

PREA AUDIT REPORT ☐ Interim ☒ Final
ADULT PRISONS & JAILS

Date of report: 12-6-17

Auditor Information			
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Telephone number: 616-527-2510 ext 1124			
Date of facility visit: April 5 th , 2017			
Facility Information			
Facility name: Poplar Hill Pre-Release Unit (PHPRU)			
Facility physical address: 24090 Nanticoke Road, Quantico, MD 21890			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 410-845-4580			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Ricky Foxwell / Facility Administrator William Maycock			
Number of staff assigned to the facility in the last 12 months: 0			
Designed facility capacity: 198			
Current population of facility: 198			
Facility security levels/inmate custody levels: Minimum- Work Release			
Age range of the population: 18 - 75			
Name of PREA Compliance Manager: Rose Beteck		Title: Social Worker	
Email address: rose.beteck@maryland.gov		Telephone number: 410-845-4000 x 6349 or 5548	
Agency Information			
Name of agency: Maryland Department of Public Safety & Correctional Services			
Governing authority or parent agency: <i>(if applicable)</i> State of Maryland			
Physical address: 300 E. Joppa Road, Towson Maryland, 21286			
Mailing address: <i>(if different from above)</i>			
Telephone number: 410-339-5000			
Agency Chief Executive Officer			
Name: Steven Moyer		Title: Secretary	
Email address: steven.moyer@maryland.gov		Telephone number: 410-339-5005	
Agency-Wide PREA Coordinator			
Name: Dave Wolinski		Title: Agency PREA Coordinator	
Email address: dave.wolinski@maryland.gov		Telephone number: 410-339-5033	

AUDIT FINDINGS

NARRATIVE

Poplar Hill Pre-Release Unit 2017 PREA Audit

A Prison Rape Elimination Act Audit of the Poplar Hill Pre-Release Unit (PHPRU) was conducted Wednesday, April 5th, 2017 to determine compliance with the Prison Rape Elimination Act standards. I, Christine Wakefield, was assisted by Barbara Storey, James Schiebner and Kristopher Steece, each a DOJ certified PREA Auditor.

Poplar Hill is a sister facility to Eastern Correctional Facility (ECI). Acting Facility Administrator William Maycock is the highest ranking administrator who is on site at Poplar Hill. FA Maycock reports directly to Warden R. Foxwell. Poplar Hill utilizes all of the Eastern Correctional Facilities support services including food preparation, non-routine medical services and clinics, psychology, social work, educational services and laundry. Because of the shared resources you will see references made to both Poplar Hill Pre-Release Unit (PHPRU) and Eastern Correctional Facility (ECI) throughout this report.

Pre-Audit Process

The audit began in late February with emails between the facility PREA Compliance Manager Rose Beteck and I. Ms. Beteck provided the required Pre-Audit Questionnaire (PAQ) from the facility. The standards were divided among the auditors with each reviewing the documentation for their assigned standards and using the auditor tool as a guide. Six weeks prior to the onsite visit, the facility was provided with *Audit Notices* which included auditor contact information for posting throughout the facility, for inmates to write the audit team. No letters were received prior to the on-site visit to PHPRU.

Entrance Interview Monday, April 3, 2017 and secondary Entrance Interview April 5th, 2017:

The onsite facility audit began with an initial entrance interview on Monday, April 3rd, 2017 which was held at Eastern Correctional Institution (ECI). The entire audit team was present along with Assistant Warden West, who led the meet and greets and was acting on behalf of Warden Foxwell during his absence from the facility. Also present was the highest ranking Administrator of Poplar Hill Pre-Release Unit - Facility Administrator William Maycock, as well as 20 other key staff from ECI and PHPRU, including Wexford medical and mental health administrators. During the facility greeting, the audit team and prison staff went around the room and introduced themselves. Audit team member Jim Schiebner explained the purpose of our visit, gave a brief description of the audit process, and how the facility tour would proceed, along with the audit team's expectations and requirements for a successful audit.

Upon getting on site at Poplar Hill Pre-Release Unit on Wednesday, April 5th, 2017, PHPRU Facility Administrator William Maycock conducted a secondary and very brief entrance interview in order to get a plan for the tour and he also presented auditors with facts related to PRPHU along with documentation needed for the audit. Present during this meeting was the entire audit team, ECI/PHPRU PREA Coordinator Rose Beteck, her PREA back up assistant and Case Manager C. Balam and Captain Coulbourne who is the Captain for all three shifts at PRPHU.

Facility Tour

After the entrance meeting the audit team was given a tour of the main building on site at PHPRU which includes: 3 open bay general population housing units, administrative offices, control room, visitation, intake, medical, food service, case management and shift command offices. We also toured the recreation yard, weight pit, maintenance and the education building. During the onsite tour of the facility, we did observe that the *Audit Notice* was generously posted throughout the facility, in common areas and in each housing unit on bulletin boards, and was in areas that staff and inmates both could clearly see.

The notice had the date it was hung and was initialed by Administrator Maycock. Auditors took pictures of this notice for documentary purposes.

Informal interviews - During our tour, 17 informal interviews were conducted with various male inmates and 5 informal interviews were conducted with correctional staff while walking through PHPRU. Because of the small size of the camp and small number of staff we were able to interview either formally or informally 99% of all staff working during our visit. It was very obvious throughout our tour that staff and inmates both were very well aware of the Prison Rape Elimination Act and the various available reporting processes that accompany it.

- *Inmates* - Each one of the male inmates interviewed had an obvious understanding of PREA, expressed feeling safe at PHPRU and also knew that they or a representative could report an incident if the need ever arose. Informal interviews were conducted in an open and sometimes group setting. The majority of inmates informally interviewed indicated they had received PREA educational material, either a pamphlet or watched a video, and were aware of the information on the PREA signs that were well posted throughout the facility. All inmates felt they had enough privacy to change and shower without being viewed by the opposite gender and indicated that an announcement is made over the intercom reminding the inmates of female staff presence, and inmates shared that female staff also announce "female in the unit" when entering each of the 3 dorms.
- *Staff* - All of the areas visited within the PHPRU building were staffed with individuals who were busy making rounds and monitoring key areas of the facility. Doors were locked where they needed to be and there were no areas observed which presented any sexual safety or security concerns.

Postings - PREA information throughout the facility was clearly posted/ stenciled on the walls, both in English and Spanish. Postings listed the steps that could be taken to report sexual abuse or sexual harassment incidents and provided contact information for the prisoners to report these incidents. Secondary PREA postings were hung in both English and Spanish and cited Maryland DPSCS zero tolerance policy related to sexual abuse and sexual harassment. In the hallway adjacent to the bank of prisoner phones, the PREA hotline number was also painted on the wall above each of the phones and was operational upon testing. Located in the medical office there was a posting related to PREA which outlined what sexual abuse was and also explained health care's responsibility to report specific instances related to Sexual Abuse and Sexual Harassment.

Bathroom and Showering Areas - For each of the 3 open bay housing units, (Wicomico, Somerset and Dorchester) 2 sets of bathrooms and showers which were located just outside of the wings and provided the privacy needed for changing clothes, using the toilet and showering. Shower areas were locker room style and located in an area where cross gender viewing is not an issue; toilets were inside of stalls with doors and urinals provided privacy barriers.

Searches - PHPRU sends a large number of its inmates off-site to work throughout the adjacent communities. These work crews are supervised by a Corrections Officer and also visited at unannounced times by supervision throughout the work weeks including the Captain who visits each crew at least one time each month. Upon the work crews returning to the facility they are strip searched to prevent the introduction of contraband into the facility. The strip searches for returning work crews and for prisoners returning from visits are conducted in the visit room area within partitions which provide privacy and prohibit any cross gender viewing.

Log Book - Because of the very small size of PHPRU and because each housing unit and the kitchen are within the one building there is one logbook for all of PHPRU. The log book for PHPRU was reviewed and it showed evidence of unannounced supervisory rounds from all levels, which are being conducted on all three shifts.

Staff and inmates both stated they were not made aware in advance when supervisors were making rounds and the rounds are staggered and done at different times each day. It was also evident within the logbook, and while on site that a female staff announcement is being made each hour reminding prisoners of female presence within the building. The announcement is made via intercom from the control area and is loud enough for all to hear. Also, when females are entering into a housing bay area, female staff also announces themselves just prior to coming into the open bay setting.

Inmate and Staff Formal Interviews

The random inmates and staff that were formally interviewed were selected by reviewing the facility inmate roster and staffing roster for that day. Agency interviews were conducted off site at MDPSCS headquarters. Because of the very few staff that works at PHPRU the majority of staff working was able to be interviewed. Our interviews ensured that each area of the facility was represented by both inmates and staff that live and work in those areas, and were from various ethnicities. PHPRU staff helped to direct auditors toward one LGBTI inmate in order to conduct this specialized interview. Conducting the interviews in this manner ensured that the auditors were able to gather sufficient information throughout PHPRU to help make a definitive determination of each standard. Both inmates and staff were asked specific PREA questions, derived from the PRC interview templates. Everyone interviewed participated willingly and appeared to have a good understanding of the PREA standards, or rights provided by them. Staff was very knowledgeable with PREA and inmates painted a clear picture that the PHPRU staff are doing an exceptional job of making PREA well known.

Inmate Formal Interviews - During the formal interview phase of the audit, the auditors randomly selected and spoke with a combined total of 27 inmates. The specialized inmate interview related to LGBTI Inmates was conducted with 1 inmate who considered himself homosexual. There were zero Trans-gender inmates housed at PHPRU. We also interviewed one inmate that disclosed sexual victimization in his past and he disclosed that he was asked if he wanted to see mental health in relation to his past victimization. We were unable to conduct the remainder of the specialized interviews due to there being none of the related inmates to speak with in these categories which were Disabled and Limited English Proficient Inmates and Inmates Who Reported Sexual Abuse. PHPRU does not house youthful inmates, nor does PHPRU have inmates who were placed in segregation for PREA related instances. It should be noted, PHPRU is a working camp and houses inmates that are low point, low security level prisoners who are all eligible to work out in the community which generally creates a very easily managed population. Prisoners that are eligible to be housed at PHPRU are initially screened at ECI to assure they have the appropriate score to be eligible to be housed here. Any prisoners that have special needs would be ineligible to be housed at PHPRU due to the specialized services they need being located at ECI. Inmates shared that during the intake process they are being asked questions related to their sexual safety and are provided with pamphlets related to PREA.

