PREA AUDIT REPORT ☐ **Interim** ☐X **Final**

ADULT PRISONS & JAILS

Date of report: 01/03/2018

Auditor Information			
Auditor name: Yvonne Gorton			
Address: Grandview Plaza, 206 E. Michigan Avenue, Lansing, MI 48909			
Email: gortony@michigan.gov			
Telephone number: 517-898-8032			
Date of facility visit: May 8, 9, and 10, 2017			
Facility Information			
Facility name: North Branch Correctional Facility			
Facility physical address: 14100 McMullen Highway, S.W., Cumberland, Maryland, 21502			
Facility mailing address: *(if different from above)* Click here to enter text.			
Facility telephone number: (301) 729-7400			
The facility is:	☐ Federal	☒ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	☒ Prison	☐ Jail	
Name of facility's Chief Executive Officer: Frank Bishop, Warden			
Number of staff assigned to the facility in the last 12 months: 9			
Designed facility capacity: 1474			
Current population of facility: 1213			
Facility security levels/inmate custody levels: Maximum Security I and II			
Age range of the population: 19 to 60 years			
Name of PREA Compliance Manager: Anita Rozas		**Title:** Social Worker/PREA Compliance Manager	
Email address: anita.rozas@maryland.gov		**Telephone number:** 301-729-7567	
Agency Information			
Name of agency: Maryland Department of Public Safety and Correctional Services			
Governing authority or parent agency: *(if applicable)* Click here to enter text.			
Physical address: 300 East Joppa Road, Towson, Maryland 21286			
Mailing address: *(if different from above)* Click here to enter text.			
Telephone number: (410) 339-5000 or (877) 379-8636			
Agency Chief Executive Officer			
Name: Stephen T. Moyer		**Title:** DPSCS Secretary	
Email address: StephenT.Moyer@maryland.gov		**Telephone number:** (410) 339-5000	
Agency-Wide PREA Coordinator			
Name: David Wolinski		**Title:** Agency PREA Coordinator	
Email address: David.Wolinski@maryland.gov		**Telephone number:** (410) 399-5033	

AUDIT FINDINGS

NARRATIVE

A PREA Audit of the North Branch Correctional Institution was conducted on May 8, 9 and 10, 2017. The audit team included Certified PREA Auditor, Yvonne Gorton, PREA Analyst, Wendy Hart, and Case Manager, John Morrell. Facility PREA Compliance Manager, Anita Rozas, Social Work Site Supervisor and David Wolinski, Agency PREA Coordinator, met us on our arrival and an entrance meeting with them and Jeff Nines, Assistant Warden, William S. Bohrer, Chief of Security, Gregory Werner, Investigative Cpt., Joseph Cutler, Co-Investigative Cpt., Rich Roderick, Case Management Manager, Jeffrey Brewer, Audit Compliance Sgt., and various other staff took place immediately. Auditors explained their goals and a plan for how the audit was to be conducted was agreed upon.

At the close of the meeting, auditors were escorted by PREA Compliance Manager Anita Rozas and Audit Sgt., Jeffrey Brewer on a tour of the facility. We toured all four housing units, food service, health care, and a program area that includes education classrooms, chapel and library facilities. As we toured through the housing units, auditors were impressed with the number of staff assigned to each unit. Staffing includes a Unit Manager, Case Managers, Social Worker and Security Staff in each unit. Auditors were able to conduct random, informal interviews with Case Managers, Security staff, Program staff, Health Care staff and Food Service staff. All staff interviewed appeared to be well educated on PREA matters and on their responsibilities regarding the Agency's zero tolerance policy.

More challenging were our attempts to conduct informal interviews with prisoners. The facility houses the state's highest security level prisoners who spend most of their time in their cells and who, in fact, only exit their cells with restraints and staff escorts. Informal conversation with them, inside the housing units, had to be done talking through a door, or food slot, which provided little opportunity for privacy and prisoners were reluctant to talk about how to report any kind of incident to staff. Some of them acknowledged seeing a phone number painted on the wall of the day room, that they could call, but said they would not report anything to staff, if they were sexually abused or sexually harassed, but would take care of the problem themselves. A number of them also remembered receiving information, during intake and at Orientation, about their right to be free from sexual abuse and sexual harassment but, most of them said they had not read it and were not interested in reporting any kind of incident to staff or to an outside agency. In more formal interviews, some prisoners said they would call a family member if they needed to make a report but few of them said they would report to staff and most of them said that they would not risk telling on another inmate.

As we toured the facility, auditors noted that the facility was extremely clean, that all the housing units had individual, one person showers that prisoners use one at a time, and that cells contain toilets and sinks so that prisoners can perform bodily functions and can change clothes without being observed except for possible, incidental rounding. One area of some concern was that each housing unit has two holding cells, in the front of the unit, where cameras do provide a view into the toilet area. Partial walls exist, in the holding cells, so that staff walking by cannot directly view a prisoner's genital area, but the camera does provide that view on a monitor in the housing unit Control Center. These cells are typically only used in exigent circumstances and not on a normal basis, but staff did say that inmates are sometimes placed in the holding cells while awaiting transfer. I did report to the Security Chief that the facility should investigate having the cameras digitized so as to block the view just enough to allow a prisoner to perform bodily functions without buttocks and genitals being observed. The Chief agreed that, since they have a state-of-the-art video monitoring system, they likely could employ that arrangement.

Auditors also noted that there were many cameras throughout the facility and we did not notice any blind spots or areas that appeared to constitute an unsafe area for either staff or inmates. Additionally, we noticed that housing unit control center staff announced when females were entering the unit. Many posters were noted, throughout the facility, that highlighted the facility's zero tolerance policy and provided information, including numbers to call to report sexual abuse or sexual harassment, a number for a local advocacy agency, a State rape crisis hotline number and a national rape crisis hotline number. Posters were also highly visible, in the Visiting Room waiting area, where family members can easily see them and get information they would need to make a third party report for an offender. All postings were in both Spanish and English.

Auditors noted that the Facility had not completed formal annual reivews of its staffing plan. The Facility did have a staffing plan and staff at the Facility did review and use it appropriately, in adherence to the requirements of Standard 115. 13, but

they neglected to have the plan approved by the Agency PREA Coordinator and the Secretary of the Department. The most recent review by the Secretary took place in 2011. Just prior to the audit commencing, the Facility had updated the staffing plan, presented it to the Agency PREA Coordinator for review and approval, and to the Secretary of the Maryland DPSCS, but it had not yet been received with the Secretary's signature of review and approval. The Facility will forward that documentation to me when it is received.

Auditors interviewed the Assistant Warden, the Agency PREA Coordinator, the Facility PREA Compliance Manager, several Facility Audit Staff, both IID Investigators assigned to the Facility, the Security Chief, two Captains, a Major, the Director of Nursing, the Supervisor of Psychological Services, a Social Work Supervisor, various Program Staff, a total of 22 inmates including two transgender inmates, two inmates who had disclosed sexual victimization during risk screening, a limited English speaking inmate and a learning disabled inmate, two Case Mangers, a Record Office Supervisor, and at least 18 random staff, including at least one staff person on each Tier that was interviewed during the tour of the facility. Random inmates were chosen, for formal interviews, from housing unit rosters, with at least two inmates from each Tier selected. They were chosen by dividing a housing unit roster into two sections and chosing a name from the middle of the first half and one from the middle of the second half. If an inmate we chose refused the interview, we moved to the next name on the list. There was not a lot of interest, on the part of inmates, in participating in interviews with us and a number of them refused. The total of 22 inmates interviewed also includes informal interviews conducted with inmates during the tour, at least one from each Tier. For the most part, prisoners were reluctant to talk much about PREA matters but some did acknowledge that they had received information and most all of them interviewed knew they could make a third party report and it would be taken seriously. Lead auditor, Yvonne Gorton, had received two letters from prisoners, prior to the audit, one of the letters from a transgender prisoner who had filed a sexual assault allegation, and the other from a prisoner who had filed a sexual harassment complaint. We interviewed both prisoners, and reviewed both investigations, and determined that they had been properly investigated and were closed as unsubstantiated. In both instances, prisoners were properly notified of the outcome of their complaints. A second transgender prisoner was interviewed because of interest expressed, to the Unit Social Worker, in being able to talk to us. This particular inmate had also filed a sexual abuse allegation, and we reviewed that investigation as well, and found it to be in order. This inmate wanted to talk to us about a matter that had to do with the Department, not the facility, and did not have to do with a PREA issue.

Random staff interviewed were selected from a Staffing roster, including staff from all three shifts. Auditors chose staff to interview in much the same way prisoners were chosen. We looked at staffing sheets and chose staff, at random, from different job catecories because we wanted to ensure that our sample included both custody and non-custody staff. Again, informal random staff interviews were also conducted during the tour. We interviewed at least one custody staff from each Tier, and also interviewed Case Management and Social Work staff as they were available, in the housing units, during the tour. We were also able to informally interview food service, program, health care and educational staff during our tour and in formal interviews. All of the staff we interviewed were very knowledgeable about the Agency's zero tolerance policy and what their responsibilities were regarding reporting instances of sexual abuse and sexual harassment and the responsibilities of first responders, including protecting inmates from further harm, preserving a potential crime scene and the preservation of potential evidence.

Investigative staff, at NBCI, provided documentation of 16 allegations during the audit period, as follows:
Nonconsensual Sexual Conduct (attempted) – 1 Unsubstantiated
Nonconsensual Sexual Conduct – 1 Unfounded (false, unable)
Abusive Sexual Contact – 1 Unfounded
Prisoner/Prisoner Sexual Harassment – 3, 1 Unsubstantiated, 2 Unfounded
Staff Sexual Misconduct – 2, 2 Unfounded
Staff Sexual Harassment – 8, 3 Unsubstantiated, 5 Unfounded A 50% sample (eight investigations) was reviewed at NCBI. All contained information regarding investigation outcome notification to prisoners and appropriate referrals to Health Care and/or Mental Health. The complaints originated through a letter, kites, verbal reports to staff, the Grievance (ARP) process and the PREA Hotline. Fifty percent of investigations were reviewed and found to have been correctly investigated and documented. Prisoners were notified properly of the outcomes of their complaints.

In preparing for the audit, it was noted by staff at NBCI, that retalitation monitoring was not being completed. Approximately one month prior to the audit, a tracking tool for monitoring retaliation was put into use and retaliation

monitoring was initiated. However, the Facility had not gone through an entire 90 day period of retaliation monitoring by the time of the audit. Staff have been asked to submit documentation demonstrating at least one 90 day period of retalitation monitoring during the compliance period.

In reviewing disciplinary sanctions for inmates, auditors noted that the Agency Executive Directives prohibit all sexual activity, on the part of inmates, and that inmates will not be disciplined for any allegations made in good faith. However, those are the only aspects of the standard that Agency and/or Facility Directives address. The Agency will need to supply additional documentation to verify compliance with the standard or revise existing Executive Directives to bring the Agency into compliance.

The Department staff, and the staff at the North Branch Correctional Instiution were fairly well prepared for the audit although auditors did have to request additional documentation after reviewing the PAQ that was submitted by the Facility PREA Compliance Manger. Auditors noted that the PAQ, when submitted prior to the audit date, did not contain information that was Agency specific, only Facility specific information. After arriving at the Facility, Agency PREA Coordinator, David Wolinski, presented us with a CD that contained Agency information. Auditors could have been better prepared for the audit had the Agency information been presented in advance as the Facility information was. When the information was received, it was found to be mostly complete and well organized.

An exit meeting was held, on the morning of May 10, with the Assistant Warden, the Security Chief, the Agency PREA Coordinator, the Facility PCM, the Facility Audit Sgt., and various other staff.

DESCRIPTION OF FACILITY CHARACTERISTICS

The North Branch Correctional Facility is a Maximum Security facility that houses adult male prisoners who fall into two categories, Maximum I and Maximum II. It is the facility, in the Maryland system, that houses prisoners requiring the highest security level in the state. Until 2013, when the State of Maryland abolished the death penalty, the North Branch Correctional facility housed the state's death row inmates. The facility has a capacity of 1487 prisoners with an average daily population of 1390. The average age of the inmates incarcerated here is 38 years and more than 50% of inmates are serving life sentences. It has 542 single cells and 466 multiple occupany cells. There are 1276 Maximum I prisoners and 175 Maximum II prisoners incarcerated here.

The fences around the facility are motion, shake, microwave and razor wire fences. There are two gates into the facility, one pedestrian gatehouse and an intake gate through the main sallyport. There are two vehicular sallyports. The seven facility towers are armed posts located at the main sallyport, around the secure perimenter, at the master control tower located in the support services building in the center of the compound, and the north tower, located at the end of the north compound. Additional armed posts include mobile patrols, inmate transport vehicles and the sallyports. Personal security devices used by the facility are man-down, panic alarm and body alarm.

The facility has 79 exterior cameras and 383 interior cameras. The cameras are DVR, digital, zoom-pan-tilt cameras and are monitored from the Warden's office, the Assistant Warden's office, the Chief of Security's office, the IT office, the Captain's office, the Major's office, the gatehouse, Master Control and all housing unit control centers. There are control centers in the gatehouse, Master Control, and all housing units. All control centers have sallyports and are monitored by security cameras.

