agency. The date of notification is documented within the investigatory report itself and is not verified by signature of the alleged victim. The investigators also documented within the investigatory reports when a notification was not possible due to the departure of the alleged victim from the agency's custody. The auditor finds that provision (b) of the standard is not applicable to the agency, insomuch as the agency conducts its own investigations. The agency's primary policy has adopted the standard language for provision (c), which is supported by the agency policies OPS.050.0001, § .05H (2) in its efforts towards compliance of the provision. Specifically, the policy indicates that the head of the unit (in the case of MRDCC, this would be the Warden) is responsible for notifying an inmate victim when: (a) The employee is no longer assigned to the inmate's housing unit; (b) The employee is no longer assigned at the inmate's facility; (c) If aware, the employee is criminally charged for an offense related to the sexual abuse that occurred within the facility; and (d) If aware, the employee is convicted on a charge related to the sexual abuse that occurred within the facility. During a review of facility investigations, the auditor found no record of such notifications being made. The auditor notes that only one of the reviewed investigations may have involved the potential for a staff member to have been moved; however, that allegation was made prior to the audit period and prior to the tenure of the current facility Warden. During an interview with the facility Warden, she confirmed that she is responsible for making notifications pursuant to the standard to inmates remaining in within the facility's custody. The agency's primary policy has adopted the standard language for provision (d), which is supported by the agency policy IIU.110.011 Investigating Sex Related Offenses. Specifically,

	this policy indicates that the facility investigator is responsible for working with the managing official to ensure that inmates are notified of the elements outlined within provision (d) of the standard. Again, the Warden's interview supports the agency's policy; specifically, she stated that she is responsible for such notifications within the facility. Again, the facility had no substantiated allegations to verify practice of agency policy. Based on policy provision and the Warden's interview, the auditor finds sufficient procedures are in place for notifications under provision (d) if required. As noted under provision (a) of the standard, the investigative reports sufficiently documented the investigator's notification to the alleged victim of the investigatory outcome or documented that the alleged victim was unable to be notified because of the individual's release from the agency's custody. Although the auditor was able to find sufficient evidence of compliance with provision (a) of the standard, it is recommended that the agency develop a standardized form to document such notifications made under provisions (c) and (d), which occur after an investigation is closed.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for this standard, which is supported by the agency policy OPS.050.0001 § .05I. Specifically: I. Sanctions. (1) An employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee: (a) Except under exigent circumstances, did not perform responsibilities established under this directive; or (b) Neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct. (2) An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department; (b) Criminal prosecution; and (c) If applicable, notification of a relevant licensing authority. The agency's Standards of Conduct identifies "Unprofessional personal relationship or contacts with inmate, offender or client" as b. a Third category infraction that shall result in the termination from state service. And c. The employee shall be suspended pending termination from state service." The Department's PREA lesson plan was reviewed. It was found to support this provision: "Discipline staff and inmate assailants appropriately, with termination as the presumptive disciplinary sanction for staff who commit sexual abuse." The PAQ reported no instances of staff discipline relative to violations of sexual abuse and sexual harassment policies. During a review of the four reported incidents during the audit review period, the auditor was provided documentation that revealed that only two of the investigations were completed. The auditor also reviewed additional facility investigations within the months prior to the audit period to gather additional insight into procedures. During the post audit period and prior to the issuing of the interim report, one of the previously two open investigations concluded as unfounded. The auditor observed that there were no substantiated incidents during the audit review period upon which to observe facility practice of compliance with the provisions of 115.76. Moreover, through a review of the agency's annual reports, the auditor found that the agency generally substantiates one to three allegations per year, which is roughly one percent or less of all allegations received. Through a review of the agency's annual reports, the last substantiated incident within MRDCC occurred in 2014. During formal and informal interviews with the PREA Coordinator, Warden and facility PCM, the auditor was advised of the agency's commitment to hold staff perpetrators accountable and that staff are subject to disciplinary action, up to and including termination if they are found to have violated sexual abuse and sexual harassment policies. Discipline would be commensurate with the nature of the abuse, with termination as the presumptive discipline for