Random Staff Formal Interviews - 16 random staff members were formally interviewed. All staff interviewed indicated that they were knowledgeable about PREA and the agency's zero tolerance policy. They knew how to appropriately respond to a sexual assault and their mandatory requirement to report all allegations, notifications, or suspicions of abuse or harassment. All staff indicated they had been trained on PREA, which included cross gender/transgender pat searches. Staff was able to site specific steps that needed to be taken in the event they were first responders to a sexual abuse incident. All staff responded that they absolutely could not strip search a prisoner to verify sexual identification.

Security Staff and Non-Security Staff who act as First Responders – All 16 staff interviewed at PHPRU knew the steps they needed to take in the event they were the first responder to an incident or report of sexual abuse. Each stated they would separate the victim immediately and would take steps to protect the crime scene as well as instruct the victim not to destroy any of the physical evidence if it were within the appropriate time frame. They also stated they would ensure the perpetrator was not able to destroy any physical evidence and both medical and mental health would be involved immediately for both the victim and the perpetrator.

Interview of Warden or Designee - Warden Foxwell was not present the day of the PREA audit, therefore Poplar Hill Pre-Release Unit Acting Facility Administrator William Maycock acted on Warden Foxwell's behalf during his absence. FA Maycock presented auditors with the facilities staffing plan and explained how the staffing plan is documented and maintained and explained that adequate staffing levels are always taken into consideration when it comes to the safety of both inmates and staff. He also indicated that the staffing plan is reviewed annually and can be looked at earlier if the need arises. The facility does consider video monitoring as part of the staffing plan, it has 16 video cameras that are considered in the staffing plan and they primarily cover entrances to the dorms, down hallways and also cover the recreation yard and are not located in areas where inmates are showering or using the toilet. FA Maycock indicated that all of the criteria found in 115.13 related to staffing levels are considered upon assessing the staffing plan and he is able to check for compliance of the staffing plan by reviewing each shift's daily report that notes staffing and any overtime needs that may have been utilized for that day and includes any positions that were closed in lieu of calling in over time. FA Maycock stated that the facility has not undergone any substantial changes since August of 2012, but does hope to expand PHPRU's video capabilities when the resources are available. FA Maycock stated PHPRU does not have segregation and if the facility were to learn that an inmate was at risk of imminent sexual abuse, that prisoner would be immediately separated from the threat, a possibility being to either send the victim or perpetrator(s) back at ECI, due to ECI having multiple options available to protect prisoners. He explained that it would be rare that a prisoner ever be placed in segregation due to sexual victimization due to the many avenues available at ECI including protection and stated he cannot ever remember a time where this became an issue at PHPRU or ECI. FA Maycock stated that all allegations of sexual abuse and sexual harassment are investigated and reported to the Internal Investigative Division (IID) who typically would perform a PREA investigation. FA Maycock stated IID Investigators are Peace Officers therefore outside agency's typically do not take part in agency investigations, however if they ever did the facility would cooperate fully and they would remain informed by communicating with IID, who would be in communication with the outside agency. FA Maycock indicated IID would inform an inmate of the outcome of the investigation and stated PHPRU does not house youthful offenders, however if it did a report would be made immediately to social services. FA Maycock stated if a report of sexual abuse or sexual harassment was received from another facility or agency indicating an incident occurred at PHPRU, it would be reported immediately up through Warden Foxwell and to IID and an investigation would be started immediately. FA Maycock stated this has never happened at PHPRU that he is aware of. FA Maycock stated that the facility does have a plan in place that staff direct their attention to in the event an incident of sexual abuse occurs. The plan is a step by step process assuring that all steps are followed ensuring victims and perpetrators both receive the appropriate services and follow up. FA Maycock stated if a prisoner were ever a victim of sexual abuse while at PHPRU that prisoner would be monitored by speaking directly to him periodically and if necessary relocating him back to ECI. FA Maycock indicated if they ever did suspect that someone was being retaliated against, they would assure the prisoner was separated from that person(s) immediately and it would be investigated. FA Maycock indicated that volunteers and contractors are both held to the same standard as a staff member when it comes to any violation of sexual abuse or harassment toward an inmate and upon hearing of even the possibility of an alleged incident, that volunteer or contractor would be prohibited from any further contact while the investigation is ongoing. FA Maycock indicated that inmates found guilty either criminally or administratively of sexual abuse are subject to discipline and possible increase in security level and each instance would be handled on a case by case basis and the prisoners mental health is taken into account when attempting to determine the appropriate sanctions for the prisoner. FA Maycock indicated that sexual abuse incident reviews are handled each month at the "Reduction in Violence" meeting which occurs at ECI and during this meeting policies and staffing is looked at along with any video evidence or other determining factors related to the incident. This meeting has all upper level management as well as medical and mental health staff present and the team does consider how or why the incident was motivated including race, LGBTI or gang affiliation and discusses the need for enhanced staffing or whether or not better video surveillance is needed in the area.

Agency PREA Coordinator- Agency PREA Coordinator David Wolinski indicated in his interview that he normally has enough time to manage all of his PREA related duties, there are 22, soon to be 23 PREA Compliance Managers within the MDPSCS and he is in contact with each of them 2 to 3 times per year to discuss PREA related practices and issues and he also provides PREA related training to each of them. Mr. Wolinski states he communicates directly with each facility Warden or Facility Administrator and the facility PREA Compliance Manager to keep them apprised of any issues that need to be addressed. Mr. Wolinski explained that each inmates risk assessment goes into their file and is kept confidential and only designated staff have access to this information. He also stated that LGBTI inmates are not housed solely on the basis of their sexual orientation, genital status or gender identity. Mr. Wolinski states he reviews collected PREA data every year, if not more as he sees a need. The IID staff administrator gathers all the stats for the year and provides them to Mr. Wolinski and the IID Administrator stores the info electronically or in secure files. Anything Mr. Wolinski observes in the data and reports, such as patterns, he will address as needed to take any necessary corrective action. The annual report for MDPSCS is on the agency website and the report does not contain any personal identifying information. All PREA investigations are conducted by IID and any adjustments to the staffing plans are made available to Mr. Wolinski and the information contained in the reports is discussed annually. Mr. Wolinski stated that the agency has never had an allegation of abuse made by someone under the age of 18, however if even there is an occurrence it would be handled delicately

Agency Contract Administrator – PREA Coordinator David Wolinski stated the agency has assigned a PREA Compliance Manager at each facility and they ensure continued PREA compliance with contractors, and that all PREA standards and practices are being followed as related to each facility. Mr. Wolinski stated PREA compliance results have been completed for each contract, the last PREA audit was 18 months ago and conversations take place intermittently regarding each facilities status. PREA compliance results are posted on the agency website.

Facility PREA Manager – ECI/PHPRU Facility PREA Compliance Manager Rose Beteck indicated in her interview that her job title is Social Worker and she does not have the authority to make changes or instruct staff on what they need to do in order to enforce PREA standard at ECI or PHPRU. She also indicated that she is not part of the meetings to discuss staffing plans nor is she included in the Violence Reduction meetings. She does ensure that training is completed and does give direction to staff when there is an allegation of sexual abuse. PCM Beteck states she does speak with shift command when identifying issues related to complying with PREA standard and she also speaks with PFA Dave Wolinski. PCM Beteck indicated the PREA assessment scores are used to determine housing placement to assure victims and abusers are not housed together or working together. Risk Assessments are conducted by Case Management and the info contained in the assessment is restricted to certain OMS users. The overall score is the only information shared with staff in order to assure the inmates are properly housed and placed at work. PREA hotlines linked to Life Crisis are made available to every inmate in order for inmates to report abuse or harassment to an outside entity. If Life Crisis receives a call, this information is forwarded to IID. PMC Beteck stated this information is immediately sent to the Warden and PREA Compliance Manager and it is confidential and shared with only staff that needs to know. Life Crisis provides an advocate for inmates during forensic exams, ECI and PHPRU are contracted with Life Crisis, and however they have never had to utilize their services which are a part of the contract. PCM Beteck stated PHPRU is not part of a consent decree or any other stipulation requiring a dedicated facility, or area, etc. for LGBTI inmates to be housed. She also indicated that LGBTI inmates are handled on a case by case basis and during the risk assessment phase it is decided what the best placement is for such individuals and stated it is rare that a Transgender inmate would be placed at PHPRU, however if ever the time came arrangements could be made to accommodate these prisoners for privacy related accommodations and all Transgender and inmates would be reviewed and reassessed at least bi-annually and their views with respect to his own safety is given serious consideration in placement and programming assignments.

PCM Beteck indicated PREA related data is utilized to reduce the risk of sexual abuse and to assist in enhancing training, prevention and detection by knowing where and why there has been changes related to sexual abuse/harassment. PCM Beteck indicated that PHPRU has not had any sexual abuse incidents but if needed a sexual abuse incident review would be held during Violence Reduction meetings.

Intermediate or Higher Level Facility Staff – Auditors conducted interviews with 3 separate intermediate or higher level facility staff members at PHPRU and each indicated that they do unannounced rounds and in order to prevent staff from alerting each other they attempt to do rounds at different times throughout the day and will break up the way they make the rounds so staff do not become accustomed to a certain pattern. Each Supervisor indicated they sign the logbook in a separate colored ink indicating that their rounds have been made.

Medical and Mental Health Staff – There is one full time Wexford Health contractual RN assigned to PHPRU. She indicated they do not conduct forensic exams and if this is ever needed the prisoner is sent to the local hospital (Peninsula Regional) for forensic exams. The RN indicated that she has received PREA training and the training does cover all of the criteria expected in PREA standards. The RN provided me with her PREA training certificate for 2017. The RN stated that she does immediately disclose the limits of confidentiality to an inmate in the event they start to tell her of any abuse situation and pointed out a posting in the office that tells the prisoners of those limits of confidentiality and their duty to report. The RN indicated that she is mandated to report all incidents of sexual abuse and sexual harassment immediately upon hearing of any incident, however in the 4 years she has been there this has never happened to her and explained that PHPRU is normally a very quiet place to work. The RN stated that all counseling and other services that a victim or perpetrator would need are immediately available at ECI and in the event a victim or perpetrator needed these services they would be made available to both. She stated that the perpetrator would have to partake in the services and if that prisoner refused he could be disciplined. The RN indicated if a prisoner reported an incident that occurred OUTSIDE of the institutional setting, she would get informed consent prior to reporting the incident. The RN stated that the services provided to inmates are handled on a case by case basis and after assessment it is then determined which level and what kind of services the prisoner will receive. She stated that the prisoners are offered testing for sexually transmitted infections and victims of sexual abuse are offered follow up medical services as well as ongoing mental health services until no longer desired by the inmate. The RN stated that the level of services offered to inmates both medically and mentally are consistent, if not better than with the community level of care due to immediate access available.