North Branch Correctional Institution offers a variety of services and programs designed to help inmates get along well in their current environment and to become productive citizens upon their release. Programs and services at North Branch include educational and self-help programs, social work programs, victim's awareness groups, recreational activities, horticulture therapy, lifer outreach, pre-release programming, library, law library and religious services, and psychological and counseling services.

Security staffing at the North Branch Correctional Facility consists of three majors, 10 Captains, 27 Lieutenants, 49 Sergeants, and 354 Correctional Officers. Correctional Officers are assigned to three shifts, 7 – 3, 3 – 11, and 11 – 7. Shift Commanders are Majors and the Chief of Security oversees the entire department. Treatment Personnel include one Case Management Manager, two Case Management Supervisors, 12 Case Management Specialists, two Commitment Records Specialists, four Social Workers, one Social Work Supervisor, one Psychologist, one Psychology Associate, and one Mental Health Professional Counselor Supervisor. There are 28 contracted medical staff and five education staff, also contracted. Administrative Personnel are one Warden, one Assistant Warden, one Security Chief, one Personnel Officer III, one Fiscal Services Chief II and one Administrative Aide. Support Personnel include a Chaplain, a Dietary Manager, four Dietary Supervisors, 24 Dietary Officers, one Supply Supervisor, six Supply Officers, one Maintenance Manager, one Maintenance Supervisor, 15 Maintenance Officers and one Recreation Officer who is also the Volunteer Coordinator.

The mission of the North Branch Correctional Facility is to ensure the protection of the public by effectively managing disruptive adult male maximum security inmates in a safe, secure and humane environment, to ensure a safe working environment for staff, and to offer a safe environment to afford inmates the opportunity to change behavior through incentive based behavior modification and cognitive prgrams which facilitate offender reintegration into facilities of lesser security designations and into the community.

SUMMARY OF AUDIT FINDINGS

115.13 Supervision and Monitoring - The Facility has not annually, in consultation with the Agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to the staffing plan.

Corrective Action Recommendation: NBCI will need to ensure that a review of the staffing plan is completed annually in collaboration with the Agency PREA Coordinator, and that it is presented timely to Headquarters. The current staffing plan will need to be submitted to the audit team, for review, upon receipt from Headquarters.

Corrective Action Taken: Prior to the beginning of the audit, while making audit preparations, the Facility PREA Compliance Manager noted that although facility staff properly reviewed the staffing plan and made necessary adjustments, on a yearly basis, they had neglected to provide the plan to the Agency PREA Coordinator, for review and approval, as well as to the Agency Head, also for review and approval, since 2011. Just prior to the audit, they had submitted their updated staffing plan through the proper channels but it had not yet been processed and returned to the facility. Facility PREA Compliance Manager, Anita Rozas, submitted the staffing plan when it was returned to the facility, showing that it now has the proper signatures of approval, bringing the facility into compliance.

115:15 Limits to Cross-gender Viewing and Searches – Two holding cells, in the front of each housing unit, have cameras that display on monitors in the housing unit Control Center. There are toilets in the cells and inmates can be viewed performing bodily functions on the monitors in the housing unit Control Centers.

Corrective Action Recommendation: Digitize cameras, in the housing unit holding cells, so that staff viewing the display, on a monitor, can view the prisoner, in the cell, but cannot view buttocks or genitalia. This should be done within the 180 day corrective action period and verified by e-mail to me.

Corrective Action Taken: Temporary holding cells, in the front area of the Housing Units, have cameras that display on monitors, in the Housing Unit Control Center, and, because there are toilets in those cells, inmates could be viewed performing bodily functions on the monitors. The Administration investigated the possibility of pixilating the cameras but found that to be an impossibility until an upgrade to the system is done. Instead, they moved the cameras so that the view of the holding cells no longer includes a view of the toilet. Photos were submitted demonstrating the view, of the holding cells, that is observable on the Housing Unit Control Center monitors. With this change, the facility is now in compliance with the standard.

115:67 Agency Protection Against Retaliation – The Facility had not been monitoring the conduct and treatment of inmates or staff who reported sexual abuse, for at least 90 days following the report, to see if there were changes that may suggest possible retaliation by inmates or staff.

Corrective Action Recommendation: The Facility should complete at least one 90 day period of retaliation monitoring and submit documentation of that to me.

Corrective Action Taken: As staff were preparing for their PREA Audit, it came to their attention that required retaliation monitoring was not being done and/or documented. The facility does have a substantial Social Work staff complement, with a Social Worker assigned to each Housing Unit, so retaliation monitoring, at least informally, was likely being conducted but the monitoring was not being documented. Facility PREA Compliance Manager, Anita Rozas, subsequently submitted documentation demonstrating at least 90 days of retaliation monitoring of inmates who made allegations of sexual abuse or sexual harassment except in cases where the allegations were, after proper investigation, determined to be unfounded. The submission of this documentation brings the facility into compliance with the standard.

115:78 Disciplinary Sanctions for Inmates – Executive and Facility Directives do not address all aspects of the standard.

Corrective Action Recommendation: Revise current Department and Facility Directives to address all aspects of the standard.

Corrective Action Taken: Facility PREA Compliance Manager, Anita Rozas, submitted an updated Directive that addresses all aspects of the standard and thus brings the facility into compliance with this standard.

Number of standards exceeded: 2

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 0

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) The Maryland Department of Public Safety and Correctional Services (DPSCS) Executive Directive DPSCS.020.0026, states that the Department does not tolerate sexual abuse or sexual harassment of an inmate. The directive states, in section, 3B, that existing efforts and new strategies to prevent, detect, and respond to acts of sexual misconduct shall comply with applicable federal standards established under the authority of the Prison Rape Elimination Act of 2003. The North Branch Correctional Institution (NBCI) provided Facility Directive NBCI.050.0030 to support this standard. The directive clearly states that NBCI has a zero tolerance for any acts of sexual abuse, assault, misconduct or harassment. The directive is well detailed and provides definitions of prohibited behaviors and requirements for training and education of staff and prisoners. It also covers staffing plans, rounds, screening for risk, reporting and responding duties, discipline and treatment for victims. All random staff interviewed were knowledgable of the agency's, and the facility's, zero tolerance policies regarding sexual abuse and sexual harassment. Prisoners were less forthcoming than staff, in interviews, but, with some probing questions, most all of them admitted to having been informed of the agency's zero tolerance policy at intake and at Prisoner Orientation, and some of them reported having seen the facility video containing information on the agency's zero tolerance policy.

(b) Executive Directive DPSCS 020.0026, says, in Section 5, that the Secretary shall designate a Department PREA Coordinator who shall have sufficient time, and appropriate authority to develop, implement, and oversee Department activities taken to comply with PREA standards in Department correctional and detention facilities. The PREA Coordinator is responsible for oversight of Departmental prevention, detection, and response activities designed to support the Department's zero tolerance policy for sexual abuse and sexual harassment of an inmate, for ensuring that the Department PREA-related activities comply with federal PREA standards, for authorizing procedures for the Department related to prevention, detection, and response to acts of sexual abuse and sexual harassment involving an inmate, and for ensuring preparation and submission of PREA-related reports. Documentation provided included a Departmental organizational chart that identified David Wolinski as a Special Assistant to the Deputy Secretary for Operations for the Maryland DPSCS. In an interview, Mr. Wolinski identified that he is the agency's PREA Coordinator. Mr. Wolinski said that he does have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Said Mr. Wolinski, "the job is full time PREA Coordinator. It's 100% of what I do."

(c) Executive Directive DPSCS.020.0026, section 5C, requires the managing official for each Department detention, correctional, and community confinement facility, to identify a PREA Compliance Manager (PCM) for that facility, with the Facility PCM having the authority to independently act on behalf of the managing official on facility PREA compliance activities. Agency PREA Coordinator, David Wolinski, identified that, at NBCI, the PCM is Social Work Site Supervisor, Anita Rozas. NBCI provided a flow chart showing the Social Worker Site Supervisor, who reports to the Facility Associate Warden, as the facility's PCM. Ms. Rozas indicated the position does award her sufficient time and authority to fulfill her duties as the PCM. In an interview, she said that her PREA responsibilities can take from 5% of her work time to 90% of her work time, based upon what is happening at the facility at any given time, such as preparing for an audit or implementing new policies. Based upon the facility's overall readiness for the audit, it is clear that there is sufficient time to ensure PREA standards are being met.

Standard 115.12 Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

The Maryland DPSCS contracts with "Threshold, Inc." for pre-release services. The agency provided a copy of the contract with Threshold, Inc., dated July of 2016, as documentation. The contract, in section 25.3 requires Threshold, Inc. to comply with all federal, State and local laws, regulations, and ordinances applicable to its activities and obligations under the Contract. Section 25.4 requires the contracted agency to fully comply with the standards set forth in the Prison Rape Elimination Act of 2003 and with all applicable regulations issued by the U.S. Department of Justice.

(b) The contract also requires the Contractor to permit the Contract Monitor, or authorized representatives, to conduct audits, physical inspections, and evaluations of the facility at any time during the contract period. The Department's Contract Monitor, or authorized representatives, may enter the facility at any time without prior notice to the Contractor.

An interview with the contract administrator revealed that the Maryland DPSCS has assigned an agency staff member as the PREA Compliance Manager/Contract Monitor at each contracted facility to ensure continued compliance with the contract and with the PREA standards. Agency PREA Coordinator, David Wolinski, stated that he has continuing contact with the contractor, and with the Contract Monitors, to ensure the contracted facility's continued compliance. Threshold, Inc., underwent a PREA audit in October of 2015. The report from that audit identifies that 37 standards were met by the facility, two standards were exceeded, and zero standards were not met. The agency provided a copy of the report from that audit and the report is also published on the agency's website.

The Facility itself does not contract for confinement of prisoners with any other entity.

Standard 115.13 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive OPS.115.0001, effective September 4, 2015, requires that a written Facility Staffing Plan (FSP) be completed, for each correctional and detention facility, to determine adequate staffing levels and the use of video monitoring equipment. The Directive requires that the managing official, or designee, responsible for completing the FSP, when determining adequate staffing levels and the use of video monitoring equipment, take into consideration;

(1) best practices used by correction and detention facilities,

(2,3, and 4) 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,
(5) the physical plant to identify the presence of 'blind spots' or isolated areas,
(6) characteristics of the inmate population at the facility,
(7) the number and placement of supervisors,
(8) program activity taking place on each shift,
(9) the prevalence of substantiated and unsubstantiated complaints of sexual abuse at the facility, and
(10) other factors related to facility safety and security."

(b) The facility provided a copy of their Staffing Analysis and Overtime Management Manual that calls for the completion of Bi-weekly Staffing Worksheets (BSW) for each shift. The purpose of the Staffing Manual, as identified in the manual, is, "to establish policy and procedures to ensure safe, secure and efficient staffing of DPSCS facilities." On a daily basis, the Post Assignment Worksheets (PAWs) reflect all assigned Posts, all collapsed Posts and all closed posts. The closed posts, any posts that are not authorized for a shift on a given day, and the collapsed Posts, those posts that are authorized for a shift on a given day but are not staffed that day or on a short-term basis due to overall staffing needs and which do not endanger the security of the facility, represent deviations from the staffing plan and are required to be recorded on the PAWs. Copies of PAWs noting closed and collapsed posts, and the justification for those closed and collapsed posts, were presented as documentation. In an interview, the Assistant Warden indicated that the facility checks for compliance with the staffing plan by reviewing the PAWs and checking staff time and attendance. The most common reasons given for deviating from the staffing plan, in the last 12 months, were staffing shortages and to control overtime.

(c) Executive Directive OPS.115.0001, in section .03B5, requires the Department to establish and maintain a uniform system to annually review staffing and posts to ensure effective security and control at the correctional and detention facility. Section 5C2 states that at least annually, or on an as needed basis, the managing official is responsible for conducting a review of the existing FSP that includes an analysis of each post to identify:

1. the number of days each week the post is staffed;
2. the rank of the correctional officers assigned to the post;
3. the operational staffing level (OSL) for the post; and
4. the designation as an emergency response post.

In addition, the policy requires an analysis of the correctional or detention facility's operations to determine if changes warrant establishing new posts and modification of the Facility Staffing Plan. Section VI of the Staffing Analysis and Overtime Management Manual also reaffirms that the managing official shall maintain a current FSP approved by the Commissioner and the managing official, or designee, and shall ensure that the staffing plan reflects the most efficient use of officers to accomplish the mission of the facility by annually performing a review of the FSP.

DPSCS directives do not require a review of a facility staffing plan be conducted with the agency PREA Coordinator, and both Agency PREA Coordinator, David Wolinski and Facility PCM, Anita Rozas confirmed that NCBI's staffing plan had not been formally reviewed, and approved by the Commissioner, since 2011. Just prior to the audit, when it became apparent that the annual review had not been done appropriately, the facility did perform the required annual review, did consult with Agency PREA Coordinator David Wolinski, who approved and signed the annual review, and did provide the annual review to Headquarters for approval by the Commissioner. However, the approved annual review had not been received from the Commissioner's office at the time of the audit. Therefore, the facility does not meet the standard.