	those actually engaging in sexual abuse.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has adopted the standard language in its primary policy to comply with the standard. The agency policy is supported by agency policy 050.0001 – Sexual Misconduct Prohibited: (3) A contractor determined to have committed sexual misconduct is: (a) Considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency; (b) Subject to sanctions according to provisions of the contract or agreement; (c) Is subject to criminal prosecution; and (d) If applicable, notification of a relevant licensing authority. As noted under 115.76, the auditor found no record of substantiated allegations of sexual abuse or sexual harassment during a review of facility investigations. Moreover, the PAQ reports no contractors or volunteers have violated sexual abuse or sexual harassment policies. Thus, there are no substantiated incidents upon which to assess facility practice of compliance with 115.77, with respect to contract and volunteer staff. During formal and informal interviews with the Warden and facility PCM, the auditor was advised that any contractors and volunteers who violated the agency's sexual abuse and sexual harassment policies would have their clearance to the facility revoked and such individuals would be prohibited from contact with inmates in compliance with 115.77.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provisions (a), (b), and (c), which is supported by the agency policy COMAR 12.03.01—.32, Inmate Discipline. This regulation establishes a formal disciplinary process within the agency and infractions relative to sexual abuse and sexual harassment are enumerated within as acts to be processed under the regulations in accordance with provision (a) of the standard. In compliance with provision (b) of the standard, the disciplinary regulation has developed sanctioning procedures in sections .24 and .27 to determine the appropriate sanction, in accordance with a matrix, which considers the severity of incident, aggravating and mitigating circumstances. The matrix is intended to ensure the continuity of sanctioning for comparable offenses. In accordance with provision (c), the agency's disciplinary regulation has section .08 dedicated to the processing of disciplinary acts for those inmates with mental disabilities, where such disabilities are considered not only in the disciplinary process, but in the sanctioning process as well. As noted under 115.76 and 115.77, the auditor reviewed facility investigations and found no record of a substantiated incident upon which to assess facility compliance with the provisions of this standard. During interviews with the facility Warden and PCM, the auditor was informed that any inmate who violates the agency's zero-tolerance policies for sexual abuse and sexual harassment would be subject to disciplinary action. Any discipline would be subject to a formal disciplinary process, imposed by an independent hearing officer. The agency disciplinary process considers the mental and intellectual functioning of the individual when imposing discipline. The agency's primary policy has adopted the standard language for provision (d), which is supported by agency policy OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited. When a facility offers programming as specified under provision (d), inmate on inmate abusers shall be considered for participation in such programming. Through formal interviews with the Warden, PCM, mental health staff, and case management staff, the auditor learned that the facility does not offer programming specified under provision (d) of the standard. The short-term length of staff for individuals committed to the MRDCC does not afford sufficient time for completion of such programming. However, during an interview with the facility's mental health staff, the auditor learned that if an inmate was found to have engaged in sexual abuse of another inmate, consideration for programming consistent with provision (d) could be considered at the inmate's permanent facility. The agency's primary policy has adopted the standard language for provision (e), which is supported by agency policy OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited. Said policies specifically state that discipline for contact with a staff member may only be issued upon a finding the staff did not consent to such conduct in accordance with provision (e) of the standard. Through a review of facility investigations and the PAQ, the auditor found no evidence that an inmate was disciplined for sexual contact with a staff member. The agency's primary policy has adopted the standard language for provision (g), which is supported by agency policy OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited.