Sane/Safe Staff – Sane/Safe personnel at Peninsula Regional Medical Center (PRI) was contacted via phone and confirmed during the conversation that they provide services for Eastern Correctional Facility and Poplar Hill Pre-Release Unit if the services are needed. PRI indicated they have SANE/SAFE staff present at the facility during business hours and there is always someone on call if after hours.

Volunteers and Contractors – I spoke with a religious chaplain who is contracted part time at PHPRU. During a phone interview with the Chaplain, he stated that he receives annual PREA training on a yearly basis which is the exact same training all PHPRU and ECI staff are required to take. The Chaplain stated the training covers the agency's zero tolerance policy along with instruction on what his responsibilities are as they relate to PREA and how to report such incidents.

Staff Who Screen for Risk of Victimization and Abusiveness – PHPRU Case Manager Balam was interviewed and indicated that he does screen each incoming inmate within 72 hours of their arrival at PHPRU, and again within 30 days for risk of sexual victimization or abusiveness. As observed by auditors, the risk screen administered to inmates is utilized by all of Maryland Department of Corrections, including PHPRU and contains questions covering all of the criteria expected within PREA standard related to age, build, height, weight, history of abuse while incarcerated and gender identity.

The inmate is screened immediately upon arrival at PHPRU during orientation and given PREA Education which consists of a video and pamphlet related to the agency's zero tolerance and includes how one should report all PREA incidents. CM Balam indicated that all risk screens are confidential and only available to those who have access to the Offender Management System (OMS) and if inmates choose not to participate in answering any or a portion of the risk screen questions they are not disciplined. If prisoners screen as a victim or perpetrator they would be relocated back to ECI due to the inability to keep these individuals separate. PHPRU has not housed transgender inmates, however if they did the facility would accommodate them assuring they had privacy while using the shower, etc. CM Balam indicated if a prisoner indicates prior victimization during risk screening they are offered medical or mental health services immediately and they would be transported to ECI for the appointment.

Incident Review Team - FA Maycock indicated that sexual abuse incident reviews are handled each month at the "Reduction in Violence" meeting which occurs at ECI and during this meeting policies and staffing is looked at along with any video evidence or other determining factors related to the incident. This meeting has all upper level management as well as medical and mental health staff present and the team does consider how or why the incident was motivated including race, LGBTI or gang affiliation and discusses the need for enhanced staffing or whether or not better video surveillance is needed in the area. He indicated if an incident were to occur at PHPRU he would attend the meeting on behalf of the facility and the incident.

Designated Staff Member Charged with Monitoring Retaliation - Upon interviewing CM Balam he indicated there has never been an incident of sexual abuse reported at PHPRU, however if this did ever occur, he would be assigned to monitor a prisoner up to 90 days and could continue to monitor longer if he felt it was necessary. He also stated he would do the monitoring by calling the prisoner out weekly to see how he was doing overall. He also indicated he has the ability to look at any other changes that could be affecting the prisoner as far as discipline or housing changes; however the face to face interview would be far more telling.

Staff who Supervise Inmates in Segregated Housing - This interview was not performed at PHPRU due to PHPRU not having a segregation unit. Inmates needing segregation would be ineligible to be housed at the facility. If there was an occurrence at PHPRU where an inmate needed protection, he would be transferred out of the facility. ECI does have a protection unit; therefore it would be unlikely a prisoner would be placed in segregation for protection if transferred to ECI.

Investigative Internal Division - Most allegations of sexual abuse and sexual harassment, criminal and administrative, are conducted by the IID unit. The IID is quite large and has many detectives stationed throughout the state, and generally all detectives are former police officers with experience in conducting investigations prior to being hired as an IID detective. The agency provided the training module required of all IID detectives before conducting sexual abuse and sexual harassment investigations, which is specialized for sexual abuse investigations. The IID division secretary provided a printout of all the IID investigative detectives who have completed the required investigative training regarding allegations of sexual abuse and sexual harassment. The documentation verified that all 30 IID investigative detectives have completed the training. A formal interview was conducted with two IID Detectives at ECI who indicated, among other things, they had received appropriate training regarding investigating sexual abuse and sexual harassment, articulated Miranda, Garrity, and Preponderance of the Evidence sufficiently, and covered in detail the process of conducting investigations in sexual abuse and sexual harassment. The agency provided the audit team with all 56 of the investigations conducted in the past 12 months regarding sexual abuse and sexual harassment at Eastern Correctional Institution and Poplar Hill (only one was actually from Poplar Hill). 15 of those investigative files were reviewed and appeared to be conducted thoroughly with appropriate outcomes. It was noted that some allegations of sexual abuse/harassment received at the IID unit were returned to the facility to investigate. Not all of these were actually investigated as required. This is later addressed in specific standards which are non-compliant.

Previous interviews with IID staff were also reviewed and utilized as a means to better demonstrate how the facility/agency did or did not comply with certain standards.

Human Resources - During a previous visit to the agency's head human resources office, a random review of 23 current employee personnel files was conducted in order to verify criminal background checks are being conducted prior to employing staff and the agency affirmatively asks applicants about sexual abuse and sexual harassment during their application process. The agency keeps documentation verifying this in each employee's personnel file. An interview with the senior HR employee present at this time was conducted. The agency's stance regarding hiring well-qualified staff as well as the agency's process for screening applicants was in fact articulated. When asked questions regarding specific facility practices, it was indicated the local HR office assigned to each facility would be the appropriate area to answer those questions. While onsite at ECI, they reported that they have had ten new employees within the last 12 months. All ten files were reviewed. Of the ten files reviewed it was found that two of them had both the completed PREA questionnaire and a completed background check. Four of the files had only the completed PREA questionnaire; however no evidence of a background check was present. The remaining six files did not have the PREA questionnaire or evidence of a completed background check present in the file. When the Human Resource staff was asked for clarification regarding the missing documents, they indicated that all the hiring and background checks are completed by their headquarters and they only have what they send them in the files. They further indicated that we would need to get those documents from their headquarters. When asked by the auditors if they could contact their main Human Resources office and have the documents faxed or emailed to them to be placed in the files to demonstrate compliance, they stated they could not.

Agency Head Interview – An interview was conducted with Martha Danner. Ms. Danner is the Administrative Assistant to the agency head, Deputy Secretary John Michael Zeigler. During the interview with Ms. Danner, it was apparent the agency head is well aware of the agency's efforts toward zero tolerance of sexual abuse and sexual harassment. Ms. Danner was able to articulate the agency's efforts to mitigate abuse and harassment through its use of technology and the open layout of its facilities. She discussed in detail the efforts of the agency's IID to conduct thorough and comprehensive investigations of sexual abuse and sexual harassment allegations, the agency's newest facility scheduled to go online later this year, and how the agency conducts reviews of cases in order to determine if there are trends that need to be addressed across the agency.

Exit Interview

On April 5th, 2017 upon concluding the tour of PHPRU the audit team conducted a very brief exit interview with Facility Administrator William Maycock. A second and larger exit interview took place later that afternoon at Eastern Correctional Institution. The audit team gave an overview of the entire audit process of both Eastern Correctional Institute and Poplar Hill Pre-Release Unit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

Post Audit Process

Auditors continued to be in contact with PHPRU audit staff in order to request further documentation and to have questions answered that arose during the report writing process. PHPRU staff were extremely accommodating and provided auditors with all documents requested and did their very best to answer questions expeditiously as they arose. Agency PREA Coordinator Dave Wolinski began working immediately to correct minor deficiencies found in 10 of the PREA standards and has remained in constant contact with auditors via email, providing the updates being made to gain compliance in these areas.

DESCRIPTION OF FACILITY CHARACTERISTICS

Poplar Hill Pre Release Unit (PHPRU) is located at 24090 Nanticoke Road in Quantico, Maryland, is a 192 bed pre-release facility which sits on 130 acres and is shared with the University of Maryland in Quantico, Wicomico County, Maryland. PHPRU is approximately 10 miles west of Salisbury, Maryland. PHPRU is managed by a Facility Administrator and came under the direction of Eastern Correctional Institution's Warden in October 1997.

Facility Staffing

The facility employs 42 staff including 31 correctional officers, 3 case managers, 4 dietary officers, 1 correctional maintenance officer, 1 office secretary, 1 part time chaplain, 1 nurse and 1 facility administrator.

Physical Plant Description

Poplar Hill Pre-Release Unit was established in 1960 and consists of 3 buildings.

Primary Building - The primary building is masonry construction of brick and block and contains all offices, housing areas and the kitchen to name a few. All of the wings and dorms within this building are accessible through one central hallway. Directly inside the main entrance is the operations wing that houses the master control area, the unit captain's office, the shift supervisor's office, case management, medical, the property room, and two holding cells. The administration wing contains the Facility Administrator's office, chaplain, multi-purpose room used for programs, etc., the inmate visiting area and men and women staff/visitor bathroom. The central hallway of the unit has three inmate dormitories consisting of 64 beds each, two recreation rooms, two inmate bathrooms each consisting of 8 toilet stalls, 3 urinals, 7 sinks, 2 washing machines and 2 clothes dryers. Each of the bathroom and showering area provides privacy and allows inmates to shower, change clothing and use the toilet without cross gender viewing. Also in the main building is the inmate property area, and kitchen/inmate dining room.

Maintenance Building - Separate from the main building is a maintenance building which is located just outside of the kitchen area and is always supervised when inmates are present in this area.

Education Building - There is also an education building (manufactured portable classroom) which has two classrooms divided by a wall, both of which are an open concept and present zero blind spots. Bathrooms in the school provide inmates privacy to use the toilet without cross gender viewing. There is also a staff training building, and a covered boat shed located on the property.

Recreation Yard - The Recreation yard overlooks a small lake and has a large outside yard with a baseball field, covered weight pit, a basketball court and a handball wall to provide recreation and leisure activities to the 192 prisoners at Poplar Hill.

PHPRU Programs and Services

PHPRU inmates participate in several community projects such as providing produce for the local food bank, cleaning and maintaining a historic cemetery in Salisbury and cleaning the streets in Mardela Springs, Maryland. PHPRU staff and inmates has been involved in a partnership with the City of Salisbury by supplying inmate labor to the city (Salisbury Neighborhood Services) to support the Governor's Grant for "Project Safe Streets." A multi-agency collaborative effort with the Salisbury Police Department, Salisbury Mayor's Office, Wor-Wic Community College and Salisbury Goodwill Industries maintain a Re-Entry and Pre-Apprenticeship Program where selected local inmates receive nationally recognized certifications (NCCER) in fork lift/high lift, Roadside Flagger Certification course, Safe Serve Certification, Welding, workforce preparedness, Certificate of Completion for the Office Computer training, and Parenting Classes provided by the Wicomico Partnership for Families and Children.