(d) Executive Directive OSPS.050.0030, Sexual Misconduct-Prohibited, specifically states, in section D1 through 4, that a supervisor, manager, or shift commander shall take responsible 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 preformed randomly on all shifts. The directive also says that rounds shall be unannounced in order to prohibit staff from alerting other staff that the rounds are being conducted and shall be conducted at a frequency established by the managing official. In addition, NBCI Facility Directive 050.0030, in Section 5B4, identifies that the Security Chief is responsible for ensuring that supervisors conduct and document unannounced rounds on all shifts. In an interview, Capt. Jason Harbaugh said, "We mix it up. We go in through secondary entrances into the building, that go into the Lieutenants'offices rather than through the front door." He went on to say, "Sometimes we just go and talk to the Lieutenant and then go back later and make a round in the unit. We do it not on schedule. Case Managers move around through the units and so do Lieutenants, so it's also easy for them to make unannounced rounds." When asked how they prevent staff from

alerting other staff that these supervisory rounds are occurring, Major Stotler said, "One mechanism we can use is our radio code so we can monitor radio traffic and we can then follow up on inappropriate radio alerts. We put it in policy and we hold them accountable when we intercept the alerts being made over the radio." All random staff interviewed indicated that they were aware of the agency policy prohibiting staff from alerting other staff that these supervisory rounds are occurring unless such announcement is related to the legitimate operation functions of the facility. During the tour of the facility, auditors reviewed logbooks to ascertain that rounds made by supervisors were documented on all shifts and in all areas of the facility.

Corrective Action Plan: NBCI will need to ensure that a review of the staffing plan is completed annually in collaboration with the agency PREA Coordinator, and that it is presented timely to Headquarters. The current staffing plan will need to be submitted to the audit team, for review, upon receipt from Headquarters.

Corrective Action Taken: Prior to the beginning of the audit, while making audit preparations, the Facility PREA Compliance Manager noted that although facility staff properly reviewed the staffing plan and made necessary adjustments, on a yearly basis, they had neglected to provide the plan to the Agency PREA Coordinator, for review and approval, as well as to the Agency Head, also for review and approval, since 2011. Just prior to the audit, they had submitted their updated staffing plan through the proper channels but it had not yet been processed and returned to the facility. Facility PREA Compliance Manager, Anita Rozas, submitted the staffing plan when it was returned to the facility, showing that it now has the proper signatures of approval, bringing the facility into compliance with the standard.

Standard 115.14 Youthful inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

The North Branch Correctional Institution does not house inmates under the age of 18. There have been no inmates under the age of 18 housed at NBCI since before 2014.

Standard 115.15 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive OPS.110.0047, says, in section 5F4, that, (a) an inmate strip search shall be conducted by a single

correctional officer of the same gender as that of the inmate being searched; (b) in a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) in the presence of an additional correctional officer. It goes on to say, in Section 5H2, that only a certified medical professional may perform a body cavity search of an inmate. Section 5H3 says, that a body cavity search of an inmate shall be conducted in a private location and in a manner that minimizes embarrassment of the inmate. Section 5H4 says that only the certified medical professional and the inmate may be present during the procedure. The facility houses only male prisoners and, by policy does not conduct cross-gender strip or cross-gender visual body cavity searches.

(b) Executive Directive OP.110.0047, says, in Section E3, that frisk searches of female inmates shall be conducted by female Corrections Officers except a managing official, or designee, may authorize a male Corrections Officer to frisk search a female inmate, if exigent circumstances exist, provided the officer does not touch the breast or genital area of the female inmate. NBCI houses only male prisoners but two trans-gender prisoners were interviewed and both said that they regularly request to be pat searched by female staff and that their requests are granted.

(c) By agency policy, there are no cross-gender strip, or body cavity, searches being done at North Branch Correctional Institution. In addition, there are no female inmates at the facility so no documentation of cross gender searches exists.

(d) NBCI Facility Directive, NBCI.050.0030 says, in Section 5D7, that it is the responsibility of custody staff to ensure that inmates of the opposite gender are viewed in a stage of complete or partial undress, or when using the bathroom, only in exigent circumstances or incidental to routine camera sweeps, cell checks or strip searches and never for the sole purpose of determining genital status. Auditors noted, during the tour of the institution, that all the showers at NBCI are individual, one person showers with doors that lock from the outside. Because they are a very high security level, all prisoners are escorted to and from the showers individually and are required to shower alone. Toilets are in-cell so prisoners are not viewed in a state of undress, or while performing bodily functions, except in exigent circumstances or when such viewing is incidental to routine cell checks. All prisoners interviewed verified that they are able to shower individually and perform bodily functions without being observed by staff except when such viewing is incidental to routine cell checks. One prisoner talked about being able to let the staff know if he is using the toilet during rounds by putting his, “block up,” so the officer can’t see him. Auditors noted that housing unit control center staff regularly announce when a female is entering the housing unit. Prisoners interviewed verified that they hear the announcement being made when a female enters the housing unit. One prisoner said, “they say, ‘female on the tier, or female psych on the tier,’ so that you know to put your clothes on.”

Two observation cells, at the front of the housing units, have cameras that display on a monitor in a way that prisoners in those cells can be observed performing bodily functions. Partial walls erected around the toilet area prevent anyone walking past the cells from viewing the prisoner performing bodily functions. I did talk to the Security Chief about the possibility of having the cameras in those cells digitized so that the prisoner can still be viewed on the monitor, but buttocks and genitalia could be obscured from view, and he agreed that likely could be done.

(e) Facility Policy NBCI 050.0030, Sexual Misconduct, in Section 5I2, says that, “the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined during conversation 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 practioner.” Staff interviewed acknowledged that they do not do cross-gender searches for the sole purpose of determing an inmate’s genital status.

(f) The Maryland DPSCS trains all custody staff, in its Correctional Academy, how to conduct cross-gender pat-down searches, and searchs of transgender and intersex inmates. In addition, a refresher training is presented as a yearly in-service training. The Maryland Police and Correctional Training Commission Lesson Plan for custody staff, dated June 2015, outlines the training staff are required to complete regarding how to conduct searches of inmates and how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least instrusive manner possible, consistent with security needs. Training records of custody staff were presented as documentation of the training received and interviews with custody staff identified that

they had completed the training both, at the training academy and as in-service training. The Facility reports that 98% of its security staff have received the training. Staff who did not receive the training were on leave of absence and will be trained, as new employees, if they return to employment with the facility.

(g)

Corrective Action Recommendation: Digitize cameras in the housing unit holding cells so that staff viewing the display on a monitor can view the prisoner in the cell but cannot view buttocks or genitalia. This should be done within the 180 day corrective action period and verified by e-mail to me.

Corrective Action Taken: Temporary holding cells, in the front area of the Housing Units, have cameras that display on monitors, in the Housing Unit Control Center, and, because there are toilets in those cells, inmates could be viewed performing bodily functions on the monitors. The Administration investigated the possibility of pixilating the cameras but found that to be an impossibility until an upgrade to the system is done. Instead, they moved the cameras so that the view of the holding cells no longer includes a view of the toilet. Photos were submitted demonstrating the view, of the holding cells, that is observable on the Housing Unit Control Center monitors. With this change, the facility is now in compliance with the standard.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive OEO.020.0032, identifies, in Section 3A, that the Department shall take reasonable steps to ensure that Limited English Proficiency individuals under the jurisdiction of the DPSCS receive meaningful access to programs and services, as appropriate. Section 3B identifies that the Department shall provide language assistance services, in accordance with applicable State and federal laws. Division of Pretrial Detention and Services Directive DPDS.180.005 establishes responsibility for the orientation of detainees, with reasonable accomodations for persons with language, literacy or hearing limitations, and DPDS.200.0002 establishes procedures for inmates who qualify under the Americans with Disabilities Act to receive reasonable accomodations while under custody. The Department also provides a whole host of materials printed in both English and Spanish, including official PREA Brochures that outline inmates' right to be free from sexual abuse and sexual harassment, how to detect and prevent sexual abuse and harassment, methods for reporting, and a hotline number to call for anyone who experiences sexual abuse.

During the tour of the facility, auditors noted that posters in both English and Spanish were readily available throughout the facility. Interviews with staff revealed that orientation materials are available in both English and Spanish and that staff will read orientation materials to inmates who are sight disabled or who have difficulty reading. To ensure that inmates understood what is read to them staff will ask pertinent questions about the materials and will have inmates who answer the questions appropriately sign a statement indicating that the information was presented and that they understood the information. Signed statements were presented as documentation. A limited English speaking inmate was interviewed who indicated that he had been given orientation materials printed in Spanish and was able to communicate that posters presenting PREA information in Spanish are in the housing unit dayroom. In the interview, he said, "COs have talked a lot about it. They tell us what our rights are and what not to do." When asked if the facility provided someone to help him read, write, and understand things, he said, "My social worker. She got me with this paperwork I'm doing and if I need help, I bring it to her and me and her go over it. She reads it to me. She asks questions so I can show her I understand." He also said that his social worker told him how to make a complaint about sexual abuse or harassment if he needed to.

(b) The facility contracts with Language Link and Ad Astra for interpretation services for LEP inmates. A contract with Language

Link was presented as documentation and a flier from the Ad Astra service was presented as well. Both agencies provide services for a number of languages. The Department uses something called I Speak Cards to determine for what languages translation services are needed. The cards show written communication, in a variety of languages, and a non-English speaking inmate can identify for staff what specific language translation services he needs.

(c) Executive Directive OSPS.050.0030, Section 5C6, says that inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information to other inmates except under limited curcumstances where a delay in otaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Interviews with staff, both in formal interviews and during the tour of the facility, revealed that staff were aware of the departmental prohibition on using inmates as interpreters and said they would not use inmates as interpreters. One staff member said that she would not have an inmate interpret for another inmate, but that prisoners have their little group of prisoners that they trust and they might ask another inmate to interpret for them. She couldn't think of any specific examples but said she knew that the department will provide translation services and she would use that instead of allowing an inmate to translate for another inmate.

Standard 115.17 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Secretary's Directive DPSCS.020.0026 states, that the Human Resources Services Division (HRSD) shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who:

(1) Engaged in sexual abuse in a prison, jail, lockup, or community confinement facility, juvenile facility, or other institution,

(2) Was convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or

(3) Was civilly or administratively adjudicated to have engaged in the activity described in paragraph 2 above.

(b) The Directive goes on to say that the HRSD shall consider incidents of sexual harassment when determining whether to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate.

(c) In Section 5F3, the Directive says that before hiring a new employee to perform duties involving contact with an inmate, the HRSD shall,
(1) conduct a criminal background records check and,
(2) consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual aubse or any resignation during a pending investigation of an allegation of sexual abuse. The Facility reports the number of persons hired who may have contact with inmates, in the last 12 months, as 9, and the Human Resources Officer verified this number in a telephone interview.

(d) The Directive also calls for the agency to conduct a criminal background records check of a contractor's employees, who may have

contact with an inmate, before enlisting a contractor to perform services.

(e) The Directive calls for the HRSD to perform criminal records background checks, every five years, on employees and a contractor's services provider who many have contact with inmates.

(f) The Directive requires the HRSD to inquire of each applicant and current employees who may have contact with inmates directly about previous misconduct in written applications for employment or promotion, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Facility reports that eight contracts for services where employees may have contact with inmates were entered into in the last 12 months and all of them had criminal background checks performed. Again, the Human Resource Officer verified this in a telephone interview.

(g) The Directive also states that a material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment.

(h) The Maryland Public Information Act specifies that the Maryland DPSCS is required by law to provide information on substantiated allegations of sexual abuse or sexual harassment, involving a former employee, upon receiving a request from an inttitutional employer for whom such employee has applied to work.

The Human Resources function, for NBCI, is located in Hagerstown, an hour's drive away from the facility, because the Maryland DPSCS has centralized its Human Resources Function. The main office, where the Division Director has her office, is in Baltimore. A telephone interview was conducted with Senta Henrich, HR Coordinataor at the Hagerstown location. She affirmed that criminal background checks are done for persons seeking employment that would put them in contact with inmates, and for contractors who might have contact with inmates, as well as for current employees seeking promotional opportunities, again, that put them in contact with inmates. The facility uses the METERS CJIS-Criminal Justice Information Systems method for performing criminal background checks.

As documentation, the facility provided the questionnaires for potential new hires for the audit period, completed and signed upon application for employment. Applicants were asked if they have ever engaged in sexual abuse in a prison, jail, community confinement facility, juvenile facility or other institution, been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or impled threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, been civilly or administratively adjudicated to have engaged in the activities described in questions 1 or 2, or ever been accused of sexual harassment. An answer of, "yes," to any of these questions requires the applicant to supply details, on an attached sheet, that include the date and location of the incident, who was involved and a written description of the incident and the outcome. Facility PCM, Anita Rozas, verified that the facility hires very few people per year and that they almost never hire employees who are new to Corrections. Most of their hires are Correctional employees transferring from another Maryland DPSCS facility.