	Formal and informal interviews with the facility PREA Coordinator, Warden and PCM confirm that the agency prohibits sexual activity between inmates; however, it is not considered to be a violation of sexual abuse policies. The facility handbook specifies that the facility will enforce violations of rule 118 (consensual sex acts) as part of its prevention efforts. Through a review of facility investigations, there was no evidence that an investigation was opened for consensual sexual acts between two inmates.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency's primary policy has adopted the standard language for provisions (a), (b), and (c), which is supported by the agency policy OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness and the facility's local policy. The agency's policy requires that individuals who report sexual victimization or who are know sexual abusers are seen by a medical or mental health practitioner within 14 days. Given that the facility is the initial intake facility for the MDOC; all inmates are seen by a medical practitioner within 14 days by default for intake purposes. Absent circumstance of disclosures through risk screening which would require emergent medical care; the auditor was informed through informal discussions with mental health practitioners and the PCM that the facility refers all inmates requiring a follow-up meeting to the facility's mental health practitioners for a follow-up meeting within 14 days. The agency's risk screening tool has prompts at the bottom, which triggers the assessor to offer follow-up services when an individual is identified as a prior sexual victim or abuser. The agency has developed a specific referral form, which informs inmates of their entitlement to evaluation and offers them an opportunity to accept or decline the referral. During the onsite audit, the auditor observed the intake risk screening process. At the conclusion of the risk screening for the day, the intake officer stated that she sends copies of the completed intake assessments to the facility's PCM and psychology department for review and follow-up when necessary. During an interview with the facility's mental health practitioner, the auditor learned that she receives the copies of risk screening results. In addition to conducting evaluations on those inmates who reported sexual victimization or perpetration in accordance with provisions (a) and (b) of the standard; she also conducts evaluations of all inmates who score at high risk on the agency's assessment tool. The auditor was advised that mental health staff keep a log of all individuals seen relative to the requirements of 115.81 and 115.83. The auditor reviewed the log and the purpose for which inmates were seen. The log documents the date of the report and the date of the follow-up contact with mental health staff. The auditor selected three random samples from the log and requested secondary documentation, in the form of contact notes from the agency's electronic health records to confirm the veracity of the log. The auditor was provided the electronic mental health contact notes and confirmed the dates documented on the review log. Within the context of the notes, there was a clear nexus between the visit and the results of the risk screening. One of the three contact notes referenced that the individual was seen for both reports of victimization and a past history of abusiveness in the community, demonstrating compliance with both provisions (a) and (b). The auditor quested why five individuals on the log did not have a follow-up date and was informed that individuals with significant mental health needs are not housed in the facility and are transferred to a neighboring facility with the ability to provide treatment, inmates may be transferred into the facility temporarily for disciplinary segregation, and pre-trial detainees may not remain in the facility long enough to be seen by mental health staff. On average, most inmates on the list were seen within one to seven days of disclosure

through risk screening.

The agency's primary policy has adopted the standard language for provisions (d) and (e), which is supported by the agency policy OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness and OPS.050.0001 Sexual Misconduct Prohibited. The agency's policies state that information concerning a complaint of alleged sexual misconduct is confidential and may only be
available to individuals who have an established role in the reporting, processing, investigating,
and resolving the alleged sexual misconduct and immediate and continued care of the victim.

During formal and informal interviews with staff who perform risk screening, random staff, medical and mental health practitioners, the PCM, and the Warden; individuals affirmed their duty to keep information relative to institutional sexual abuse as confidential as possible, except for informing housing and management decisions in compliance with provision (d) of the standard.

A total of three of the facility's medical and mental health practitioners were formally interviewed. All confirmed that they are required to obtain informed consent to disclose any information about sexual abuse that did not occur in an institutional setting. Moreover, each affirmed that they disclose their limitations on confidentiality and obtain informed consent prior to the initiation of services. Two of the facility's mental health practitioners disclosed that when juveniles were previously housed at the facility; any disclosure of victimization by those individuals were required to be forwarded onward to child protective services; in compliance with provision (e) of the standard.

Due to the short average length of stay at the facility, only two individuals who disclosed victimization during risk screening remained at the facility at the time of the onsite audit. One denied that they were offered a follow-up screening, while the other stated that they were offered the follow-up meeting and significantly benefited from the services received.