Alcohol Anonymous and Narcotics Anonymous are available to inmates, along with a local mentoring group who are conducting Dave Ramsey's Financial Peace University. In addition to educational opportunities and in house jobs, PHPRU provides the services of 40 inmates to who provide labor to serve the citizens of various non-DOC partners including other state agencies, county and local city. There are approximately 30 more inmates who are on work release and employed by local employers in the community.

Poplar Hill provides transition to pre-release custody by making greater use of community resources, work release, and family leaves during the final phases of an inmate's incarceration. Poplar Hill Pre-Release Unit's mission is to assist the inmates in preparing for a successful re-entry into the community.

Miscellaneous

PHPRU is an open setting and has no security fence around the unit; it borders the Nanticoke River to the rear and is approximately 1 mile off the MD route 349, Nanticoke Road. There is a basic camera system consisting of 16 cameras with recording abilities. The camera system is currently being considered for upgrading.

Poplar Hill Pre-Release Unit Prisoner Count

The prisoner count was at 198 at the beginning and end of our tour

Poplar Hill Pre-Release Unit Video Cameras

There are 16 video cameras located at PHPRU, all of which are used for viewing common areas, and are positioned so that prisoners are able to dress, shower and use the toilet privately. The Cameras are positioned in hallways, entrances to dorms, in the rec rooms, inmate dining room and the outside court yard. There are no cameras inside of the prisoner living areas. During our entrance interview, Facility Administrator Maycock did express the desire to have more cameras installed upon having the financial resources to do so.

SUMMARY OF AUDIT FINDINGS

115.11: PHPRU's PREA Compliance Manager does not have sufficient time or authority to address or ensure PREA standards are being met. This is evident by the number of non-compliant standards.

115.13: PHPRU's staffing plan does not incorporate all the elements required in this standard. There is no evidence that PHPRU conducts a staffing plan review with the agency PREA Coordinator.

115.53: PHPRU inmates and staff were not aware of outside confidential services available to inmates. The facility did not provide documentation to show how inmates were provided with outside victim advocates, mailing address, phone numbers or contact information for any agency to provide these services.

115.63: Maryland DPSCS directive contradicts PREA standard. If an allegation is received about an incident that took place at a previous institution, the facility head makes notification to the IID who then notifies the other facility head or appropriate office where the alleged incident occurred. The standard requires the facility head to make the notification, not the IID.

115.64: Maryland DPSCS directives did not contain any verbiage related to all Staff First Responder duties. The agency did not provide any documentation in reference to a non-security staff member and their responsibilities if they were to be the first responder.

115.67: PHPRU is not conducting retaliation monitoring of inmates who report allegations of sexual abuse.

115.71: PHPRU staff are conducting investigations and have not been properly trained to conduct PREA related investigations. Maryland DPSCS does not include the requirement to interview suspected perpetrators within appropriate agency directives.

115.78: Maryland DPSCS does not have a policy that addressed the discipline for inmates who engage in sexual contact with staff.

115.81 Maryland DPSCS policy complies with sections a-d of this standard. However, agency policy did not speak of informed consent until very recently due to another recent audit finding. PHPRU is using a consent form that does not address informed consent for reports of sexual victimization which did not occur in the institutional setting.

115.86: PHPRU/ECI is not conducting Incident Reviews as required.

SUMMARY OF CORRECTIVE ACTION PERIOD

ECI and PHPRU were placed into a Corrective Action Period and provided with direction and recommendations in order to comply with each standard that was non-compliant. During the Corrective Action Period, the agency completed all the required updates and changes to their policies and procedures and forwarded all supportive documentation to the audit team for review. During a statewide Warden's meeting, the agency PREA Coordinator presented a PREA overview and specifically addressed issues that arose during the DPSCS PREA audits, including changes to policies. ECI/PHPRU made significant changes; the most notable was appointing a new PREA Compliance Manager and ensuring they have enough time dedicated to comply with all PREA standards. ECI/PHPRU submitted all requested documentation showing the actions they took to ensure the sexual safety of their inmates is maintained. At this time, the Poplar Hill Pre-Release Unit is in full compliance with all standards. Responses to items that needed to be addressed are included in this report for the details and specifics on how each standard was found to be compliant, including those initially under corrective action.

Number of standards exceeded: 0

Number of standards met: 43

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): Maryland Department of Public Safety and Correctional Services (MDPSCS) does have written policies and operating procedures in place mandating zero tolerance toward all forms of sexual abuse and sexual harassment. MDPSCS practices are precise in outlining the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. MDPSCS has implemented Secretary's Directive DPSCS.020.0026, effective August 19, 2016 which states "this directive continues policy for the Department of Public Safety and Correctional Services concerning sexual abuse and sexual harassment of an inmate. Furthermore, the directive continues to state the Department does not tolerate sexual abuse or sexual harassment of an inmate and in section 5-G, the Department shall continue an aggressive approach to preventing, detecting, and responding to acts of sexual abuse and sexual harassment involving an inmate. Section 5-F requires the Department to ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual abuse and sexual harassment involving an inmate comply with applicable national standards established under the authority of PREA. Additionally, MDPSCS has provided a copy of Executive Directive OSPS.050.0030; Sexual Misconduct-Prohibited, effective June 26, 2015 which states the Department does not tolerate sexual misconduct by an employee, by either omission or commission, and does not consider alleged or actual consent as a defense to an allegation of sexual misconduct. Executive Directive OSPS.200.0004, Inmate on Inmate Sexual Conduct-Prohibited, effective November 13, 2015 also prohibits inmate-on-inmate sexual conduct of any sort.

The Eastern Correctional Institution (ECI) provided Institutional Directive ECI- 124.0000 which supports and upholds all agency standards for Poplar Hill Pre-Release Unit (PHPRU). The directive clearly explains that PHPRU has a zero tolerance for any acts of sexual abuse, assault, misconduct or harassment. The directive is well detailed and provides information regarding prohibited behaviors, and requirements for training and education of staff and inmates. It also covers inmate screening for risk, reporting and responding duties and treatment for victims of sexual abuse and sexual harassment.

(b): MDPSCS provided the agency's organizational chart identifying David Wolinski as a Special Assistant to the Deputy Secretary for Operations for the MDPSCS. Mr. Wolinski is the agency's PREA Coordinator. As an assistant to the number two position within the MDPSCS, Mr. Wolinski is in a position to have the authority and impact necessary to carry out the duties of a PREA Coordinator as required by this standard. Upon interviewing Mr. Wolinski, he indicated he has sufficient time and authority to manage his PREA related responsibilities on behalf of the agency. Furthermore, Mr. Wolinski stated he has the authority to make changes and implement policy on behalf of the agency in order to improve PREA efforts. Mr. Wolinski also stated he and a Major are actively involved in the annual staffing plan reviews of each correctional facility within the DPSCS. In addition to Mr. Wolinski's PREA compliance duties, he is responsible for gathering aggregate data in order to assess and improve efforts toward sexual abuse and sexual harassment prevention.

Specifically, Mr. Wolinski reviews the information gathered in order to look for trends or pockets of allegations to determine whether changes need to be made to policy or practice within a particular location or facility. Mr. Wolinski indicated there are 22 PREA Compliance Managers within the MDPSCS. He regularly interacts with them through email and telephone calls, as well as during site visits to the facilities.

The agency has Policy Directives in place supporting section (b) of this standard. Secretary's Directive DPSCS.020.0026, effective August 19, 2016 mandates, under section 5-A that the Secretary shall designate a Department PREA Coordinator. Section 5-B mandates the PREA Coordinator 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. At a minimum, the PREA Coordinator is responsible for oversight of Department prevention, detection, and response activities designed to support the Department's zero tolerance policy for sexual abuse and sexual harassment of an inmate, ensuring the Department PREA-related activities comply with federal PREA standards, authorizing procedures for the Department related to prevention, detection, and response to acts of sexual abuse and sexual harassment involving an inmate, and ensuring preparation and submission of PREA-related reports.

(c): PHPRU provided documentation indicating that Rose Beteck, who is a social worker at ECI, has been designated as the PREA Compliance Manager for PHPRU. Ms. Rose Beteck reports to the facility Warden Ricky Foxwell. During an interview with Ms. Beteck, she indicated that PREA is very time consuming and she does not have sufficient time to complete her duties as a social worker, along with assuring that the facility is compliant with PREA. In addition, she stated that given her position as a social worker, she does not have the authority to assure facility compliance with PREA standards.

The agency/facility offered evidence showing support of this standard, Secretary's Directive DPSCS.020.0026, effective August 19, 2016, section 5-C, requires the managing official for each Department detention, correctional, and community confinement facility, shall identify a PREA Compliance Manager (PCM) for that facility. The PCM shall have the authority to independently act on behalf of the managing official on facility PREA compliance activities.

CORRECTIVE ACTION:

Due to the ECI/PHPRU PREA Compliance Manager not having sufficient time or authority to assure facility compliance with PREA standards, the facility does not meet the requirements of this standard. Within the 180 day corrective action period PHPRU will need to ensure sufficient time and resources are being afforded to the facility PREA Compliance Manager. Also, the PREA Compliance Manager needs to have sufficient authority to coordinate the facility's efforts to comply with the PREA standards. ECI/PHPRU has already made some necessary changes in this area and is working toward compliance with 115.11.

RESPONSE: ECI/PHPRU appointed a new facility PREA Compliance Manager (PCM). The new PCM is a Captain and has been given ample time to devote to addressing PREA standards. He is also being provided with additional training to guide him in this new assignment. An interview was conducted with him and it is apparent he is taking this new position and responsibility seriously and is already knowledgeable about PREA standards. In addition, ECI/PHPRU is now compliant with all standards which clearly shows that significant changes have been made.

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.

(a): Maryland Department of Public Safety and Correctional Services (MDPSCS) contracts with "Threshold, Inc." for its pre-release services. MDPSCS provided a July 2016 copy of the contract with "Threshold, Inc." as documentation of meeting this standard. The contract, under sections 25.3 and 25.4, requires "Threshold, Inc." to comply with all Federal, State and Local laws, regulations, and ordinances applicable to its activities and obligations under this contract, and; shall fully comply with the standards set forth in the Prison Rape Elimination Act of 2003, and with all applicable regulations issued by the U.S. Department of Justice.