Standard 115.18 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) The NCBI facility was constructed in 2000 and there is no plan for substantial expansion or modification of the facility at the current time. The agency presented, as documentation of it's intention to consider the effect of the design, acquisition, expansion or modification of any new facility, or in planning any substantial expansion or modification of the facility, a document prepared by an architectural firm that the Maryland DPSCS recently contracted with for the design of a new Youth Detention Center located in Baltimore. The PSA-Dewberry + Penza-Bailey Architectural Firm was asked to describe how they fulfilled the requirement to consider the effect of the design, acquisition, expansion, or modification, upon the agency's ability to protect inmates from sexual abuse,

when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. The response was:

"The facility was designed in accordance with the PREA, Prisons and Jail Standards, United States Department of Justice Final Rule, National Standards to Prevent, Detect, and Respond to Prison Rape Elimination Act (PREA), 28 C.F.R. Part 115. Specifically, the facility incorporates best practices:

*sight and sound separation;
*design which minimizes blind sots, and maximizes direct supervision;
*all housing units incorporate direct supervision;
*access to recreation;
*access to education;
*classrooms are designed with glazing to the corridor to allow for full visibility into classroom;
*correctional officers continually patrol education corridors during school hours;
*separation of male and female housing;
*all cells are single occupancy;
*glazed doors and walls hwere visibility and control is critical;
*shower stalls have partial height partitions to permit visual supervision without violating privacy;
*access to proper, safe, and behavior management cells;
*strategically locatd supervision control and nursing stations;
*provision of normalized environment through effective and extensive daylighting and proprer material and color choices.

(b) In discussing how installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology may enhance the agency's ability to protect inmates from sexual abuse, the firm responded:

"The facility incorporates full building video surveillance with cameras fully covering all occupied areas to eliminate blind spots and maximize direct supervision. Master control incorporates full 24/7 monitoring of every camera through the facility. Any space, such as janitor closets, and other non-occupied support spaces, that do not have video surveillance, incorporate ½ door glazed visibility into these spaces."

In an interview, Assistant Warden, Jeff Nines, said, "All facilities, especially new ones, focus on prevention of any kind of abuse, sexual or otherwise, of both staff and inmates. Where there is an area that is not staff prevalent, there is a camera so that every area of the facility is visible from one perspective or another." When asked how the agency uses monitoring technology to enhance the protection of inmates from incidents of sexual abuse, he responded, "Obviously, we have video monitoring, and we have a call box where you can push a button and be heard and can communicate. Master Control has video surveillance everywhere. There are always people looking in every building and there are video monitors in every supervisor's office and control center, and we can draw up any camera we need to review." Auditors noted, during the tour of the facility, that there is an abundance of cameras in use in the facility and the Master Control has numerous video displays available. Facility PCM, Anita Rozas, verified, in an interview, that the Facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the audit period.

Standard 115.21 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive Number: IIU.110.0011 says, in Section 3A, that the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispostions and, if appropriate, criminal prosecution of the identified perpetrator. In Section 3B, the Directive says that Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting. Executive Directive OSPS.005.0030 says that 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 investiagations in a confinement setting that specifically addresses interviewing sexual abuse victims, using Mirand and Garrity warnings, sexual abuse evidence collection and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. The State of Maryland has it's own investigation agency that falls under the same umbrella as the DPSCS, the Internal Investigative Division, or IID. All allegations of sexual abuse or sexual harassment are investigated by the IID. The Facility has two IID investigators, both of whom have completed the specialized training, in addition to the facility PREA training that all employees receive. Both investigators were interviewed and both acknowledged the specialized training they received. In addition, the facility provided documentation of the investigators' specialized training. The Facility also submitted a copy of the PREA Specialialized Training Lesson Plan used to train investigators on investigating PREA complaints and copies of certificates of completion for Investigators, and a copy of the National Protocol for Sexual Assault Medical Forensic Examinations, to demonstrate that Department's adaptation of that protocol.

(b) The Facility does not house inmates under the age of 18.

(c) Executive Directive IIU.110.0011, in Section 5D2, says that an investigator assigned to investigate an incident involving a sex related offense is required to coordinate with Department facility staff to arrange for the victim to undergo a forensic medical examination, when the possibility for recovery of physical evidence exists or when otherwise medically appropriate, and that the exam is to be performed by a SAFE, a SANE or, 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. Executive Directive OSPS.200.0004 identifies that such services will be at no cost to the victim. NBCI facility uses the services of the Western Maryland Health System to make forensic examinations, performed by a SANE, available to prisoners. The Facility reports that were no forensic medical exams, exams performed by SAFEs/SANEs, or exams performed by a qualified medical practitioner during the past 12 months at NBCI, but a phone call to the Western Maryland Health System verified that SANEs are available and that they will provide those services to the NBCI if needed.

(d) Executive Directive IIU.110.0011, in Section 5D3, requires the assigned investigator to, at the victim's request, coordinate with the managing official, or a designee, to arrange for a victim advocate to accompany the victim to provide support for the victim through the medical forensics examination and investigatory interviews. The Facility has a contract with MCASA, an organization that arranges with local agencies to provide services. There is no local Rape Crisis Center available but the Facility has an agreement with a local agency, the Family Crisis Resource Center, through MCASA, to provide advocacy services. A phone call to the Family Crisis Resource Center, in Cumberland, MD, verified that they have an agreement with the Facility to provide advocacy services to victims if requested. The agency will accept confidential calls and mail from prisoners as well.

(e) Executive Directive OSPS.050.0030 outlines, in Section 5G3b, that, if requested by the victim and the services are reasonably available, the assigned investigator will have a qualified victim advocate, a Department employee who is not involved in the incident, is educated and trained concerning sexual assault and forensic examination issues. and has been appropriately screened and determined to be competent to serve in this role, accompany, for the purpose of support, the victim through the forensic examination and investigation interviews. In an interview, Facility PCM, Anita Rozas, who is a Social Work Supervisor, reported that agency mental health staff are trained and available to provide emotional support, crisis intervention, information and referrals during the forensic medical examination process and investigatory interviews, and she provided a copy of her certification of completion of the appropriate training.

(f) The Maryland Department of Public Safety and Correctional Services has it's own Investigative Division, staffed with sworn officers who conduct agency investigations in both administrative and criminal matters.

(g) N/A

(h) As outlined in paragraph e above, NCBI Social Work staff are screened for appropriateness to serve in this role and they have received eduction concerning sexual assult and forensic examination issues in general. Copies of certificates of completion of the appropriate training were submitted as documentation as well as copies of staff Social Worker's Social Work Licenses.

Standard 115.22 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive IIU.110.0011, in Section 3A, says, "the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices . . ."

Directive OSPS.050.0030 says that the head of a unit, or a designee, is responsible for ensuring that an allegation of sexual misconduct is reported, investigated and resolved according to established procedures. The Directive holds employees responsible for reporting allegations by saying, " 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", and holds supervisors, managers, shift commanders, and heads of units responsible for ensuring that all allegations are referred to IID. The facility reported that in the last 12 months, 11 allegations of sexual abuse and sexual harassment were received. All 11 allegations were referred for administrative investigaton and none were referred for criminal investigation. All but one of the investigations were completed and one remains ongoing. In an interview, Assistant Warden, Jeff Nines, said, "We contact IID and they will assign the case. They will investigate all cases where criminial activity is involved. Captain Werner will investigate by written reports, video surveillance and interviews with victims, witnesses, etc. He submits his report to the Warden, to IID, and to the Facility PCM."

(b) The Agency has it's own investigative agency, IID, which has sworn police officers who conduct criminal investigations. Executive Directive IIU.110.0011 identifies that all allegations are, "promptly, thoroughly, and objectively," investigated and this policy is published on the Department's website.

(c) N/A

(d) N/A

(e) N/A

Standard 115.31 Employee training

Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive DPDS-030-001 establishes procedures to ensure compliance with the established training requirements for the Division of Pretrial Detention and Services Personnel. The directive is applicable to both Correctional and Civilian employees of the DPSCS. The directive indicates it is the policy of the Division of Pretrial Detention and Services that facility training units shall provide documented pre-service and annual in-service training, as modeled by the Maryland Police and Training Commission, the American Correctional Association and the Maryland Commission on Correctional Standards. The directive mandates that documentation of field training is maintained in the individual employee's training file and documented in the Skills Manager Database (SMD) per protocol.

Executive Directive.OSPS.050.0030 says that the head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under section 5B of this directive, shall ensure that, among other requirements, each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. In addition, Facility Directive NBCI.050.0030 holds the Warden responsible for ensuring the facility training department offers yearly PREA training to all facility staff during in-service and pre-service schedules. It also requires that signatures documenting that staff attended PREA training, and test scores indicating understanding of the training, will be maintained by the training department.

Executive Directive.OSPS.200.0004 prohibits inmate on inmate sexual conduct and assigns responsibility and procedures for reporting, responding to, investigating, processing, and resolving a complaint of inmate on inmate sexual conduct. Section 5 B says that the head of a unit, or designee, is responsible for ensuring that, among other requirements, each supervisor, manager, shift commander and contractor who has contact with an inmate under the authority of the unit head is familiar with Department policy prohibiting inmate on inmate sexual conduct. Paragraph C of the same section requires that an employee attends approved training related to preventing, detecting, and responding to acts of inmate on inmate sexual conduct. Section G requires that an IID Investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department or agency procedures, or other reasonably accepted standards.

Documentation presented includes:

- Maryland Police and Correctional Training Commissions Lesson Plan for Correctional Entrance Level Training Program.
- Code of Maryland Regulations (COMAR), Title 12 DPSCS, subtitle 10 Correctional Training Commission requires in section 12.10.01.16 "Mandated Employee In-Service Training and Firearms Training and Qualifications that each employee completes 18 ours of Commission approved mandated employee in-service training by December 31 of each calendar year.
- CELTP Academy Curriculum Outline indicates that each employee receives training on Sexual Harassment and Misconduct, Female Offenders, and Special Management Issues as well as other training prior to starting work with inmates.
- Maryland Department of Public Safety and Correctional Services Maryland Police and Correctional Training Commission Correctional Training Unit Lesson Plan, Lesson Title "Managing the Female Offender".
- Maryland Police and Correctional Training Commission Lesson Plan, Lesson Title "Correctional In-Service Training Program, Prison Rape Elimination Act."

- Maryland Department of Public Safety and Correctional Services Professional Development and Training Division Lesson Plan, Lesson Title "Sexual Harassment Awareness".
- Maryland Department of Public Safety and Correctional Services Professional Development and Training Division Lesson Plan, Lesson Title "Special Management Issues in Corrections", which covers managing transgender inmates and PREA.
- Maryland Department of Public Safety and Correctional Services Professional Development and Training Division Lesson Plan, Lesson Title "Prison Rape Elimination Act".

(c) Code of Maryland Regulations (COMAR), Title 12 DPSCS, subtitle 10 Correctional Training Commission requires that each employee complete 18 hours of Commission approved employee in-service training by December 31st of each calendar year. The Facility reports that 495 of 506 employees who may have contact with inmates received the training in the last 12 months. Those not trained were on leave of absence, from their employment, and will be trainined as new employees if they return to their employeement with NBCI.

(d) Documentation provided included training sign-in sheets from trainings conducted at different times during the last 12 months. The training, both printouts from the computerized database and copies of those bearing employee signatures, demonstrated that all staff had been appropriately trained during the time frame.

Interviews with staff demonstrated that they were knowledgeable, and well trainined, regarding PREA standards and the agency's zero tolerance policy regarding sexual abuse and sexual harassment. Staff knew what their responsibilities were regarding immediate reporting of all allegations or suspicions of abuse or harassment. All staff interviewed said they had received PREA training that included cross-gender patdown searches. Staff knew the specific steps for first responders and all staff reported that they do not strip search prisoners solely to determine their genital status.

Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

Executive Directive OSPS.050.0030 mandates that each employee attend approved training related to preventing, detecting, and responding to acts of sexual misconduct. The directive defines "Employee" as, "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 which includes contractors, interns, volunteers and employees of the Maryland Department of Education, Labor, Licensing and Regulation and Baltimore City Public Schools." The directive holds the head of a unit responsible for ensuring that each supervisor, manager, shift commander, and contractor who has contact with an inmate under the authority of the head of the unit is familiar with Department policy prohibiting sexual misconduct. In addition, Facility Directive NBCI.050.0030 holds the Warden responsible for ensuring the facility training department offers yearly PREA training to all facility staff during in-service and pre-service schedules. It also requires that signatures documenting that staff attended PREA training and test scores indicating understanding of the training will be maintained by the training department. In addition, Facility Directive.050.0030 holds the Warden responsible for ensuring that all medical and education contractors and student interns attend pre-service initially and yearly in-service training which includes PREA Information. All other facility volunteers complete

PREA education through the Volunteer Activities Coordinator and all other contractors receive a PREA education sheet through maintenance staff or at the Gatehouse.

Medical and Mental Health staff at NBCI are full-time contractual staff. Training records provided by the the facility confirmed that these staff have completed the appropriate PREA related training. Medical and Mental Health staff interviewed all indicated they complete computer based PREA training annually and submit their documentation directly to their employer, Wexford Health. The Director of Nursing was interviewed and she reported that her employer, Wexford Health, provides PREA training to all their employees and the facility provides a yearly update for the contracted staff as well.

The Facility provided a copy of the brochure titled "Sexual Assault Prevention and Reporting, Staff Information Brochure" that is provided to all volunteers and contractors that outlines their requirements and knowledge they need to manage PREA issues as they arise. The department also provided a copy of the DPSCS Volunteer Program Administrative Manual which outlines the training required for all volunteers prior to beginning any assignment within the MDPSCS. Executive Directive ADM.170.0002 "Volunteer, Intern and Contractor Contact and Personal Information" establishes policy and responsibilities for a DPSCS volunteer, intern and contractor to ensure that contact and personal information on file with the department is accurate.

NBCI indicated that they have 34 volunteers/contractors that are cleared to provide service at the Facility. Training records for these volunteers/contractors are maintained at the Facility and were reviewed during the audit. The Facility maintains a volunteer/contractor PREA acknowledgement log indicating the date PREA training was provided. Each volunteer/contractor signs a PREA acknowledgment form indicating they have received training on the agency's zero tolerance policy on sexual abuse and sexual harassment.