Although one of the inmates denied having been offered the follow-up meeting, the auditor found counter evidence that weighs in greater favor of the facility's compliance with the standard. Specifically, the inmate who confirmed evaluation as required under provision (a) was offered and the log, which was verified through secondary documentation of detailed mental health contact notes. Based on the observed evidence of compliance, the auditor finds compliance with provisions (a) and (b) of the standard. Provision (c) is not applicable, as the facility is considered to be a prison for audit purposes.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	For provision (a) and (b), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies OPS.050.0001 and OPS.200.0005, and the facility's local policy. Provisions exist within these polices that direct staff to arrange for immediate medical attention following an allegation of sexual abuse. When appropriate, a SAFE or SANE examination would be coordinated a Mercy Hospital. The agency's medical manual specifies that individuals reporting any for of penetration within 72 hours would be transported to an outside hospital for forensic examination. During formal and informal interviews with security and non-security staff within the facility, all were clearly aware of their first responder duties and their obligation to provide immediate access to medical evaluation following an allegation of sexual abuse. Specifically, following an allegation, staff reported that the individual would be immediately taken to the medical department for evaluation and the initial interviews. During interviews with facility medical and mental health practitioners, the auditor was informed that services are provided to inmate victims of sexual abuse immediately and according to the clinical judgement of practitioners. One of the interviewees commented that their licensure would be jeopardized if services were not provided according to their clinical judgement, consistent with provision (a) of the standard. The auditor reviewed facility incidents reported during the audit year. In case number 18-35-1358, an inmate reported that they were sexually assaulted by his cellmate at 1100 hours. Preliminary interviews were completed by medical and mental practitioners immediately after the incident. Following evaluation by a physician's assistant at the facility and disclosure of additional details, it was determined that a forensic examination was necessary. The alleged victim was transported to the hospital in the 1400 hour, with an agency detective being dispatched to meet the alleged victim there. The auditor reviewed case number 17-35-1759 and found that the alleged victim was evaluated by facility medical staff following an allegation that staff forced application of lice killer on the alleged victim's genitals. No outside examination was appropriate based on the nature of this allegation. The auditor also reviewed a case from outside the audit period (17-35-00647) involving an incident occurring in April 2017. Records confirm the inmate reported being sexually abused by staff of 0746 hours and was transported to Mercy Hospital for forensic examination by 1125 hours. All other allegations within the audit period did not require emergency medical treatment. Based upon evidence of the facility providing emergency medical treatment to victims of sexual abuse, the auditor finds compliance with provision (a) of the standard. Medical services are available 24/7 within the facility and an inmate can be transported to an outside medical hospital for forensic examinations when necessary. Regardless, security staff affirmed their training during interviews that they are required to take the preliminary steps to protect inmate victims of sexual abuse until seen by medical and mental health practitioners in accordance with provision (b) of the standard.