(b): Under the inspections and evaluations portion of the contract (2.10.1), the Contractor shall permit the Contract Monitor or authorized representatives to conduct audits, physical inspections, and evaluations of the Center at any time during the contract period. The Department's Contract Monitor or authorized representatives may enter the Center at any time without prior notice to the Contractor. Additionally, MDPSCS provided a copy of the most recent PREA audit completed at "Threshold, Inc." The audit report, dated September 24, 2015 shows "Threshold, Inc." is in full compliance with PREA. This is the only agency contracted by the MDPSCS and complies with the requirements of the standard.

Todd Butler conducted the contract administrator interview with the agency PREA Coordinator, David Wolinski on March 1, 2017. The interview revealed that Maryland DPSCS has assigned an agency staff member s the PREA Compliance Manager/Contract Monitor at each contracted facility to ensure continued compliance with the contract and with PREA. Mr. Wolinski has regular intermittent conversations with the contractor and with the Contract Monitors regarding the facility's continued compliance. The final report for the contracted facility's audit has been posted on the agency's website.

Standard 115.13 Supervision and monitoring

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

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): MDPSCS Staffing Analyst and Overtime Management establishes a staffing plan for the facilities to comply with on a regular basis and states that all facility staffing plans are reviewed annually. Maryland Executive Directive OPS.115.0001, effective September 4, 2015 assigns responsibilities and authorizes a procedure manual for the MDPSCS to manage security staffing and overtime at a correctional and detention facility. While the agency policy does not specifically address all of the sub-sections of this standard, it is evident that PHPRU has developed, documented and continues to make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing.

The policies provided do not specifically address items 1-11 of section (a) of this standard. PHPRU did provide their June 13, 2016 completed facility staffing plan and annual review and it does incorporate some of the factors from this section, but does not address all of them. PHPRU also provided documentation outlining their enhanced coverage with video monitoring throughout most of the institution. The Facility Administrator indicated during an interview that there is a video monitoring plan which Administration is in current discussions with regard to installation of new cameras.

Through interviews of PHPRU administration and review of the staffing plan and bi-annual reviews, it is evident that PHPRU makes a good effort to comply with a staffing plan that provides for adequate levels of staffing; However, the staffing plan and annual review documentation does not sufficiently address all 11 components outlined in the standard.

(b): During an interview with the Facility Administrator, he reported that “collapsed positions” are considered based on the safety and security of the facility and inmates; in addition, he provided a detailed explanation from the Facility Staffing Plan Summary outlining the information that is considered and what steps are followed to ensure enough staff are assigned to cover essential areas where inmates are housed and active, ensuring the sexual safety of the inmate population. He also indicated that each shift submits a daily staffing plan at the conclusion of each shift, which will indicate if any positions need to be closed along with the reason. He also stated that if in the event a position has to be closed; inmate activities are suspended in this area if there is no available coverage. As evidence to support this standard, MDPSCS provided Directive DCD# 110-29, Collapsible Posts, issued August 1, 2001, which establishes a policy whereby specified posts may be collapsed to perform other essential security functions. This policy is to be utilized by wardens as a management tool to control overtime. It is the policy of the Department to allow managing officers to identify posts that may be collapsed in order to perform other more vital security assignments and reduce overtime usage. In order to ensure the safety of staff and inmates, the managing officer or designee shall select Operational Security Levels (OSL) for posts. The OSL for each post is designated on the Facility Staffing Plan (FSP), as well as all shift Post Assignment Worksheets. Each OSL level has specific guidelines which the managing officer must follow when there is a need to collapse a post. OSL 1 posts may be collapsed for the duration of a shift while maintaining normal operations without interruption. OSL 2 posts may be collapsed during periods of diminished staffing levels by reducing operations while still maintaining institutional security, this may limit some activities. OSL 3 posts are only collapsed in a complete institutional lock down. OSL 4 posts shall not be collapsed except in an emergency; these posts remain staffed during a lock down.

Section VI-D of the policy mandates that posts shall be collapsed so as not to jeopardize the security, safety, and welfare of staff or inmates. The MDPSCS Staffing Analysis and Overtime Management Manual also include the responsibility and instructions of collapsing (closing) assignments. Documentation was provided for justification of incidents in which there was an assignment(s) collapsed and there was deviation from the staffing plan. The Special Assignment Post Request/Justification forms were reviewed and provided sufficient justification for assignments which were being collapsed.

(c): The agency did provide sufficient documentation to show that MDPSCS along with PHPRU does review staffing plans at least on an annual basis. During the interview with the Facility Administrator, he did indicate that there is communication with the Agency PREA Coordinator on an annual basis to determine whether any adjustments are needed to the staffing plan and any other technologies that ensure PHPRU prisoner sexual safety. As evidence to support the standard, MDPSCS provided their Staffing Analysis and Overtime Management Manual which echoed the requirements set forth in the executive directive listed below. Specifically the purpose outlined in the manual states "to establish policy and procedures to ensure safe, secure and efficient staffing of DPSCS facilities."

Section VI also reaffirms the managing official shall maintain a current Facility Staffing Plan (FSP) approved by the Commissioner and the managing official, or designee, shall ensure 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.

Executive Directive OPS.115.0001, effective September 4, 2015, section .03-B-5 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 .05-C-2 states at least annually, or on an as needed basis, the managing official is responsible for conducting a review of the existing Facility Staffing Plan 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 to the above Executive Directive, 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. Maryland DPSCS OPS.115.0001, section .05, indicates the facility will annually, in collaboration with the PREA Coordinator, review the staffing plan to see where adjustments are needed in the plan, monitoring equipment, or the allocation of facility resources are needed to ensure compliance. PHPRU conducts reviews of the Facility Staffing Plan twice a year to ensure the safety and security of the facility, as well as to protect staff and inmates and to ensure the sexual safety of the inmate population.

While the agency policy does not require a review of the Facility Staffing Plan be conducted with the agency PREA Coordinator, OPS.115.0001, section .05, does require a review of a facility staffing plan be conducted and reported to the Executive Director's Office using the required form (agency directive attachment) for review and approval by the Executive Director or designee. The agency PREA Coordinator, Mr. David Wolinski indicated that he and the Major assigned to assist each facility within the agency with the annual review of the facility's staffing plan discuss each of the facility staffing plans. He then sends an email to the facility indicating he has reviewed the staffing plan and provides comments and/or direction when necessary. The Facility Administrator and PREA Compliance Manager indicated that Mr. Wolinski does send an email with regard to his review of the Facility Staffing Plan and he is in contact with them regarding PREA compliance.

(d): During the audit tour, area logbooks were reviewed and clearly showed a heavy presence of multiple first line, intermediate and higher lever supervision log entries. These log entries were made at different times throughout each day, showing that supervisory rounds are being done at random times. There were no negative patterns found in the supervisory log book entries. Multiple supervisory signatures were present in the site log book, on all three shifts, and were signed in a different color ink which made it easy to review supervisory presence. Also, during the tour, there was a heavy presence of supervisory staff in and out of each area of the prison. Random interviews with prisoners also helped to support the fact that supervisors are prevalent and available to an inmate if needed. Interviews with intermediate and higher level supervisors, as well as, housing unit staff also confirmed that unannounced rounds are being conducted and line staff are aware that they are prohibited from announcing to other staff that a supervisor is entering their area.

MDPSCS provided executive directive OSPS.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015.

This directive specifically states in section D, item 1, 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 continues on to state that except when necessary to prevent prohibited cross-gender viewing of an inmate or as part of a legitimate facility operation, 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.

Corrective Action Plan: PPHRU will need to review their current staffing plan and make changes to ensure they consider: (1) generally accepted detention and correctional practices; (2) any judicial findings of inadequacy; (3) any findings of inadequacy from Federal investigative agencies; (4) any findings of inadequacy from internal or external oversight bodies; (5) all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) the number and placement of supervisory staff; (8) institution programs occurring on a particular shift; (9) any applicable State or local laws, regulations, or standards; (10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) any other relevant factors, and ensure that this annual review is conducted in consultation with the agency PREA Coordinator. The updated staffing plan will need to be submitted to the audit team for review, along with documentation showing that the annual review which considers all 11 factors has been conducted in consultation with the agency PREA Coordinator. This should be done within the 180 day corrective period.

RESPONSE: Executive Directive OPS.115.001 was submitted with updates that included all of the PREA factors to consider when determining adequate staffing levels. A staffing plan development checklist was also submitted, which contains all factors listed in this standard. The Executive Directive and checklist were disseminated to all DPSCS facilities. ECI/PPHRU updated their staffing plan to include the PREA factors and the staffing plan was reviewed by the agency PREA Coordinator. ECI/PPHRU submitted a memorandum indicating posts (assignments) dealing with the safety and security of prisoners are never collapsed. Facility schedules were submitted for various weeks during the Corrective Action Period. A close look at these schedules confirmed that posts are not collapsed that deal directly with safety and security; therefore, inmate sexual safety is not compromised.

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.

Poplar Hill Pre-Release Unit does not house youthful inmates. According to MDPDS directive-100.0003, Separation of Adult and Juvenile Detainees, all youthful offenders are housed at a juvenile institution or a housing unit designated for juvenile offenders; there are no youthful inmates being housed at PPHRU nor are there housing units designated for youthful inmates at PPHRU. During the interviews with William Maycock (Facility Administrator), Rose Beteck (PREA Compliance Manager) and Charlie Balam (Case Manager), they all stated that there were no youthful inmates being housed at PPHRU.

Further information provided through staff interviews indicated that the MDPSCS is in the process of constructing a new facility which will house juvenile offenders.

Standard 115.15 Limits to cross-gender viewing and searches

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

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): PHPRU reported in the PAQ that there were no instances in the past 12 months of cross-gender searches, including strip searches, body cavity searches and pat-down searches. During staff interviews, all staff indicated that neither cross-gender strip searches nor cross-gender visual body cavity searches are conducted and these cross-gender searches would not occur unless it was an emergency, and in those cases a supervisor would need to authorize and appropriately document the search.

The facility also provided the Maryland DPSCS, executive directive OPS.110.0047, Search Protocol-Inmates, effective April 15, 2015. It states in section F(4) that an inmate strip search shall be conducted by a single correctional officer of the same gender as that of the inmate being searched; in a location and manner that ensures maximum privacy for the inmate being searched; and in the presence of additional correctional officer. The training documents provided regarding strip searches states the officer conducting the search shall be the same sex as the inmate being searched. The standard continues to state, "Ideally, another officer, also of the same sex should be present."

(b): Section (b) of this standard is not applicable as there are no females housed at PHPRU.