Standard 115.33 Inmate education

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

(a through f) Executive Directive.200.0004 says that the head of a unit, or designee, responsible for the custody and security of inmates shall ensure that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate on inmate sexual conduct are effectively communicated to each inmate as part of Orientation, by inclusion in the Facility's inmate orientation paperwork and, if applicable, the Facility's inmate handbook. Executive Directive.OSPS.050.0030 contains the same language. Facility Directive NCBI.050.0030 says, in Section 5A4, that the Warden is responsible for ensuring that all inmates have received comprehensive PREA education, as well as institution specific PREA training, within 30 days of transfer into the facilty.

Executive DirectiveDPDS.180.0005 establishes procedures for the timely provision of information and instruction to newly admitted inmates and calls for reasonable accommodations for persons with language, literacy or hearing limitations. This directive mandates that orientation be completed within seven calendar days of intake. In addition, Directive DPDS.200.0002

establishes procedures ensuring that upon request persons who qualify under the ADA are afforded reasonable accommodations while in the custody of the division.

During the audit tour, the Intake area was observed and auditors noted that PREA educational material was readily available, including a video in both English and Spanish. Inmates interviewed said that they received sexual abuse education material, including watching the video, when they first arrived. Several inmates said they didn't read the information but verified that they have it. Interviews with staff revealed that staff will read orientation materials to inmates who are sight disabled or who have difficulty reading. To ensure that inmates understand what is read to them, staff will ask pertinent questions about the materials and will have inmates who answer the questions appropriately sign a statement indicating that the information was presented and that they understood it. Signed statements were presented as documentation. Twenty inmate files, of prisoners most recently transferred into the facility were reviewed and all contained prisoner signed forms indicating they had received PREA education. Some of them were reviewed in the Case Manager's offices, in the housing units, and some of them were reviewed in the Facility Record Office because Case Managers do not keep prisoner files in the housing units after initial paperwork is done.

A limited English speaking inmate was interviewed who indicated that he had been given orientation materials printed in Spanish and was able to communicate that posters presenting PREA information in Spanish are in the housing unit dayroom. In the interview, he said, "COs have talked a lot about it. They tell us what our rights are and what not to do." When asked if the facility provided someone to help him read, write, and understand things, he said, "My social worker. She got me with this paperwork I'm doing and if I need help, I bring it to her and me and her go over it. She reads it to me. She asks questions so I can show her I understand." He also said that his social worker told him how to make a complaint about sexual abuse or harassment if he needed to. The facility also contracts with Language Link and Ad Astra for interpretation services. A contract with Language Link was presented as documentation and a flier from the Ad Astra service was presented as well.

Prisoner Orientation is conducted by Case Management staff and Case Manager, Ms. Zies, said in an interview, that she gives out the prisoner handbook at Prisoner Orientation. She provided a copy of the Prisoner handbook to verify that the appropriate information is contained in it. In addition, auditors noted, during the Facility tour, that posters identifying the Agency's zero tolerance policy, prisoners' right to be free from sexual abuse and sexual harassment, information on how to report, and contact information for advocacy agencies and crisis hotline numbers were posted throughout the facility. Prisoners interviewed acknowledged they had seen the posters, and the contact information including the hotline phone number. The facility indicated that 110 prisoners were admitted to the Facility, in that last 12 months, and 110 prisoners who transferred in were given this information.

Standard 115.34 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

Executive Directive OSPS.005.0030 says that 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 specifically addresses interviewing sexual abuse victims, using Miranda and Garrity warnings, sexual abuse evidence collection and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. The State of Maryland has it's own investigation agency under the same umbrella as the DPSCS, the Internal Investigative Division, or IID. All allegations of sexual abuse or sexual harassment are investigated by the IID. The Facility has two IID investigators, both of whom have completed the specialized training in addition to the facility PREA training that all employees receive and the yearly in-service. Both investigators were interviewed and both acknowledged the specialized training they received. In addition, the facility provided documentation of the investigators' specialized training.

Standard 115.35 Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

Executive Directive DPSCS.002.0026 identifies the Agency PREA Coordinator as being responsible for ensuring that medical and mental health staff receive the appropriate PREA training. The Facility submitted a training lesson plan that demonstrated that all medical and mental health staff are trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Also submitted were training requirements of the contracted health care provider, Wexford Health, and an outline from the PREA training conducted by Wexford Health for all new employees. The Facility submitted medical and mental health certificates of training for the yearly inservice training of medical and mental health employees and documentation of the completion of the contracted health care provider's required training. In an interview, Director of Nursing said that as a medical health proivider, she is required to attend PREA training conducted by both the Maryland DPSCS and by her employer, Wexford Health. The Facility indicates that 100% of medical and mental health staff have received the training required by agency policy in the last 12 months.

Standard 115.41 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive OSPS.200.0005, in Section 5A holds the PREA Coordinator responsible for ensuring that each managing official designate intake, custody or case management staff assess each inmate for risk of sexual victimization or potential for abusiveness within72 hours of arrival at a facility. In addition, Facility Directive NBCI.050.0030 requires custody staff to ensure that all inmates coming into the facility are screened using the PREA Intake Screening Instrument with 72 hours of their arrival.
(b) See above.
(c) Section 3B, of the same Directive, says that the Department shall use a screening instrument as part of the intake and facility transfer process.
(d) Section 5A says that the PREA Coordinator is responsible for ensuring that a screeing instrument is used to assess individual inmates must consider the (1) presence of a mental, physical or developmental disability, (2) age of the inmate, (3) physical build of the inmate (4) previous incarceration(s), (5) whether the inmate's criminal history was exclusively nonviolent, (6) any prior convictions for sex offenses against an adult or child, (7) whether the inmate is or is perceived to be gay, lesbian, transgender, intersex, or gender nonconforming, (8) any history of sexual victimization, (9) the inmate's own perception of vulnerability, and (10) if the inmate is being detained solely for civil immigration purposes.
(e) Section 5A2 requires the screening instrument to also be used to objectively assess an inmate's risk of being sexually abusive by

considering (1) prior acts of sexual abuse, (2) prior convisions for violence or sexual abuse and (3) history of institutional violence or sex abuse.

(f) Section 5B holds the PREA Coordinator responsible for ensuring that Case Management staff to reassess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or abusiveness based upon additional, relevant information received by the facility since the initial screening.

(g) Section 5B4 requires an inmate's risk level to be reassessed when warrented due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness.

(h) Section 5B5 outlines that it is the responsibility of Social Work staff to ensure that inmates will not be disciplined for refusing to answer or not disclosing complete information in response to screening questions relating to (d1) the presence of a mental, physical or developmental disability, (d7) whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, (d8) previous sexual victimization, or (d9) the inmate's own perception of vulnerability. The Screening Instrument used to screen prisoners includes information that the screener reads to the prisoner before beginning the screening. Included in that information is that if the prisoner fails to answer the question, or does not answer truthfully, staff will enter an answer based on criminal history, other written documentation or from personal observation, but it does not say that prisoners will be subject to discipline. In addition, interviews with the Case Management, Social Work and higher level Custody staff confirmed that prisoners are not disciplined for failing to answer or for not answering the questions truthfully.

(i) Section 5B6 says requires that appropriate control be in place for facility dissemination of information collected during screening to ensure that sensitive information is note exploited to the inmate's detriment by staff or other inmates.

The facility submitted, as documentation, a copy of the screening instrument used to complete intake screening, demonstrates that all required areas of questioning are covered. They also submitted an instruction sheet used by staff who perform the intake risk screening to ensure that is it done correctly. Case Management staff, interviewed in the Housing Units, presented completed intake screenings, and 30 days re-assessments, to demonstrate that both were done timely. In addition, auditors were able to review a sampling of base files located in the Record Office. The facility averages six transfers in per month, and auditors reviewed inmate files, in the record office, from recent transfers in, that demonstrated intake screenings and 30 day re-assessments had been completed timely and accurately. Those were in addition to files reviewed in the Housing Units. Prisoners interviewed, for the most part, stated that they remembered having been asked the questions listed above shortly after they arrived at the facility. In an interview, Facility PCM verified that line staff do not have access to OMS. She went on to say, "the base file has the screening forms and there are limits on who can look at that. Case Managers, the administration, Social Work and Psychology staff have a need for the information, but line staff wouldn't have that access."

Standard 115.42 Use of screening information

x☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive OSPS.200.0005, in Section 3C, requires the Department to appropriately apply information obtained from assessing an inmate's risk related to sexual victimization and abusiveness to decisions concerning inmate, housing, programming, treatment, and work assignments in order to minimize circumstances that contribute to incidents of victimization or abusiveness. Section 5C1a says that screening information will be considered when making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually active.

(b) Section 5Cb identifies that the screening information will be considered when making individualized determinations as how to ensure the safety of each inmate.

(c) Section 5Cci and ii says that the screening information will be considered when deciding to assigna transgender or

intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by case basis, determining if the placement or assignment ensure's the inmate's health and safety and presents management or security problems.

(d) Section 5C2 says that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review threats to safety experienced by the inmate. Social Work Supervisor and Facility PCM, Anita Rozas, said in an interview, that each housing unit has both Case Management and Social Work staff assigned to it and prisoners are involved in group counseling on a regular basis, typically meeting weekly. At each group meeting, the housing placement, programming assignments, and any other assignments, of transgender and intersex prisoners are reviewed for appropriateness as well as for any threats to their safety. Because of the frequency of the review of the prisoners' situation, the facility exceeds this standard.

(e) Section 5C3 says that a transgender or intersex inmate's own views with respect to personal safety shall be seriously considered.

(f) Section 5C4 requires that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

(g) Section 5C5 says that lesbian, gay, bisexual, tansgender or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis on such identification or status, unless placement is in a dedicated facility, unit, or wing established inconnection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates.

In an interview, the Facility PCM said, "PREA codes are in OCMS and when traffic staff make cell assignments, also in OCMS, they use that information to make sure the assignments are properly made." Traffic staff presented printouts identified as Inmate Data Manager information sheets that are used to make cell assignments. The IDMs clearly identified pertinent information including PREA codes used to make cell assignments. In addition, auditors were able to check a random sampling of two cells per housing units, for all four units, and all cell assignments met the requirements. In an interview, a transgender prisoner affirmed that the State has no facilities that are dedicated facilities, and that there are no dedicated units or wings at NBCI. All prisoners interviewed, and all random staff interviewed, verified that all prisoners have the opportunity to and are, in fact, required to, shower alone. Due to the high security nature of the facility, all showers are individual and are locked from the outside. Prisoners are escorted out of their cells, in restraints, to showers where they shower alone and are escorted back to their cells, again in restraints, when finished.

Standard 115.43 Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

DOC.100.0002 Case Mangement Manual, in Section E, identifies that Protective Custody is appropriate when required for the protection of the inmate. It goes on to say, "every effort shall be made by Case Mangaement Staff, and the managing official, to find suitable alternatives to protective custody housing." Suitable alternatives identified in the Case Management Manual include transfer of the inmate victim to another housing unit within the facility, a lateral transfer of the inmate victim to another facility of the same level, and transfer of the inmate's documented enemy, or enemies, to another facility. Every Protective Custody placement is, by policy reviewed every 30 days.

DOC.100.0002 Case Management Manual, in Section 6, identifies that inmates housed in Protective Custody are allowed the same out-of-cell activity as in their regular housing unit, have the same access to Health Care and Case Mangement services, the same

visiting opportunities, the same access to the Library and legal reference materials, the same access to programming, including religious programming, and to educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations.

Facility PCM, Anita Rozas, explained to auditors that because NBCI is a high security prison, all housing units are run similar to Segregation Units meaning that movement is highly restricted and out-of-cell time is limited. The primary difference is that in General Population, prisoners are double celled and in Administrative Segregation, prisoners are single celled. If necessary, an inmate victim might be moved to a single cell for protection, but would not be treated any differently than if he remained in General Population. The move would be simply for protection and the inmate would have all the rights and privileges that he had in General Population. Additionally, at the time of the audit, the facility had a fairly large number of empty cells so moving an inmate to Segregation for protection would not be necessary.

Standard 115.51 Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a-d) Executive Directive OSPS.050.0030 states that a complaint of alleged sexual abuse may be submitted in a variety of formats including in writing, verbally, or anonymously, to any staff, including an employee, a supervisor, manager or shift commander, the head of a unit, the Intelligence and Investigative Department, the Inmate Grievance Office or to people outside the Department, including the Office of the Attorney General or to another private or public office able to receive and immediately forward the complaint to the Department.

Executive Directive OSPS.200.0004 says, in Section 5E1, a – c , that a complaint of alleged inmate-on inmate sexual misconduct may be submitted in writing, including electronic documents, or verbally.

A Maryland Division of Correction handbook, given to inmates during Orientation, tells them that they can report instances of sexual abuse either verbally, or in writing, to any staff. In addition, posters throughout the facility have a PREA Hotline number printed on them. The number is that of an agency, the Life Crisis Center, that automatically, and immediately, routes PREA related calls to the Internal Investigative Unit. Presented as documentation was a purchase order for the services of the Life Crisis Center. Auditors called the number to verify the service availability and also noted that some of the investigations done by IID staff were initiated by referalls from the PREA Hotline.