	Discharge records confirm that inmates who report sexual abuse requiring treatment at Mercy Hospital are provided with immediate access to the elements delineated under provision (c) of the standard at the hospital. During an interview with a facility medical provider, the auditor was advised that inmate victims of sexual abuse would be offered testing for sexually transmitted infections and any medically necessary treatment. Female inmates are not housed at the facility, so access to contraception is not applicable. As noted under provision (a), the auditor's review of facility responses to allegations involving penetration and physical contact resulted in appropriate access to emergency medical services in compliance with provision (c) of the standard. Maryland statute requires that designated hospitals accept all individuals reporting sexual abuse for forensic examinations that are reimbursed by the state's Department of Health. State statute requires that sites utilize the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", which indicates that evidence shall be collected if the alleged sexual assault occurred within 120 hours. Information from Mercy Hospital indicates that if a patient does not wish to have law enforcement involved following the forensic examination, the hospital will keep rape kits in storage for a period of 18 months and only turn such evidence over to law enforcement with the express consent of the victim. During an informal interview with the agency PREA Coordinator, the auditor was informed that with the state statute dictating direct reimbursement to the designated forensic examination sites; inmates cannot be charged for such services. Interviews with facility medical and mental health practitioners confirm that inmates are not charged at the facility level for services provided in response to allegations of sexual abuse consistent with provision (d) of the standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	For provision (a) through (h), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policies Medical Evaluation Manual Chapter 13 and Medical Administrative Manual Chapter 9. Chapter 13 of the agency's medical evaluation manual outlines the agency's medical response strategies to incidents of sexual abuse. The policy directs that medical and mental health evaluation be offered to victims of sexual abuse. The facility demonstrates practice consistent with provision (a) of the standard with respect to its medical and mental health responses evident in facility-based allegations 18-35-1358, 17-35-1759, and 17-35-00647; described in additional detail under 115.82. Interviews with security staff, medical staff, mental health practitioners, the PCM, and Warden confirm that medical and mental health services are offered to all victims of sexual abuse within the facility. Due to the holding of both sentenced inmates and pre-trial detainees who can be released at any time, Chapter 9 of the agency's medical administration manual describes the procedures for continuity of care of those individuals released to the community prior to the conclusion of applicable treatment services; which includes contact at the individuals last known residence. Chapter 13 of the medical manual describes the specific treatment protocols that are implemented for victims of sexual abuse, including post incident follow-up with STI testing or prophylaxis, mental health evaluation, with ongoing treatment as clinically indicated. As stated under 115.82, the facility's medical and mental health practitioners stated during interviews that treatment would be provided to all victims of sexual abuse as clinically indicated by the incident, including ongoing follow-up treatment in compliance with provision (b) of the standard. During interviews with medical and mental health practitioners, both stated that treatment would be provided in a manner that is consistent with a community level of care, consistent with provision (c) of the standard. One comment, that as a licensed mental health professional, their licensure requires that treatment be provided according to community standards. The auditor finds that provisions (d) and (e) are not applicable to the facility. The auditor found no evidence that the facility houses female inmates. During an interview with medical staff within the facility, the auditor was informed that inmate victims of sexual abuse are offered access to testing for sexually transmitted infections. Through a review of facility investigations, the auditor observed that two victims were provided access to such testing through Mercy Hospital for allegations involving alleged sexual penetration. No other allegations within the audit review period would have warranted testing for STIs. Based on interviews with medical staff, demonstration of practice when medically appropriate; the auditor finds compliance with provision (f) of the standard. Chapter 13 of the agency's medical manual specifies that medical and mental health services

	provided to both the victims and abusers arising out of a sexual abuse allegation are provided at no cost to either party, consistent with provision (g) of the standard. Neither medical nor mental health practitioners reported that inmates were charged for medical or mental health services arising out of a sexual abuse allegation. Based on upon interviews with medical and mental health practitioners, as well as policy provisions, there is sufficient evidence of compliance with provision (g) of the standard. Chapter 13 of the agency's medical manual specifies that mental health evaluations of known inmate-on-inmate abusers shall be completed within 30-60 days of the incident being known. During interview with both medical and mental health practitioners, the auditor was informed that all know inmate-on-inmate abusers are evaluated by mental health staff. Mental health practitioners stated that any such evaluations would be completed within 7 days at MRDCC when it becomes know through an incident or a mechanism of the classification process that occurs within the facility. The auditor reviewed annual reports for the agency and current investigation logs and found that there have been no substantiated incidents at the facility since 2014; thus, there are no records relevant to the audit period to review. Based upon interviews with medical and mental health practitioners, as well as their knowledge of agency policy direction such evaluations required by provision (h) of the standard; the auditor finds that there are sufficient procedures in place for when such evaluations are necessary.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	For provision (a) through (e), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OSPS.020.0027 PREA Investigations — Tracking and Review. Both policies specify that at the conclusion of all substantiated and unsubstantiated sexual abuse allegations, the facility shall conduct a sexual abuse incident review within 30 days of the investigation's conclusion. The review team shall be designated by the Warden, in consultation with the PCM. The review team will include upper-level management officials with input from appropriate line staff, as well as medical and mental health practitioners. Agency policies direct that the review team consider the elements enumerated within provision (d) of the standard. To assist in the process of the review; the agency has developed a standardized form, which prompts the facility to consider the elements of provision (d). The audit team interviewed three members of the incident review team, the facility's Security Chief, the PCM, and the Warden. The Security Chief stated that the incident review team consists of the Assistant Warden /PCM, Warden, psychology staff, medical staff, officer supervisors, the audit coordinator, and case managers. He affirmed that the review team considers the elements required by provision (d) of the standard. The PCM stated that the facility typically reviews incidents through its segregation review process, which is completed electronically. The Warden arrived at the facility in July 2018. She stated since she has arrived at the facility, the sexual abuse incident review team has not needed to convene. Through the auditor's review of facility incidents, there was no need for the review team to convene. She stated that the review team would consist of a multi-disciplinary team, which would include custody, case management, social work, medical, assistant warden, the agency's investigator, and the audit coordinator. In addition to considering the elements of provision (d), all three confirmed that the incident review would retrospectively look at the incident and determine whether staff responded in accordance with policy, if there are opportunities to improve response procedures, and how to prevent incidents in the future. When a deficiency is identified, the team would utilize the information to facilitate training or revise internal procedures. The auditor reviewed the PCM's files for facility investigations and found that 18-35-243 involved an allegation of an inmate being sexually abused by two unidentified individuals. The alleged victim reported the incident on February 7, 2018 and claimed that the sexual abuse occurred at MRDCC in July 2017, while he was previously housed at the facility. The investigation ultimately concluded as unsubstantiated on February 14, 2018 due to an inability to identify potential subjects and witnesses. The investigator documented within the investigation that the MRDCC PCM was notified of the outcome on February 14, 2018. The auditor notes that the PCM at the time was noted to be a facility Captain, and not the Assistant Warden, who is the current PCM. Unlike other PCM files provided to the auditor, this file did not contain a copy of the facility's Sexual Abuse Incident Review (SAIR) or PCM checklist. Given that this incident was the one incident occurring at the facility which required an incident review under 115.86 (a); the auditor does not find that sufficient evidence was provided to find compliance with provision (a) of the standard.