(c): The facility PAQ reported zero instances of cross gender searches occurring in the last 12 months at PHPRU. During interviews with random staff and inmates, it was evident that cross-gender strip searches and body cavity searches do not occur at PHPRU. In addition, there are no females housed at PHPRU.

In addition, PHPRU provided MDPSCS, executive directive OPS.110.0047, Search Protocol-Inmates, effective April 15, 2015. This directive provides detailed information regarding personal searches of inmates which supports that PHPRU is in compliance with inmate search requirements as mandated by this standard. The latter part of section (c) of this standard is not applicable, as there are no female inmates housed at PHPRU.

(d): During the tour of PHPRU, it was evident that the female staffs announce their presence when entering a housing unit or an announcement is made, upon entry of a female staff person into the housing unit, informing inmates that a female staff is in the housing unit. While conducting random and specialized interviews with staff and inmates, they also confirmed and that "knocking and announcing" is occurring on all three shifts, each time a female staff enters a housing unit. During the audit tour, it was obvious that inmates had sufficient privacy to change clothes, perform bodily functions and shower without direct cross-gender viewing by staff.

Showers were located in an area allowing privacy from staff of the opposite gender viewing their breasts, buttocks or genitalia and all inmates interviewed indicated they felt they had enough privacy to change clothes, shower and perform bodily functions without being viewed by the opposite gender. Further evidence was presented to support that this standard is being followed by MDPSCS and PHPRU: Maryland DPSCS, executive directive OSPA.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015 defines "cross gender viewing" as an employee observing the breasts, buttocks, or genitalia of an inmate of the opposite sex while the inmate is showering, performing bodily functions, changing clothing, or any similar activity. This directive also defines "sexual misconduct" to include cross gender viewing, if performed without warning by non-medical staff at times other than incidental to routine cell check, supervisory rounds to prevent sexual abuse and harassment, or exigent circumstances.

(e): During interviews of random staff, it was clear that staff knew they could not conduct a search or examine a transgender inmate for the sole purpose of determining the inmate's genital status. Staff also indicated that this was part of their annual training. During an interview with the Case Manager, he stated that there has never been a Transgender inmate housed at PHPRU, however if they ever do intake a Transgender inmate, appropriate PREA standard requirements will be followed by PHPRU staff. PHPRU does show support of this practice in facility policy, ECI-124.0000, Sexual Misconduct-Prohibited, which states, "(13-14) Transgender inmates and inter-sex inmates will be verified through the Medical Department. Should it become necessary to pat search a transgender or inter-sex inmate, the supervisor will contact medical for verification. Once the inmate is verified by medical as being transgender or inter-sex the officer will ask the inmate if he prefers to be pat searched by a male or female officer. The transgender inmate will document his choice on an inmate statement form prior to the pat search. The pat search shall only be conducted by the gender choice of the inmate. The inmate statement form will be forwarded to case management. At no time will a transgender or inter-sex inmate be strip searched to ascertain their sexual orientation."

Also, Maryland DPSCS, executive directive OPS.110.0047, Search Protocol-Inmates, effective April 15, 2015, states in section F(3), Strip searches of transgender and intersex inmates, states a strip search may not be conducted for the sole purpose of determining the inmate's genital status. Subsection (b) states when circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. While there have not been any transgender inmates housed at PHPRU, all staff clearly indicated that searching a transgender for the sole purpose of determining the genital status is not allowed and would not occur at PHPRU.

(f): PHPRU Training staff presented the PREA training module which is given annually to all PHPRU staff. This module demonstrated that it does train staff in how to conduct cross-gender pat down searches and searches of transgender and intersex inmates professionally and respectfully. As further evidence to show support of this standard the Maryland Police and Correctional Training Commissions Lesson Plan for security custody and control, dated November 2, 2015 was presented. This lesson plan covers searches of inmates, including cross-gender and transgender inmates. The lesson plan gives clear and detailed instruction on how to conduct these searches and includes a video on transgender searches. Training records were reviewed for randomly selected PHPRU staff. Of those selected, all have had training covering PREA, LGBTI inmates and training covering searches of inmates, including cross-gender and transgender inmates. All staff interviewed also confirmed that they have had this training and complete it annually.

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)-(b): The Maryland Department of Public Safety and Correctional Services (MDPSCS) does have directives in place to ensure that inmates with disabilities are treated equally, and are able to benefit from all agency and facility efforts related to PREA. MDPSCS, division of correction directive, DCD # 200-1 states under section VI(c) each warden shall ensure that newly received inmates are provided information about inmate rights, general institutional schedules, procedures and institutional plans. This orientation may be provided through group sessions or by giving the inmate an orientation package. Subsection (1) of this directive states special assistance shall be provided to inmates with language or reading problems. Furthermore, executive directive OEO.020.0032, Limited English Proficiency (LEP), states that the department shall take reasonable steps to ensure that LEP individuals receive meaningful access to programs and services.

The department is required to provide language assistance services in accordance with applicable State and Federal law. The PHPRU requires that prior to being placed in to general population, each Inmate is provided with an orientation to the facility. Inmates are provided a copy of the inmate handbook in English or Spanish (whichever applies) for information and orientation purposes. The handbook includes information on PREA, access to health services, the grievance system, medical co-pays, etc. It also requires that if the inmate declares illiteracy, the handbook will be read to the inmate, or as appropriate, other orientation tools may include the showing of videos (in English and Spanish as required) and the completion of intake forms. In addition, non-English speaking inmates will be provided with interpretive services. A signed acknowledgement form is to be obtained from the inmate(s) and forwarded to case management for inclusion in his base file. During an interview with the Case Manager, he provided auditors with PREA education in both English and Spanish, and indicated that there were staff available who speaks other languages, as well as an interpreter service, if there is no staff available or no staff who speak the language necessary for interpretation. In addition to the interpreter services, there are videos, pamphlets and postings regarding PREA readily available to inmates in both English and Spanish; however, PHPRU does not currently house any inmates who have disabilities or language barriers requiring the need for interpretation.

(c): PHPRU reported no instances of interpreters being utilized in the last 12 months; however, the PREA Compliance Manager provided a list of interpreter services that will be utilized in the event an interpreter is needed. Statewide language interpretation services contracts have been awarded to Telephonic Language Interpretation, Vital Written Documents Translation, and Onsite Language Interpretation. PHPRU Inmate files were reviewed and signed acknowledgements were present.

During the tour of the facility, both English and Spanish PREA documents were present and available. Interviews with random facility staff confirmed that inmates would not be used as interpreters and that interpreter services were available. Staff did state if it was an emergent situation and if information was needed right away, they would utilize an inmate to get details needed to better understand the situation.

The agency showed that I Speak Cards are available to the facilities and are utilized to assist with determining the appropriate interpreter service needed to communicate with inmates. There were no hearing impaired or vision impaired inmates currently housed at PHPRU; however, staff did show that the appropriate tools are available for these types of disabled inmates in order to promote effective communication.

To show further support of this standard, PHPRU provided executive directive OSPA.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015 which states, in section E(6), that inmates, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, their performance of first responder duties, or the investigation of an inmate's allegation. Additionally, PHPRU provided executive directive OSPA.200.0004, Inmate on Inmate Sexual conduct-Prohibited, effective November 13, 2015, which states, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation, inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates.

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): Upon interviewing Human Resources Officer, Karen Alston-Hatcher, she indicated every new employee, contractor or volunteer undergoes a criminal background check before being allowed access to MDPSCS facilities or contact with inmates. Furthermore, the applications for employees, contractors and volunteers ask the applicant directly whether they have been involved with past sexual abuse or sexual harassment. Additionally, a review of applications for newly employed staff from the past 12 months confirms the practice is implemented as Ms. Alston-Hatcher indicated.

MDPSCS does have executive directives in place which show support of this standard. MDPSCS executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states the Department shall investigate the background of all prospective employees, promotions and contractual service providers who have direct contact with inmates to determine suitability for hire or promotion under the standards established by the Prison Rape Elimination Act.

Section F (1) (a)-(c) of this directive states:

(1) 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:

(a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

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

(c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B (3) of this directive.

Maryland executive directive ADM.050.0041, Criminal History Records Check-Non-mandated Employees, effective June 5, 2013 outlines, in detail, the processes required of the Department to conduct criminal history checks before an employee begins to perform duties and responsibilities of employment. This includes conducting criminal history records checks as mandated in this standard.

(b): Again, reviews of employee records show the applications utilized by the DPSCS directly ask applicants whether they have been the subject of sexual harassment in past. During the interview with Ms. Alston-Hatcher, she verified this information is considered when determining whether or not to hire or promote anyone who may have contact with inmates. Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states in section F(2) that Human Resources shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate.

The Department affirmatively asks all the appropriate questions necessary to comply with this standard on the Personal Interview Form-Correctional Applicant. The Department also provided a memo from the executive director of the Office of Personnel Services and Benefits permitting the Maryland DPSCS to consider questions regarding convictions of sexual abuse and harassment while making hiring and promotion decisions.

(c): During the interview with Ms. Alston-Hatcher, she verified that background checks are performed on every applicant before offering a position, and they do consider pertinent civil or administrative judgments when determining whether or not to hire or promote anyone who may have contact with inmates, including contractors. Furthermore, DPSCS utilizes a system titled the "State Rap Act" which continuously monitors all staff for law enforcement contact. If contact is made, the agency is immediately notified of the contact and the details surrounding the incident. During interviews with on-site Human Resource staff, they indicated that MDPSCS Central Human Resource staffs conduct initial criminal background checks on newly hired employees and the information is maintained in the employees' files; however, staff reported that there were no new hires at PHPRU during the audit period.

Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states, in section F(3), before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall conduct a criminal background records check and consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse.

(d): MDPSCS and PHPRU do require that a criminal background check is completed prior to enlisting the services of any contractor. This was confirmed during the interview with Ms. Alston-Hatcher. Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states, in section F(3)(c) states before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background records check of the contractor's employees who may have contact with an inmate.

(e): MDPSCS and PHPRU do require that background checks are conducted at least every five years for current employees and contractors. Furthermore, the agency demonstrated their participation in the State Rap Act, which monitors employee contact with law enforcement on a continuous basis (24/7). If an employee has any contact with a law enforcement agency, the contact is immediately reported to the agency. This exceeds the requirement of a background check once every five years.

A review of new employee applications did verify each employee has undergone an initial criminal background check. Ms. Alston-Hatcher also acknowledged this practice is occurring during her interview. In further support of this standard, I reviewed executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 which states, in section F (3)(d) Human Resources shall conduct criminal records background checks every five years on employees or a contractor's services provider who may have contact with an inmate.