In an interview, Facility PCM, Anita Rozas, said, "We have the free call Hotline number and we just did a contract with a local family crisis center so inmates can write them and make a report. They can also tell any family or friend who can report to anybody." Interviews with inmates revealed that they knew how to report incidents of sexual abuse and they verified, when asked, that they could report in writing anonymously, or through a third party. One inmate said, in an interview, "If I had to, I could call my family and have them get involved."

Executive Directive OSPS.050.0030 requires employees who receive a complaint, or otherwise has knowledge of, alleged sexual misconduct to immediately report the complaint to a supervisor, manager, shift commander or head of the unit. Interviews with random staff indicated that staff are aware of the multiple ways prisoners can report incidents of sexual abuse and what their responsibility is. One staff said, in an interview, "there is a Hotline number, plastered all over the walls, that they can call, or, they

can call their families and have them call the facility. However they report, we take all allegations serioiusly. "

Maryland does not detain solely for civil immigration purposes.

Standard 115.52 Exhaustion of administrative remedies

Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

The Maryland DPSCS does not have administrative procedures to address inmate grievances regarding sexual abuse and are therefore exempt from this standard. Executive Directive OPS 815.0002 says, in Section 3C, "The Department does not permit the use of an informal resolution process or ARP to resolve complaints of rape, sexual assault, sexual harassment, sexual abuse, sexual misconduct, inmate on inmate sexual conduct, or other areas afforded protections by standards established under the authority of the Prison Rape Elimination Act (PREA) and related Department procedures."

Standard 115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive OSPS.0050.0003, in Section 5G3b, identifies that if requested by the victim, and the services are reasonably available, the facility will have 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 in this role, or a non-Department community-based organization representative who meets the criteria for a Department employee, accompany, for the purpose of support, the victim through the forensic examination and investigation interviews. The Maryland DPSCS contracts with MCASA, the statewide sexual assault coalition recognized by the Federal government and the state. MCASA is an umbrella organization supporting rape crisis centers across Maryland. The Family Crisis Resource Center, in Cumberland, MD, is available as an advocacy agency through the MCASA umbrella.

(b) Posted on bulletin boards, in dayrooms throughout the housing units, were informational sheets containing pertinent information about MCASA, including contact information for a local advocacy agency, the Family Crisis Resource Center, in Cumberland, MD. The informational sheets also contain the number for the external PREA Hotline and notified inmates that the calls are free and that their reports can be anonymous.

(c) The facility provided a copy of an MOU between the facility and the Family Crisis Resource Center. The MOU requires the agency to, "consistently communicate to the victim-inmate that his or her communicatinos with the advocate are confidential and explain the circumstances under which the law prohibits certain disclosures from remaining confidential." A phone call to the Family Crisis Resource Center verified that the agency will provide advocacy services to inmates who call on them. In an

interview, the Facility PCM said, "If we're taking someone to the hospital, staff will offer the inmate the opportunity to have someone from the Family Crisis Resource Center and staff will make the phone call to request the advocacy." None of the inmates we interviewed reported having contacted the Family Crisis Resource Center for emotional support services.

Standard 115.54 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

Executive Directive OSPS.050.0030 says, in Section 5E, that a complaint of alleged sexual misconduct may be submitted by the victim, an individual with knowledge of an alleged sexual misconduct incident, or a "third party" on behalf of the victim or other individual who has knowledge of the alleged misconduct. In addition, the Maryland DPSCS publishes, on its Department website, information about the PREA and how to make a report, and includes contact information for the Department PREA Coodinator. Interview with inmates verified that they were aware they could have a third party make a report for them. One inmate said he would call his family if he needed to and another said he would have his sister make a report if necessary. In interviewing prisoners, auditors noted that they were more likely to say they would have a third party, most often a family member, report for them if necessary, than they were to say that they themselves would report to a staff member.

Standard 115.61 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a-c) Executive Directive OSPS.200.0004, Section 5 a and b i through iii, defines an employee as being an individual assigned to, or employed by the Department, in a full-time, part-time, temporary, or contractual position, and includes a contractor, and intern and a volunteer. The Directive goes on to say that any employee receiving a complaint of or who otherwise has knowledge of alleged inmate on inmate sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit. Executive Directive OSPS.050.0030 identifies that supervisors, managers or shift commanders are responsible for ensuring that a complaint if immediately filed, if they are aware of an act of alleged sexual misconduct and that a complaint of alleged sexual misconduct is to be immediately reported whether or not it is part of the agency. Executive Directive OSPS.200.0004, Section E8, says that information concerning a complaint of alleged inmate on inmate sexual conduct is condifdential and may only be available to individuals who have an established role in the reporting, processing, investigation,and resolution nof the alleged inmate on inmate sexual conduct and intermediate continued care of the victim. Executive Directive IIU.020.0002, Complaint Receipt Documenting and Processing, identifies, in Section C2, and an invstigator or field investigator shall comply with applicable Constitutional and statutory law and judicial rules when conducting an assigned investigation.

(d)NBCI does not house inmates under the age of 18.

(e)Executive Directive OSPS.050.0030 says, in Section 5E1c and 5E3, that a complaint of alleged sexual misconduct may be submitted by a "third party" on behalf of the victim or other individual who has knowledge of the alleged misconduct and that a complainant may remain anonymous, and all employees are still required to report any and all allegations to the facility's designated investigators.

In all interviews conducted with staff, including interviews with random staff and with medical and mental health staff, all verified that they were aware of their responsibilitiy to report any and all reports of sexual misconduct, including those reports made by third parties and those that were made anonymously. All staff reported that they would treat all reports of sexual misconduct with the same seriousness and would immediately report any information they received.

Standard 115.62 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

x Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

Executive Directive OSPS.050.0030, in Section 5D1, holds staff responsible for taking, "reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct." In Section 5D4, those actions are described as, "immediately stopping an incident in progress and appropriate action to provide immediate and continued personal protection." Division of Correction Manual: DOC.100.0002, Case Management, says in Section 18, Special Confinement Housing, Section A, "the DOC utilizes special confinement housing when an inmate requires close supervision, segregation from the general population, or both. It may be used to ensure the safety and security of the facility, staff, individual inmate, the general inmate population or some combination of these. Executive Directive OSPS.200.0005, in Section 5C1a, requires staff to use screening information to separate inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.

NBCI is a Maximum Security institution where prisoner movement is highly controlled. Even in General Population housing units, prisoners do not exit their cells without restraints and staff escorts so opportunity to victimize another prisoner is limited. Nonetheless, all staff interviewed said they would take immediate steps to protect the inmate and the facility did report one instance, in the last 12 months, where a prisoner was moved to protect him from what staff reasonably believed to be a threat of imminent sexual abuse. The Facility reports that the inmate was moved within one day of staff receiving information that led them to believe the inmate may be in danger of being victimized. Assistant Warden, Jeff Nines, said in an interview, "we take immediate action to separate the inmate. It might be moving from one Tier to another, or from one housing unit to another, or even moving staff, if that's where the threat was coming from." All random staff said they would take immediate action to protect the vulnerable inmate by moving him to another cell, another housing unit, etc. One random staff person interviewed said, "I would the prisoner in a holding cell, or any single cell, as quickly as I could."

Standard 115.63 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a-d) Executive Directive OSPS.0510.0030. says, in Section 5E6, says that if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander or head of a unit at a facility other than the facility where the alleged misconduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall, if the incident occurred at another Department facility, shall notify the managing official of the institution where the incident occurred, if the incident occurred at a facility not under the jurisdiction of the Maryland DPSCS, the facility head, or agency head, responsible for the facility where the incident occurred, and the IID, regardless of where the incident occurred will be notified. The Directive goes on to say that the notifications will be documented by the person making the notification. In Section 5E7, the Directive requires the IID representative to follow up with the agency head to ensure that all such reports are investigated in accordance with PREA standards. An interview with Assistant Warden, Jeff Nines, said that the Warden would be the point of contact for the agency to report to, and if the Warden isn't available, the Security Chief would be the point of contact. The facility reported one such notifications received in the last 12 months and documentation reviewed indicated that the allegation was investigation according to PREA standards.

Standard 115.64 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

(a-d) Executive Directive OPS.050.0001, in Section 5D2, says that the first correctional officer responding to an incident of sexual misconduct shall respond by immediately stopping an incident in progress, if necessary arranging for separation of the victim from the abuser, immediately providing medical attention, if qualified, or arranging for appropriate medical attention, preserving the scene of the incident, and ensuring the victim is advised not to do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating, and ensuring that the alleged abuser does not do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating defecating, drinking or eating. The same language is contained in Executive Directive OPS 200.005.

Executive Directive OPS.0050.0001 says, in Section 5D3, that if the first employee responding to an incident of sexual misconduct is not a correctional officer, the employee shal immediately request that a correctional officer respond to the scene and take steps to ensure that the victim not do anything that might destroy physical evidence, i.e., brushing teeth, bathing, changing clothes, urinating, defecating, drinking or eating.
All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders. All of them reported that they would immediately separate inmates and maintain sight of a victim, do what they could to preserve a crime scene including advise involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet. They all said they would also immediate call supervision. The facility reported that, in the last 12 months, two allegations of sexual abuse were received. Neither allegation was made timely for staff to be able to collect physical evidence. In one of those instances, the first responder was a non-custody staff person who did appropriately notify security staff.

Standard 115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

x Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

Executive Directive OSPS.200.004, in Section 5F3a, identifies a plan of action for employee, manager, supervisor and shift commander first responders. The actions include stop the incident, safeguard the victim, arrange for any needed medical services, detain the alleged perpetrator, preserve evidence and the scene of the alleged incident, refer the victim for needed medical and mental health treatment. Documentation provided by the facility included NBCI.050.0030, Appendix 4, PREA First Responder Checklist, that lays out the steps of the plan of action for first responders in a checklist format to ensure that none of the step are omitted. They also provided a Sexual Assault Medical Notification Tree that lays out, step by step, which medical staff takes what action when a report of sexual abuse is received. All staff interviewed were very well informed on the steps of the action plan and were able to articulate what the responsibilities of first responders are.

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

Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a and b) The agency provided the AFSCME Teamsters MOU which states, in Article 3 entitled Management Rights, that, "The Employer retains the sole and exclusive authority for the management of its operations and may exercise all rights, powers, duties, authority and responsibilities conferred upon and invested to it by all laws including, but not limited to, the Collective Bargaining Law (Title 3, State Personnel and Pensions Article." It goes on to say that, It is agreed by the parties that any section of this MOU that conflicts with current law, in particular the Collective Bargaining Law (State 3, State Personnel and Pensions Article, can be changed by management after negotiations with the Union, to the extent required by Article 32 (Mid Contract Negotiations). Mostly importantly, the MOU says, "It is understood and agreed by the parties that the Employer possesses all other power, duty and right to operate its departments, agencies and programs and carry out constitutional, statutory, and administrative policy mandates and goals. Assistant Warden, Jeff Nines, said in an interview, "we have a three year contract that expires at the end of the year. The union contract will always have to adhere to state law."

Standard 115.67 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

(a – d) Executive Directive OSPS.050.0030, in Section 5B3, a, b, and c, says that the head of a unit, or a designee, is responsible for ensuring that an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misonduct is monitored for a minimum of 90 days, from the date the incident was reported, to detect actual, or feared, retaliation that may include medical or mental health services or counseling, changes to inmate housing assignments and staff work assignments, and continued monitoring as deemed appropriate. Exective Directive OSPS.050.0030 Section 4B9b, i through iv, identifies changes that may suggest possible retaliation by inmates or staff, and must be monitored, as discipline, changes in work or program assignments, transfers or placements, or denial of privileges or services. The facility presented, as documentation, a Retaliation Monitoring form, that identifies, by name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a place for reporting at two weeks, within 30 days, within 60 days, final 90 days, and space for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. Unfortunately, an interview with the Facility PCM revealed that the facility had not been completing retaliation monitoring until approximately 30 days prior to the audit date so they were not able to produce documentation of a complete 90 day period, or more, of retaliation monitoring for any one subject. Therefore, the facility does not meet this standard.

Corrective Action Recommendation: The facility should complete at least one 90 day period of retaliation monitoring and submit documentation of that to me.

Corrective Action Taken: As staff were preparing for their PREA Audit, it came to their attention that required retaliation monitoring was not being done and/or documented. The facility does have a substantial Social Work staff complement, with a Social Worker assigned to each Housing Unit, so retaliation monitoring, at least informally, was likely being conducted but the monitoring was not being docu-
mented. Facility PREA Compliance Manager, Anita Rozas, subsequently submitted documentation demonstrating at least 90 days of retaliation monitoring of inmates who made allegations of sexual abuse or sexual harassment except in cases where the allegations were, after proper investigation, determined to be unfounded. The submission of this documentation brings the facility into compliance with the standard.

Standard 115.68 Post-allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

DOC.100.0002 Case Mangement Manual, in Section E, identifies that Protective Custody is appropriate when required for the protection of the inmate. It goes on to say, "every effort shall be made by Case Mangaement Staff, and the managing official, to find suitable alternatives to protective custody housing." Suitable alternatives identified in the Case Management Manual include transfer of the inmate victim to another housing unit within the facility, a lateral transfer of the inmate victim to another facility of the same level, and transfer of the inmate's documented enemy, or enemies, to another facility. Every Protective Custody placement is, by policy reviewed every 30 days.