During an interview with the facility PCM, he related that the facility does conduct a SAIR for incidents; he conceded that It is something that the facility needed to be more consistent with at the facility. The auditor understood this response to imply that not all SAIRs were conducted in accordance with the standard. In further support of this interpretation by the auditor, the auditor notes that within the PCM's files, the PCM incident checklists for other incidents within the audit period were dated approximately three weeks prior to the audit for incidents 17-35-1759 and 18-35-367, both of which were closed in July 2018. The delays in completing administrative paperwork relative to facility incidents provides the impression that resource challenges within the facility may impact the timeliness of reviews when necessary. When asked to identify trends, the PCM reported that most of our incidents involve false reporting or inuendo with individuals believing that inmates are gay. He commented that he has not noticed anything widespread with aggressive or violent behavior. In his three years at the facility, he did not recall an incident of a forcible rape.

Corrective Action Recommendation:

In order to find compliance with the standard, the auditor notes that there is an additional incident that remains open at the time of this incident report. Should this investigation close, during the corrective action period with a disposition other than unfounded; the auditor will expect the facility to conduct a sexual abuse incident review within 30 days of the investigation concluding.

As a recommendation to ensure future compliance with the standard, it may be beneficial for the facility to establish a standing monthly meeting for the purpose of conducting sexual abuse incident reviews. Should there be no need for an incident review to be conducted; this meeting could be adjourned or utilized to address other compliance issues within the facility.

Post Interim Report Corrective Actions Taken:

Following the onsite audit, the auditor was advised that the open investigation ending in case number 732 had concluded with an unfounded disposition; therefore, an incident review as not necessary. However, when the auditor returned to the facility on July 17, 2019 for a second site visit, the auditor observed that in the facility's lone sexual abuse allegation ending in case number 103 that resulted in an unfounded disposition; the facility had conducted an incident review following receipt of the notice of the investigatory conclusion on April 22, 2019. The incident review occured the same date to meet the timeliness provision of the standard, despite that the review was not required.