(f): MDPSCS provided the PREA guidelines for hiring, promoting and transferring employees that requires all applicants who report for an interview must read and complete the "PREA Interview Questions for Non-Mandated Positions, Mandated Positions, Promotional and Transfer Candidates." The questionnaire affirmatively asks all the questions outlined in this standard. The applicant must provide the response in writing as well as sign and date the questionnaire.

Reviews of employee records show the applicants have completed the pre-employment application which directly asks applicants about past sexual abuse and sexual harassment and their records contain the interview questions mentioned above. Ms. Alston-Hatcher confirmed in her interview that the agency does require all employees and applicants to disclose verbally and/or in writing any previous or withstanding misconduct pertaining to sexual abuse or sexual misconduct, of any kind that they may have been convicted of, including any civil or administrative judgments. Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states, in section F (4) (a)-(b) the HRSD shall inquire of each applicant and current employees who may have contact with an inmate directly about previous misconduct described in §.04B (3) of this directive in a written application or interview for employment or promotions and an interview or written self-evaluation conducted as a part of a review of a current employee.

(g): The interview with Ms. Alston-Hatcher confirmed that employment would be terminated if it was ever discovered an employee falsified an application or gave false information during the application process. Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states, in section F(5) a material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment.

(h): The Department did supply the auditor with documentation showing that personnel files, which includes substantiated allegations of sexual abuse or sexual harassment involving a former employee, would be made available to a requesting institution for their review prior to transferring or promoting an MDPSCS employee. During the interview with Human Resources Officer Karen Alston-Hatcher, she indicated that if an employee applies for work at another institution, the departing facility would accommodate any requests for information related to a former employee being investigated for substantiated allegations of abuse or sexual harassment from another institution.

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-b): The Agency Head interview was conducted with Ms. Martha Danner, who is the Special Assistant to Deputy Secretary John Michael Ziegler. Ms. Danner indicated there have been no new facilities or substantial expansions or modifications of existing facilities. MDPSCS provided a PREA Audit Compliance report submitted by PSA--DEWBERRY + PENZA BAILEY ARCHITECTS regarding the new BCDC Youth Detention Center. The report indicates that 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 Under the 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 spots, 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; glazed doors and walls where visibility and control is critical; showers are locker room style with a small frosted window to permit visual supervision without violating privacy; Strategically located supervision control and nursing stations; provision of normalized environment through effective and extensive daylighting and proper material and color choices.

PHPRU reported there have been no substantial expansions or modifications to buildings on the premises; this was also apparent during the audit tour. During interviews, Administrative staff indicated that staffs are in the process of planning for security upgrades to their video monitoring system; there are cameras in place in the visiting and programming area and as evidenced by the plans provided by the Chief of Security, more video surveillance will be placed throughout the facility as needed to enhance security and the sexual safety of the inmates.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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 utilizes a specialized unit within its Department to conduct such investigations. Staff assigned to the Internal Investigative Unit (IIU), or temporarily assigned to assist the IIU, are tasked with conducting investigations into allegations of sexual abuse and sexual harassment. MDPSCS does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The IIU secretary provided the auditors with a report verifying that every investigative Detective assigned to the unit has received the agency's specialized training for investigators.

The following directives and training modules were provided to show support of this standard: Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014 states the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. Furthermore, IIU.110.0011 continues to require, in paragraph B, that 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. Maryland DPSCS utilizes an internal training course titled Specialized Training: The training was developed in May 2014 and is intended to identify the proper methods of investigating sex related offenses in a Maryland DPSCS correctional facility.

TRAINING FOR INVESTIGATORS:

Maryland DPSCS directive OSPS.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015 states in section .05(G)(2), in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigation the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically address:

- (a) Interview sexual abuse victims;
- (b) Using Miranda and Garrity warnings;
- (c) Sexual abuse evidence collection; and
- (d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

PHPRU staffs are required to take immediate action once staff has been made aware of an incident of sexual assault, abuse or misconduct to ensure physical evidence is not destroyed. Directive OSPS.050.030, Sexual Misconduct, provides steps that shall be taken to ensure that evidence is preserved and the victim is protected. The PREA in-service training curriculum also trains staff on responding responsibilities, which includes preserving and protecting a crime scene until appropriate steps can be taken to collect any evidence.

Interviews with PHPRU staff indicate that they are aware of evidence preservation and all stated in some manner that the crime scene would be secured, supervisors and medical and mental health staff notified, forensic exams completed by SANE/SAFE staff as necessary, and the incident referred to IID for investigation. Staffs were also aware that IID would be the one to conduct investigations related to sexual abuse and sexual harassment incidents.

(b): Maryland DPSCS training module, Specialized Training: Investigations-PREA, fails to credit a comprehensive and authoritative protocol on which it is modeled. This standard requires that the agency evidence protocol be based on the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."

While this publication is focused on medical forensic examinations, it outlines critical steps for evidence collection and patient care that may be relevant to the agency because the agency's responsibility will begin when a report is made and continue after the alleged victim is returned to the facility from the exam. The agency should be familiar with the entire DOJ document and its evidence collection protocol should be based on the principles in this document to the extent relevant. Preservation of evidence while the alleged victim is in their custody and follow-up care are at least two of the areas that are relevant in many instances, even when the agency does not conduct its own forensic medical evaluations. Since the agency does not conduct forensic examinations the DOJ Protocol on Medical Forensic Examinations will be largely irrelevant, but the agency must have a uniform evidence protocol and, to the extent relevant, it must be based on this protocol.

(c): MDPSCS/PHPRU does offer all victims of sexual abuse access to forensic medical examinations off site at Peninsula Regional Medical Center (PRMC) at no cost to the inmate. These examinations are performed by SANE/SAFE staff. Eunice Esposito, the SANE/SAFE Administrator at Peninsula Regional Medical Center was contacted. Ms. Esposito stated that all forensic exams are conducted for ECI and PHPRU. She also indicated that there is always a SANE/SAFE available during business hours and after hours there is always an on call SANE/SAFE available. PHPRU indicated on the PAQ that there were no forensic medical exams conducted in the past 12 months by a Sane/Safe; and review of the investigation files and interviews supported that no exams were necessary. Additionally, staff interviews with the PREA Compliance Manager, Health Care and the Assistant Warden all confirmed that forensic medical examinations would be offered to all victims when necessary at the PRMC at no cost to the victim. As further evidence showing support of this standard the following directives were presented:

Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, section .05(D)(2), states when the possibility for recovery of physical evidence from a victim exists or otherwise is medically appropriate, coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, 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. Additionally, PHPRU staff provided auditors with the SANE/SAFE Resource Listing for the MDPSCS, and as listed, inmates at PHPRU would be sent to Peninsula Regional Medical Center (PRMC). Directive OSPS.050.030, Sexual Misconduct, requires that forensic medical examinations will be offered to all victims of sexual abuse and that examinations are conducted by a Sexual Assault Forensics Examiner (S.A.F.E) or a Sexual Assault Nurse Examiner (S.A.N.E). The directive also indicates that treatment services are provided to every victim without financial cost and regardless of whether the victim names the perpetrator or cooperates with any investigation arising out of the incident.

(d)(e): DPSCS has contracted with Maryland Coalition Against Sexual Assault (MCASA) to provide these advocacy services statewide. The Maryland MCASA is the federally recognized state sexual assault coalition.

Its core members are the state's 17 rape crisis and recovery centers, but it also represents the voices of many other professionals and service providers working with sexual assault survivors. MCASA provides policy advocacy, technical assistance, training, outreach, and prevention. MCASA's Sexual Assault Legal Institute (SALI) provides direct legal services for victims and survivors of sexual violence. As further evidence showing support of this standard, the following directives were presented: Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, section .05(D)(3) states, if the victim requests, 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.

Directive OSPS.050.030, Sexual Misconduct, requires the facility to attempt to make available to the victim a victim advocate from a rape crisis center, in person or by other means and these efforts will be documented. If a rape crisis center is unavailable, the facility will provide access to a qualified staff member from a community-based organization. The directive also indicates if requested, the facility will attempt to make available to the victim a person to accompany and support the victim through the forensic medical examination process and investigatory interviews.

Phone contact was made with a MCASA – College and Prevention Policy Attorney and she did confirm they are in fact contracted with the MDPSCS and they do assist in providing advocacy services statewide. In addition, PHPRU provided documentation which listed Life Crisis Center as the rape crisis center they would contact in order to provide a victim advocate for an inmate victim. Life Crisis Center is one of the rape crisis centers contracted through MCASA.

In addition, during a phone interview with Peninsula Regional Medical Center's SANE/SAFE Supervisor, she indicated that during business hours there is always a victim advocate available and if after hours, Life Crisis Center is contacted and they provide the victim advocate if one is requested by the inmate. PHPRU has also appointed a facility social worker as a victim advocate, if necessary.

(f): This subsection is not applicable to Maryland Department of Public Safety and Correctional Services because they have an investigative division staffed with sworn police officers who conduct all of the agency's investigations, both administrative and criminal.

(g): This subsection is not applicable to Maryland Department of Public Safety and Correctional Services because they have an investigative division staffed with sworn police officers who conduct all of the agency's investigations, both administrative and criminal.

(h): The facility has indicated they would utilize the services at the Peninsula Regional Medical Center who meet the qualifications to serve in this role. During a phone interview with the Hospital SANE/SAFE Supervisor, she indicated that during business hours there is always a victim advocate available and if after hours, Life Crisis Center is contacted and they provide the victim advocate if one is requested by the inmate victim.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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): During the past 12 months, PHPRU reported there were no allegations of sexual abuse/sexual harassment received. IID investigation logs along with the interview with the PREA Compliance Manager, as well as, the IID sergeant confirmed there were no allegations reported at PHPRU. IID investigation logs were reviewed and the records verified the same.

Todd Butler, PREA Auditor, conducted the agency head interview with Martha Danner, Special Assistant to the Deputy Secretary, John Michael on February 27, 2017. Regarding allegations referred for investigation, the agency head stated that absolutely all allegations are investigated for administrative violations and criminal acts as appropriate. She further indicated that every investigation is tracked by the agency investigation division, IID. When asked how an investigation is completed, the agency head responded that when an allegation is received by the agency, it is assigned to the agency's IID who then determines whether to investigate criminally or to assign it to the facility as an administrative investigation. The investigation is then conducted with a final determination detailed in the report which is retained by the agency.