DOC.100.0002 Case Management Manual, in Section 6, identifies that inmates housed in Protective Custody are allowed the same out-of-cell activity as in their regular housing unit, have the same access to Health Care and Case Mangement services, the same visiting

opportunities, the same access to the Library and legal reference materials, the same access to programming, including religious programming, and to educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations.

Facility Directive NBCI.050.0030 outlines, in Section K 1 and 2 that inmates will not be place 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 to separate the inmate from likely abusers. It goes on to say that if an assessment cannot be immediately conducted, the victim may be held involuntarily for less than 24 hours while the assessment is completed. Section 2 identifies that inmates placed in segregated housing for this purpose shall have access to programs, privilieges, education and work opportunities to the extent possible. It also says that any restrictions must be documented and forwarded to the Facility PCM.

Facility PCM, Anita Rozas, explained to auditors that because NBCI is a high security prison, all housing units are run similar to Segregation Units meaning that movement is highly restricted and out-of-cell time is limited. The primary difference is that in General Population, prisoners are double celled and in Administrative Segregation, prisoners are single celled. If necessary, an inmate victim might be moved to a single cell for protection, but would not be treated any differently than if he remained in General Population. The move would be simply for protection and the inmate would have all the rights and privileges that he had in General Population. Additionally, at the time of the audit, the facility had a fairly large number of empty cells so moving an inmate to Segregation for protection may not be necessary.

Standard 115.71 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive OSPS.050.0030 defines a complaint as a, "written or verbal statement alleging sexual misconduct regardless of the source of the allegation." Facility Directive NBCI.050.0030 says that any NBCI employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies, or anonymously. It also says that an employee receiving a complaint of alleged sexual misconduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit, who is required, by this same policy, to report the alleged complaint to IID who is then responsible for ensuring that an IID Investigator conducts a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct according to applicable statutory, regulatory, case law, contract, Department procedures or other reasonably accepted standard. In an interview, investigate staff said that investigators begin the field work as soon as they receive the complaint. He also said that they investigate all complaints, including third party calls and calls from the PREA hotline. All complaints are investigated the same way.

(b) Executive Directive.050.0030, in Section G2, says that, "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." Two investigate staff who were interviewed said they received specialized training in techniques for interviewing sexual abuse victims, use of Miranda, and Garrity warnings, sexual evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

(c) (d) Executive Directive IIU.110.0011 says, in Section 5D that an investigator assigned to investigate an incident involving a sex related offense shall, if possible, secure the scene and items that may be used as evidence, collect

and preserve evidence, thoroughly describe physical, testimonial and documentary evidence, and conduct post-incident actions to complete a comprehensive investigation of the incident. The investigator is also charged with working with a prosecutor to develop the case for criminal prosecution if appropriate. Investigatve staff, indescribing the investigative process, said when they receive the complaint, they secure the crime scene, attempt to collect evidence, confiscate and properly store any evidence possible, obtain inmate statements, take photographs, interview alleged victim, witnesses, suspect, administer Mirand and Garrity warnings, complete the serious incident report and obtain video footage if available.

(e) Executive Directive IIU.110.0011 says, in Section E, that the credibility of a victim, witness or suspect shall be determined on an individual basis, regardless of the individual's status as inmate or employee. The Directive goes on to say, in Section E2, that a victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of such an allegation. Investigative staff, in an interview, that they judge the credibility of a victim, suspect or witness on the basis of the evidence. "Investigations are conducted the same whether it is a prisoner who has been caught lying, in the past, or staff who has been officer of the year, year after year."

(f) (g) Executive Directive IIU.110.0011 requires investigators to determine if employee action or lack of action contributed to the occurrence and to document all aspects of the investigation in a comprehensive investigative report that thoroughly describes physical, testimonial and documentary evidence, explains the reasoning behind credibility assessments, and includes investigative facts and findings.

(h) Executive Directive requires the IID Investigator to, if appropriate, work with a prosecutor to develop the case for criminal prosecution.

(i) (j) Executive Directive OPS.050.0001 requires the Investigator to file and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee, or, according to Executive Directive OPS 200.0005, if the alleged perpetrator is an inmate, until five years after the alleged perpetrator is no longer an inmate. These two Directives also outline that the departure of the alleged abuser or victim, from the employment of jurisdiction of the facilty or agency, shall not provide a basis for terminating an investigation. The facility has had no substantiated allegations of conduct that were referred for prosecution in the past 12 months.

(k) This state agency has addressed the requirements as outlined in this report.

(l) The Maryland DPSCS has its own sworn police department with investigate staff located at athe facility. No outside agencies investigate allegations of sexual abuse for the Maryland DPSCS.

Investigative staff, at NBCI, provided documentation of 16 allegations during the audit period, as follows:
Nonconsensual Sexual Condcut (attempted) – 1 Unsubstantiated
Nonconsensual Sexual Conduct – 1 Unfounded (false, unable)
Abusive Sexual Contact – 1 Unfounded
Prisoner/Prsoner Sexual Harassment – 3, 1 Unsubstantiated, 2 Unfounded
Staff Sexual Misconduct – , 2 Unfounded
Staff Sexual Harassment – 8, 3 Unsubstantiated, 5 Unfounded A 50% sample (eight investigations) was reviewed at NCBI. All contained information regarding investigation outcome notification to prisoners and appropriate referrals to Health Care and/or Mental Health. The complaints originated through a letter, kites, verbal reports to staff, the grievance (ARP) process, and the PREA Hotline.

Standard 115.72 Evidentiary standard for administrative investigations

Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

Executive Directive Number IIU.110.0011, in Section 5H2, instructs that conclusions drawn from investigations will be based on a preponderance of the evidence. In addition, Title 12 Department of Public Safety and Correctional Services, Subtitle 02 Division of Correction, in Chapter 27, also says that the outcome of a case will be based on a preponderance of evidence. In an interview, two investigative staff, both Captains, said, when asked what standard of evidence they require to substantiate allegations of sexual abuse or sexual harassment, that they require a preponderance of evidence in administrative investigations.

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive OSPS.050.0030 says, in Section 5H requires that when an investigator notifies the head of the unit responsible for the victim inmate, that person shall ensure that the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded. This same information is contained in OSPS.200.0004 Inmate Sexual Conduct. In addition, Executive Directive IIU.110.0011 also requires an investigator to advice a victim inmate, upon concluding an investigation, if the investigation was determined to be substantiated, unsubstantiated or unfounded. Interviews with staff revealed that investigators at NCBI notify both the inmate complainant and the Facility PCM. The investigator provides verbal notification and documents that the notification was made. That documentation is on the investigative file cover sheet and examples were reviewed at the time of the audit.

(b) The agency, having it's own sworn police agency, conducts all its own investigations.

(c) Executive Directive Number OSPS.050.0030, in Section 5H2, requires that when an employee is alleged to have victimized an inmate, except when an allegation of sexual abuse is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the inmate is under the jurisdiction of the Department, notify the inmate when the employee is no longer assigned to the inmate's housing unit, when the employee is no longer assigned at the inmate's facility, if the facility learns that the employee has been criminally charged for an offense related to the sexual abuse that occurred within the facility and, if the facility learns that the employee has been convincted on a charge related to the sexual abuse that occurred within the facility. Two allegations of staff sexual misconduct, with the past year at NCBI, were both found to be unfounded, so none of this reporting was required.

(d) Executive Directive OSPS.200.0004 says, in Section 5H2 a and b, that except when an allegation of inmate on inmate sexual conduct is determined to unfounded, for as long as the inmate victim is under the jurisdiction of the Department, the Department will notify the victim inmate, if the facility is aware, if the accused inmate is in any way charged with a crime related to the sexual abuse that occurred within the facility, and if the accused inmate in convicted on a charge related to the sexual abuse that occurred within the facility. Interviews with investigative staff, at NCBI, revealed that all allegations of inmate on inmate sexual abuse, within the last 12 months, were unfounded. Thus, none of the reporting outlined here was applicable.

(e) Executive Directives OSPS.050.0030, OSPS.200.0004 and IIU.110.0011 all require that all of the types of notifications outlined in the paragraphs above be documented. Review of investigative documents revealed that proper notification, based on the outcome of the investigations done, at NBCI, during the audit period, was made.

(f) Executive Directive IIU.110.0011 says, in Section 5H5f that the victim reporting requirement outlined in this directive shall terminate at the time the victim inmate is released from the custody of the Maryland DPSCS.

Standard 115.76 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive OSPS.050.0030 identifies, in Section 5I, that an employee is subject to disciplinary action, up to and including termination of employment with the Deprtment if it is determined that the employee, except under exigent circumstances, did not perform responsibilities established uder the directive or neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct. It goes on to say that an employee determined to have committed sexual misconduct in is violation of Department Standards of Conduct and is subject to a penalty up to and including termination, criminal prosecution and, if applicable, notification of a relevant licensing authority. In addition, Facility policy NBCI.050.0030 says, in Section 5A1, that the Warden is responsible for ensuring that every employee is familiar with DPSCS policy regarding sexual abuse and sexual harassment of inmates.

(b) Presented as documentation was the "Standards of Conduct and Internal Administrative Disciplinary Process, that outlined that staff who are found to have had unprofessional personal relationshps or contacts with inmates, offenders or clients will be terminated from State service. There were no instances of staff terminations for sexual misconduct in the last 12 months.

(c) The Standards of Conduct and Internal Administrative Disciplinary Process also groups staff rule infractions and identifies instances of sexual misconduct as being in the third category, which is the most serious. In an interview, Capt. Jason Harbaugh said, "we do discipline staff, from time to time, and it depends on the nature and seriousness of the violation, and we use progressive discipline." The facility reported no instances of staff sexual misconduct in the last 12 months.

(d) Executive Directive OSPS .050.0030 identifies that an employee determined to have engaged in sexual misconduct is

subject to penalty, under the Standards of Conduct, up to and including termination of employment with the Department, criminal prosecution unless the conduct clearly was not criminal, and reporting by the agency to any relevant licensing bodies.

Standard 115.77 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a)(b)Executive Directive OSPS.050.0030 says, in Section 5GC, that a contractor determined to have committed a sexual misconduct is considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency, is subject to sanctions according to the provisions of the agreement, is subject to criminal prosecution, and if applicable, notification of a relevant licensing authority. In addition, Executive Directive OSPS.050.0030 says, in Section 6a, that the term, employee, as defined by policy, incudes both full and part-time employees of the Department who are temporary and/or contractual, contractors, and interns. Thus, these identified groups are subject to the same types of discipline employees are for such an infraction.

Facility Policy NBCI.050.0030 says, in Section 5A, that the Warden is responsible to ensure that every employee, contractor, and volunteer of NBCI having contact with an inmate under the authority of the facility is familiar with the DPSCS policy and the NBCI policy prohibiting sexual misconduct and follows procedure for handling all allegation.

In addition, the Code of Maryland (COMAR) 21.07.01.22, in Section 22 says that contractors are required to comply with all Federal, State and local laws, regulations and ordinances applicable to its activities and obligations under the Contract, and COMAR 21.07.01.11 says that if a Contractor fails to fulfill the contract, the State may terminate the contract.

Documentation provided included a PREA Information sheet for NBCI/WCI Contractors that identifies that NBCI/WCI have a zero tolerance policy for any type of sexual misconduct by staff, volunteers and contractors. The information sheet gives specific definitions of acts that constitute sexual abuse and sexual harassment. In addition, a Volunteer Orientation Guide also outlines the Agency's zero tolerance policy, defines sexual misconduct and informs volunteers that sanctions for committing sexual abuse or sexual harassment are prohibition from contact with offenders until an investigation can be conducted and that if the accusation is substantiated, the individual's volunteer status will be terminated and the individual will be subject to criminal prosecution if the behavior is deemed to be criminal in nature. The facility reported that there have been no instances of volunteers or contractors terminated or reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the last 12 months.

Standard 115.78 Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

Executive Directive OSPS.200.0004 says, in Section 51, "An inmate may not commit, participate in, support, or otherwise condone sexual conduct." Executive Directive OSPS.200.0004 says, in Section 5D2, that a supervisor, manager or shift commander shall, if aware of an act of alleged inmate on inmate sexual conduct, ensure that a complaint is immediately filed according to established procedures for reporting an inmate rule violation through the Inmate Disciplinary Process. Section 5F3d says that the person receiving the complaint is required to administratively doecument and process the complaint of alleged inmate on inmate sexual conduct inmate rule violations through the Inmate Disciplinary Process. In Section 5I2a, the directive states that an inmate determined to have committed sexual conduct is subject to a penalty established under the Inmate Disciplinary Process It goes on to say, in Section 5I4, that a complaint of alleged sexual misconduct made in good faith based upon a reasonable belief that the alleged sexual misconduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of sexual misconduct."

Executive Directives do not address sanctions, whether the disciplinary process considers an inmate's mental disabilities or mental illness when determining sanctions, or how the agency disciplines an inmate for sexual contact with staff . In addition, the agency does prohibit inmate participation in sexual activity but makes no mention of whether that activity constitutes sexual abuse if it is determined that the activity is not coerced. Therefore, the Facility does not meet the standard.

Corrective Action Recommended: The Agency needs to revise the Executive Directive to address all aspects of the standard.