Again, while evidence of compliance is limited based upon the limited occurrences of triggering events within the facility; the auditor observed an overall improved atmosphere of preparedness, focus, and organization within the facility following the appointment of an assistant PCM to assist with the maintenance of compliance and record keeping. These improvements indicate that the facility is adequately prepared to address the deficits in compliance observed during the original site review and remain timely with its obligations.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	For provisions (a) through (f), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OSPS.020.0027 - PREA Investigations - Tracking and Review. The agency's policies mirror the standard language; thus, sufficient policy provisions are in place to comply with the standard's provisions. According to policy, the agency's Intelligence and Investigation Unit (IIU) is responsible for tracking incident-based data for the agency and reports this data out to the agency's PREA Coordinator for annual aggregation consistent with provisions (a) and (b) of the standard. In an interview with the agency's PREA coordinator, the auditor learned that the IIU collects incident based data in an electronic storage system that remains under the control of the IIU. He commented that these records are protected and subject to police records laws. Moreover, the IIU maintains control over all reports and investigation files, consistent with provision (d) of the standard. The PREA Coordinator did not report that the Department of Justice had requested data as required under provision (f) of the standard. In an interview with the facility's PCM, the auditor was informed that his role in the data collection process involves his reporting incidents and data to the agency's central office and maintaining local sexual abuse incident reviews for additional information when necessary. The PREA Coordinator would have access to the local sexual abuse incident review as necessary. The auditor reviewed the incident-based data that the IIU maintains in the form of their investigations and the facility's investigation log. The auditor found that the investigative reports and log, when combined with any appropriate after-action discipline records for substantiated incidents; would contain sufficient information to answer the questions posed on the most recent 2017 SSV form, consistent with provision (c) of the standard. The auditor also reviewed the agency's annual reports on its website, which were inclusive from 2013 through 2017; aggregating the previous year's data, consistent with provision (b) of the standard. Through a review of those annual reports; the auditor found that the agency substantiated zero incidents in 2017 to require a detailed SSV-IA form. The auditor reviewed the audit report for the agency's lone contracted facility and the interview with the agency PREA Coordinator, who is responsible for completing contract monitoring, following the retirement of the previous individual responsible for this function. Threshold Inc. is a reentry facility that the agency contracts with for individuals reentering the community from its prisons. The PREA Coordinator affirms this facility is operated under the agency's policies, investigations are conducted by the agency's IIU, and the facility's incidents are tracked in the agency's databases. The agency's annual reports and the facility's audit reports confirm the accuracy of this information. Based upon this information, the auditor finds compliance with provision (e) of the standard.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	For provisions (a) through (f), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OSPS.020.0027 - PREA Investigations - Tracking and Review. The agency's policies mirror the standard language; thus, sufficient policy provisions are in place to comply with the standard's provisions. According to policy, the agency's Intelligence and Investigation Unit (IIU) is responsible for tracking incident-based data for the agency and reports this data out to the agency's PREA Coordinator for annual aggregation. During an interview with the agency PREA Coordinator, the auditor was informed that he is responsible for reviewing the data collected pursuant to 115.87 and identifying problem areas, taking corrective action, and preparing an annual report in compliance with provision (a) of the standard. During the audit tour, the auditor noticed that the facility had signs posting the steps of a proper strip search in strip search areas. The PREA Coordinator commented that these signs were developed as part of ongoing corrective action. Specifically, the agency experienced a spike in allegations involving perceived staff misconduct during strip searches. The PREA Coordinator stated that the posting of this information, allowing both the inmate and the staff member to view the instructions, has resulted in a significant reduction in allegations. Additionally, the annual reports mention additional training efforts completed with agency PCMs in an effort to be more prepared to demonstrate compliance with the standards. The PREA Coordinator stated that such trainings were implemented following difficult audits within the agency and to ensure that all agency PCMs were operating uniformly across the agency. The auditor reviewed the agency's website and found that the agency's annual reports from 2013 through 2017 were posted on the site. The reports contained a comparison of the current year's data, weighed against the previous year's data as required by provision (b) of the standard. Moreover, these reports addressed significant compliance issues faced by the agency, as well as the progress that the agency achieved as a whole. All reports from 2014 through 2017 contained the agency's head's signature to verify agency head approval of the report. Those signatures, coupled with the website postings demonstrate compliance with provision (c) of the standard. During an interview with the agency's PREA Coordinator, he states that the agency does not redact information from its annual reports. The auditor reviewed the agency's annual reports and found that no material was redacted in relation to provision (d) of the standard.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	For provisions (a) through (d), the agency's primary policy has adopted the standard language for this provision, which is supported by the agency policy OSPS.020.0027 - PREA Investigations - Tracking and Review. The agency's policies mirror the standard language; thus, sufficient policy provisions are in place to comply with the standard's provisions. As noted under 115.87 and 115.88, the agency's Intelligence and Investigation Unit (IIU) is responsible for the collection and retention of data generated under 115.87. The local PREA Compliance manager is responsible for maintaining sexual abuse incident reviews generated under 115.86. All files are to be maintained securely. During an interview with the agency PREA Coordinator, the auditor was informed that the records retained by the IIU is subject to the confidentiality and security requirements set forth under police records statutes within the state of Maryland, as the IIU is a sworn police force. Given that investigatory data is retained by the IIU at a location accessible to only IIU employees, and the facility PCM retains his personal sexual abuse incident review files; the auditor finds compliance with provision (a). As stated under 115.87 and 115.88, the auditor was able to locate the agency's aggregated sexual abuse data from both its facilities and its contracted facility on its website. No personally identifiers were observed in said reports posted to the public website; consistent with provision (c) of the standard. The agency policy and PREA Coordinator affirm that records would be retained for 10 years in accordance with provision (d) of the standard. The auditor found that the Maryland Department of General Services is responsible for records destruction for all state agencies according the agency's records retention schedule. There are provisions with the Department of General Services for the agency to be notified of the potential destruction of records and review, prior to records being destroyed.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed the agency's website and found that during the current audit cycle, the agency has ensured that at least one-third of its facilities have been audited during each year of the audit cycle. The auditor notes that the MRDCC is being audited for a second time during he current cycle, as the facility's last published audit report indicates that it was last audited in November 2016. The auditor observed that this was the case for several other facilities within the agency, which were recorded as being audited in November of 2016. The facility provided the auditor with a tour of the facility. The auditor observed that not all areas of the facility were covered on the pre-planned tour. The auditor requested and was granted access to the remaining areas within the facility. The auditor was permitted to request and receive copies of relevant documents. The auditor notes that the facility has yet to fulfill several document requests which were made between the onsite visit and the issuance of this interim report. The auditor shall require all requests to be fulfilled during the corrective action period. The audit team was permitted to conduct private interviews with inmates. The auditor sent the audit notice to the facility in advance of the six week posting requirement and was sent photographic verification of its posting. During the audit tour, the auditor observed that the posting remained on inmate bulletin boards throughout the facility. The auditor has a private post office box for the receipt of audit correspondence; however, did not receive correspondence before, during, or following the audit from any inmates housed at the facility. During the post interim report site visit on July 17, 2019, the audit team was again permitted to all areas of the facility chosen for random sampling of log books, permitted to view all requested records and permitted to interview auditor selected inmates in accordance with the standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed the agency's website and found that a total of 33 audit reports were posted on the facility's website. Each facility that was audited for a second time had each of the final audit reports posted. Following the post-interim report corrective action period, the agency's website now posts 35 final audit reports on the agency's website. Again, each facility that was audited for a second time had each of the final audit reports posted.

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for 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 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?	na
	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

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

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	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).)	yes

115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	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).)	yes
	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).)	yes

115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

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

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	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

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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency: perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

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

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

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

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

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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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

115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	yes

115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

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

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication 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).)	yes

115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.33 (c)	Inmate education	
	Have all inmates received such education?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

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

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?	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?	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?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	yes

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when 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, when 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, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a: Referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Request?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

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

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes

115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	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?	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?	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	yes

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	yes

115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na

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

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

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

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

115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

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

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

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

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

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

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

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

115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

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

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior?	yes

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.78 (g)	Disciplinary sanctions for inmates	
	Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes

115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

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

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

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

115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes

115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

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

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.)	yes