Corrective Action Taken: Facility PREA Compliance Manager, Anita Rozas, submitted an updated Directive that addresses all aspects of the standard and thus brings the facility into compliance with this standard.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Maryland DPSCS Executive Directive, COS.200.0005, states in Section 5Ec, that whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening. In an interview, staff who perform screening for risk of victimization said they do refer all inmates who have experienced prior sexual victimization, regardless of where it occurred, for a follow-up meeting with w medical or mental health practitioner with 14 days of intake screening. Documentation presented was a spreadsheet showing names and dates of arrival and intake processing of prisoners during the audit period. The spreadsheet included columns for identifying if a listed inmate had ever experienced prior sexusl victimization, the date of referral to medical or mental health of those who had, and the

date they were seen by a mental health professional. An interview with staff who perform screening for risk of victimization or abusiveness said that if a screening indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, said that an inmate who discloses prior sexual victimization if automatically referred to mental health who then has 14 days to follow up with the inmate. That staff also said that he gets a form back from Psychology verifying that they have met with the prisoner and that he refers all prisoner who disclose, whether or not they choose to meet with the Psychologist. In an interview, a prisoner who disclosed sexual victimization during risk screening said that he was given an appointment with, "mental health and medical people that are contractors." The prisoner went on to say that, "they helped me because they came and talked to me, checked me and checked me for STDs. I thought it was good care."

(b) MDPSCS Medical Intake, Chapter 1, section A, II. Procedures, paragraph B (2.b.ii), identifies that all detainees and inmates shall be screened for prior experience of sexual abuse or perpetration of sexual abuse during incarceration or in the community at the time of intake history and physical and appropriate referrals shall be made to the mental health vendor as required by the PREA. The documentation of mental or medical health referrals, the spreadsheet, also contined a column identifying if a prisoner had prior experience as a sexual abuser, and if so, a resultant referral was also made to a mental health professional. Again, the spreadsheet contained information showing the date of the inmate's arrival at the facility, whether each inmate had experience as a victim or as an abuser, the date the referral was made and the date the follow up appointment occurred.

(c) NBCI houses only prisoners under the jurisdiction of the Maryland DPSCS and does not house jail inmates.

(d) Executive Directive OSPS.050.0030, in Section E8, says that information concerning an alleged complaint of sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating and resolving the alleged misconduct and immediate and continued care of the victim. Executive Directive OSPS.200.0004, also in Section E8, contains the same language.

Interviews with Case Managers, and Record Office staff, revealed that prisoner base files are not kept in the housing unit but are kept in the Record Office. As the Case Manager needs a file to conduct intake processing with a prisoner, they retrieve the file from the Record Office and return it when they are finished with intake processing and risk screening. This helps protect the confidentiality of information and helps ensure that any information related to sexual victimization or abusiveness that occurred in an institutional setting is kept confidential and that access is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State of local law.

(e) Maryland DPSCS Executive Directives do not address the issue of informed consent but in an interview, a social worker said that they do obtain informed consent from inmates and that they have prisoners sign a form verifying that they understand confidentiality and the absence of absolute confidentiality. In addition, the contracted health care company, Wexford Health Sources Incorporated, provided, as verification, their policy P-314 Procedure in the Event of Sexual Assault. Section II B of that policy says that, "staff medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. In addition, interviews with both medical and mental health staff verified that staff do obtain informed consent from prisoners before reporting any knowledge or suspicion of sexual abuse.

Standard 115.82 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) OSPS.050.0030, in Section 54, holds supervisors, managers, and shift commanders responsible for ensuring the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes referral for medical and mental health care follow up and non-medical or mental health related counseling services. In addition, OSPS. 200.0004 outlines that the supervisor, manager or shift commander is also responsible to if applicable, arrange for emergency medical services. An interview with the Director of Nursing verified that victims of sexual abuse receive timely, unimpeded access to emergency medical treatement and crisis intervention services. She also said that once the report is received, the inmate would be seen immediately, within hours. She also verified that the nature and scope of the treatment and crisis intervention services are determined by the professional judgment of the medical and mental health treatment staff. An interview with a mental health case worker verified that mental health also meets with an inmate, within 24 hours of an alleged incident of sexual abuse to offer supportive counseling.

(b) Executive Directive OSPS.050.330, in Section 5F3, says that while processing a complaint of alleged sexual misconduct, a supervisor, manager, shift commander or head of the unit shall immediately protect the victim from further harm and arrange for emergency medical services. It also requires staff to refer the victim for appropriate medical/mental health follow up services. Maryland DPSCS Office of Clinical Services/Inmate Health Medical Evaluations Manual, in Chapter 13, Section C, says that, "in the event there is no clinician on duty, the nurse will contact the on call clinician to make a determination regarding the need for offsite transport for forensice evaluation and to notify the local ER of the allegations of sexual assault."

(c) Contracted health care company, Wexford Health Sources Incorporated, provided, as verification, their policy P-314 Procedure in the Event of Sexual Assault. Section G4 says that, "prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases."

(d) OSPS 200.0004 verifies, in Section 53a, that medical treatment, "if evidentiarily or medically appropriate, the medical services will be provided at no cost to the prisoner. Interviews with Health Care staff also verified that the services would be provided to prisoners at no cost.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Maryland DPSCS Office of Clinical Services/Inmate Health Medical Evaluations Manual, in Chapter 13, Section I, says, "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." In an interview, the Director of Nursing said, "we deal with all their physical medical needs." A staff psychologist said, " We meet with all victims within 24 houors and offer supportive counseling If its something they reported during intake it would be that following a report, an inmate will be brought to medical for an examination to address any immediate medical needs. They would then be referred to us and we would tell them what services are offered and let them decide which ones they want to take of advantage of and when."

(b) Section IIA outlines that following a report of sexual assault, the inmate will be brought to medical for an examination and triage for medical intervention and treatment. The nurse in the examination area may make arrangements for transfer of the patient to a community hospital for a forensic examination, will contact the facility PCM to apprise them of the situation, and make a referral to the mental health vendor for follow up of the patient upon his return to the facility. All inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit and all follow-up testing related to sexually transmitted infections, HBV, RPR will be reviewed with the inmate. Any necessary additional testing or treatment will take place within 5 business days. In addition, all of the PRE related post assault follow-up clinical activities for medical and mental health care will be completed whether or not an off-site visit was indicated, including testing and prophylactic treatment for Sexually Transmitted infections and pregnancy if female. In addition, a mental health proessional will see the patient within 24 hours of his return to evaluate for any treatment needs. The Director of Nursing reported that her department deals with an inmate's physical , medical needs. A Social Work Supervisor said, "we give the the opportunity to process what's happened to the, from a mental health standpoint, and being there to not guide or push them, but to respect how much they wan to go into what happened to them. You can't make them engage, but you try to establish a rapport and always leave the door open for them to comeback when they are ready."

(c) When asked if she thought the level of care was consistent with the level of services in the community, the Director of Nursing said, "they meet the same standards. That's the law. From my experience, I would the level of services are even better in here." A Social Work Supervisor, when asked the same question, said, "In some ways, I think it's better and the reason why is because we can be more consistent. We can get both victims and perpetrators set up with care immediately and in the community it could be three weeks before either of them might get an appointment. We can also protect them in their living environment, which doesn't always happen in the community."

(d) NBCI houses only male inmates. However, the Maryland DPSCS Office of Clinical Services/Inmate Health Medical Evaluations Manual, in Chapter 13,Section II, 7 says that pregnancy tests will be administered to inmate victims of sexually abusive vaginal penetration.

(e) Section II, 9, of Chapter 13 goes on to say that they will receive timely and comprehensive information about access to all pregnancy related medical services, including abortion, along with a referral to Mental Health, if pregnancy results from the sexual abuse.

(f) The follow-up care described in section B of this standard says that testing for sexually transmitted infections, HBV and RPR will be reviewed with the inmate and any additional testing or treatment necessary will be done within five business days. Section M goes on to stay that follow up testing for sexually transmitted infections will be done within 60 to 90 days of initial testing and will include testing for HIV, HCV, and syphilis.

(g) Section O identifies that all treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(h) Section K, of Chapter 13, identifies that an alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse. In an interview, a Case Manager, who performs risk screening for victimization or abusiveness, said that an inmate disclosing prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are automatically referred to Mental Health if they disclose the information. The prisoner is given the option of being evaluated by but a referral is made whether the prisoner chooses to participate or not. The Case Manager said that when the referral is made, mental health staff have 14 days to conduct the evaluation. He also said that mental health returns a notice to the Case Manager so he knows the inmate was seen by mental health. Psychological staff confirmed that Mental Health does conduct a mental health evaluation of all known inmate-on-inmate abusers and does offer treatment if appropriate. She said that if it's an immediate issue, the evaluation would take place within 24 hours. If its something they reported during intake it would be referred to them and they would meet with them as soon as possible, within 14 days, and let them know what services they can provide.

Standard 115.86 Sexual abuse incident reviews

x Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

Executive Directive COS.020.00217 says, in Section 5D, that except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded, review the incident. It goes on to say that the review team shall consist of upper-level facility management officials designated by the facility managing official after consultation with the facility PREA Compliance Manager.

Executive Directive COS.020.00217 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the location where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment of supplement staffing in these areas. Lastly, the team is required to prepare a report of findings for the managing official and Facility PCM that identifies problem areas, necessary corrective action, and recommendation for improvement. By this Executive Directive, the managing official is charged with implementing the facility incident review team's recommendations for improvement and if a recommendation is not implemented, documenting the reason.

Facility PCM, Anita Rozas, indicated on the PAQ, that the facility had not conducted any Sexual Abuse Incident Reviews, during the Audit Period because none were required for the investigations conducted during that time. A review of the statistics presented confirmed that of 16 investigations, 4 were sexual abuse investigations and all four were determined to be unfounded. Anita did say that she reviews all PREA cases at the Reduction in Violence monthly meeting where the team discusses causes, prevention, and recommendations such as changes in rounds or whether a prisoner should be single-celled or risk assessments updated. Anita presented a report from one of those Reduction in Violence meetings that identified the team members, a description of the incident, the findings of IID, the location where the incident occurred, a review of staffing levels in the area, the need for additional or augmented monitoring technology and any recommended changes to policy or practice.

Standard 115.87 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

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

(b) Executive Directive OSPS.002.0027, in Section C1, holds the Agency PREA Coordinator responsible for aggregating the incident-based sexual abuse data annually. Agency PREA Coordinator, David Wolinski, said, in an interview, that he receives the data from IID and prepares the report based on that data. He said that he collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. He reviews the data collected with the Warden as well, prior to writing his report. The report is based on the Fiscal Year.

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

(d) Executive Directive OSPS.020.0027 also holds the Agency PREA Coordinator responsible for collecting, maintaining and reviewing the data from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Agency PREA Coordinator, David Wolinski, provided a tracking sheet that he uses to keep track of the data. It includes information such as name and number of inmates involved, both the inmate making the allegation and any known perpetrators or

suspects, date of the allegation, investigative case number, the outcome of the investigation, date of closure of the case, name of the investigator assigned to the case, date of notification of inmate complainant and the nature of the complaint.

(e) NBCI does not contract for confinement of its inmates.

(f) Agency PREA Coordinator, David Wolinski, provided a copy of the most recent SSV-2 he submitted to demonstrate that the information is submitted to the Department of Justice timely.

Standard 115.88 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

Executive Directive, in Section 5C 1 and 2, requires the Agency PREA Coordinator, or a designee, to aggreagate incident-based sexual abuse data annually. The Directive also requires the PREA Coordinator to, "maintain, review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reivews." Further responsibilities are to ensure that all aggregated sexual abuse data are included in an annual report that identifies problem areas, both statewide and in individual facilities and is used to facilitiate corrective action action at the Department and correctional facility levels. The Directive also requires the annual report to compare the current year's data, and activities, with that available from previous years, to be approved by the Secretary, and to be published on the Department's website with information that would present a clear and specific threat to the safety and security of a facility redacted.

Agency PREA Coordinator David Wolinksi, said, in an interview, "raw data is collected, on all cases, by IID, every year, and forwarded to me. We wait into the next year so that cases are mostly closed. I look at data and compare to previous years' data, looking for patterns or for anything unusual or noteworthy. Then I write the annual report for the Secretary's review and signature. When the Secretary signs it, it gets published on the web site." Mr. Wolinski also said that he doesn't typically include personal identifiers, or information that needs to be redacted because he feels that makes readers feel like the Department may be trying to hide something. A review of the website demonstrated that the information is publicly available.

Standard 115.89 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) Executive Directive OSPS.020.0027, in Section C4, requires the Agency PREA Coordinator, or a designee, to securely maintain incident-based data and aggregate data ensuring only authorized personal have access to the information.

(b) Executive Directive COS.020.0027, in Section C3F, requires that the information be made available to the public through the Department's public website that redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information and related to personal identifiers. The

Directive also requires that the sexual abuse data be maintained for 10 years from the date of the initial collection.

In an interview, Agency PREA Coordinator, David Wolinski, said that he writes the report that is published on the Department website. Said Dave, "I do not include any personal identifiers in the report so I do not have to redact anything. I think it hurts more than it helps to include information that has to be redacted because readers think you are trying to hide something." The information is currently published on the Department's public website.

AUDITOR CERTIFICATION

I certify that:

X☐ The contents of this report are accurate to the best of my knowledge.

X☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

X☐ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Yvonne Gorton 01/03/2018

Auditor Signature Date