To show further support of this standard, PHPRU provided Maryland DPSCS directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015, requires that an employee with knowledge of an incident or inmate sexual abuse or sexual harassment shall report that knowledge according to Department procedures for reporting employee misconduct or inmate rule violations. Further, Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014 states the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.

(b): An investigator, in regard to investigations of allegations of sexual abuse and sexual harassment within the Maryland DPSCS, is defined as a Department employee permanently assigned to, or assigned to assist, the IIU with the responsibilities specified under the Correctional Services Article, §10-701(a)(3), Annotated Code of Maryland. Maryland Correctional Services Code Ann. §10-701 establishes the Internal Investigative Unit (IIU). Subsection (b) of the code states in part, an investigation of the IIU may exercise the powers of a peace or police officer in the State on property that is owned, leased, operated by, or under the control of the Department. The agency employs investigators who are sworn police officers who are authorized under Maryland law to conduct both administrative and criminal investigations. DPSCS website was reviewed and the policy was posted on the website. Investigative staff did indicate during the interview process that all reports of sexual abuse and sexual harassment must be referred immediately to IID for investigation and if it rises to possible felonious behavior it is then referred for prosecution by IID, who are sworn Peace Officers.

(c): Maryland DPSCS conducts all investigations of sexual abuse and sexual harassment for the agency. Therefore, this portion of the standard is not applicable to the agency.

(d): Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offences, effective April 1, 2014 is the policy governing the conduct of PREA investigations.

(e): Maryland DPSCS is not a DOJ component. Therefore, this portion of the standard is not applicable.

Standard 115.31 Employee training

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

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): All 21 staff interviewed (formally and informally) during the on-site audit at Poplar Hill Pre Release Unit (PHPRU) indicated they receive annual PREA training. It was clear during random and formal interviews that the PHPRU staff was educated on PREA and had a good overall understanding of each of the criteria presented in this substandard. Staff knew of the Agency and Facility Zero Tolerance Policy and also were confident in being able to recite what steps they would take in the event they were directly involved in a complaint or instance involving sexual abuse or sexual harassment. PHPRU training files are maintained at Eastern Correctional Institutes training house. 15 staff training files were selected and their training records reviewed. All staff reviewed had completed in-service training within the last 12 months. The agency uses a computer based program to track employee training records. The program is maintained only by approved staff and is very detailed and informative.

MDPSCS and PHPRU provided the following directives and Training curriculums showing further support of this standard: Maryland DPSCS Facility Directive DPDS-030-001 which establishes procedures to ensure compliance with the established training requirements for the Division of Pretrial Detention and Services Personnel. This directive is applicable to both Correctional and Civilian employees of the DPDS. 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. Maryland DPSCS Executive Directive OSPS.050.0030 "Sexual Misconduct-Prohibited" covers the applicable definitions and elements as covered in standard 115.31 (a) 1-10. The directive indicates that the head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under section .05 paragraph B 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.

Maryland DPDS Executive Directive OSPS.200.0004 continues policy for the DPSCS prohibiting 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 .05, paragraph B of the directive indicates that the head of a unit, or designee, is responsible for ensuring that, among other requirements, that 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.

Paragraph G-Investigating, Documenting, and Resolving a Complaint 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.

Training documentation to support that the requirements of standard 115.31 (a) 1-10 are met include:

- 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 hours 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 PHPRU 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 “PHPRU 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”.

(b): The PHPRU Facility Directive.124.0000- Sexual Misconduct Prohibited indicates: the facility training department offers annual PREA training to all facility staff to include staff, all non-custody staff and any staff having contact with inmates. PHPRU’s training is tailored to the gender of the inmates that are housed at the facility. In interviews with training staff, line staff and after reviewing the facility training curriculum and training records, it was clear that PHPRU staff are receiving the training tailored towards male offenders, however, if an PHPRU employee were reassigned to other facilities housing the opposite gender, staff are also given additional training and custody staff will receive training on conducting cross-gender pat-down searches and searches of transgender and intersex detainees. PHPRU houses male inmates. PHPRU staff receives PREA Training on an annual basis.

(c): PHPRU reported that in the past 12 months 42 staff who has contact with inmates received the necessary PREA Training. ECI/PHPRU’s Training Officer presented me with training records showing that all PHPRU staff was in fact PREA trained. The Agency presented the following directive showing further support of this standard: 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 hours of Commission approved mandated employee in-service training by December 31 of each calendar year.

(d): PHPRU training documentation provided to auditors showed all staff from the Poplar Hill Pre Release Unit, completed the mandatory in-service training for PREA, as indicated by their personal signatures.

During the on-site audit 15 staff training files were and their training records reviewed. All staff reviewed had completed in-service training within the last 12 months. The agency uses a computer based program to track employee training records. The program was maintained only by approved staff and was very detailed and informative.

Standard 115.32 Volunteer and contractor training

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

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): PHPRU provided auditors with the institutions Volunteer and Orientation Guide entitled PREA Information Booklet for Volunteers and Contractual workers. This is a 6 page guide that outlines the volunteer/contractor's responsibilities as they relate to PREA including how one would report such incidents. There is 1 full time RN at PHPRU who is a full-time Wexford contractual staff person. The RN that was interviewed formally stated that they receive annual training related to PREA and they are also mandated to complete computer based PREA training a few times throughout each year. While on site the RN provided me with her 2017 PREA training certificate showing that she had in fact received PREA training, not only for 2017, but she also had certificates available for years past. Medical training records were provided by PHPRU/Wexford Medical confirming that all medical and mental health staff that work at both ECI and PHPRU has completed PREA training.

PHPRU reported having 2 contractors that have contact with inmates. I conducted a phone interview with a facility contractual employee (religious) and he stated that prior to being able to have contact with the inmate population, he completed PREA related training at the Eastern Correctional Institute training house and the training provided him with a clear understanding of what PREA was and his responsibilities as they relate to PREA. The Contractual employee stated that he annually attends the 8 hour facility training with all of the Poplar Hill and Eastern Correctional Institution staff. MDPSCS Executive Directive OSPA.050.0030 "Sexual Misconduct-Prohibited" mandates that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. Under the applicable directive "Employee" is defined as: "an individual assigned to or employed 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."

(b): PHPRU indicated that they have 2 contractors that are cleared to provide service inside PHPRU. Training records for the contractors are maintained at the ECI facility training house and were reviewed during the audit. During the interviews with contractual staff, each stated that the training they are provided with PREA training and it gives them a clear understanding of their responsibilities as they relate to PREA, as well as the agency's zero tolerance policy. Both contractors indicated that the training they receive is the exact same training all line staff receives.

I would also like to note that because PHPRU shares resources with ECI, PHPRU does have access to 140 other volunteers and contractors that have also been PREA trained and are cleared to provide services inside of PHPRU.

MDPSCS provided a copy of the brochure titled “Sexual Assault Prevention and Reporting, Staff Information Brochure”. This brochure is provided to all volunteers and contractors and outlines their requirements and gives the necessary PREA education that each volunteer/contractor would need in order 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.

(c): PHPRU presented auditors with the signature sheets of volunteers and contractors who had been given the “PREA Information Booklet for Volunteers and Contractual Workers”. The signature of these individuals signifies that they received PREA training and they understand the training they have received. PHPRU maintains a volunteer/contractor PREA acknowledgement log and indicates the date PREA training/information was provided.

Standard 115.33 Inmate education

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

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): PHPRU reported that 509 inmates who were admitted to PHPRU in the past 12 months received PREA information at intake. 44 Inmates who were interviewed randomly and formally indicated they are receiving information on the zero tolerance policy and are also receiving PREA education by way of pamphlets and a PREA video. Upon reviewing the files of 25 random prisoners, each file showed signed inmate documentation indicating receipt of the PREA education. During formal interviews of 11 inmates that had arrived at the facility in the last 12 months, each inmate indicated that he had received PREA education upon the day of arrival at PHPRU and this education included the facilities zero tolerance policy and how to report sexual abuse and sexual harassment. PHPRU provided the PHPRU inmate orientation handbook 2016, page 10 which gives the definition of PREA and how inmates can report these incidents. Also presented was the Maryland DPSCS Facility Directive DCD 200-1 which establishes the rights of Division of Corrections inmates. The directive mandates that each warden ensure that newly received inmates are provided information about inmate rights, general institutional schedules, procedures and institutional plans. The orientation may be provided through group sessions or by giving the inmate an orientation package. It further mandates that special assistance shall be provided to inmates with language or reading problems. The orientation materials or handbooks shall also be made available to the inmates for reference in the library or a designated area.

Directive DPDS.180.0005 establishes procedures for the timely provision of information and instruction to newly admitted detainees. The directive establishes responsibility for the orientation of detainees, with reasonable accommodations for persons with language, literacy or hearing limitations. This directive mandates that orientation be completed within seven (7) calendar days of intake. 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.

Maryland DPSCS Executive Directive OSPS.050.0030 "Sexual Misconduct-Prohibited" covers the applicable definitions and elements as covered in standard 115.33. Section 05, paragraph C of the directive indicates that the head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under .05B of this directive, shall ensure that, among other requirements, department and agency policy prohibiting sexual misconduct, procedures for filing a complaint, and inmate rights related to sexual misconduct are effectively communicated to an inmate as part of inmate orientation, orientation paperwork and the facilities handbook.

Maryland DPSCS Executive Directive OSPS.200.0004 continues policy for the DPSCS prohibiting 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 .05, paragraph C of the directive indicates that the head of a unit, or designee, responsible for the custody and security of an inmate, in addition to responsibilities under section .05B of the directive shall ensure that department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate on inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation, though inmate orientation paperwork and the facilities inmate handbook.

(b): 1 Intake staff member was interviewed and reported that upon arrival at PHPRU, each inmate received is provided with PREA Education and shown the PREA video before leaving the intake area. The inmate education was reviewed and covers PREA education as indicated. The video was also viewed and covers PREA, including inmate rights and processes to report instances of abuse very well. Before leaving the intake/case management area, inmates sign an acknowledgement form indicating they have received information on PREA.

To further support this standard the facility presented PHPRU's Facility Directive PHPRU.124.0000, which indicates at intake inmates will view the PREA video and sign off on the PREA Acknowledgment Form, which will be placed in the inmate's base file. The acknowledgment form indicates that a PHPRU staff member has counseled the inmate about PREA and PHPRU's zero tolerance policy regarding sexual harassment and explains prevention, reporting and response to sexual abuse and harassment.

(c): 25 randomly selected inmate files were reviewed. All files contained PREA education/training acknowledgements forms. All 44 prisoners interviewed reported they received some sort of PREA information and possessed a clear understanding of their rights as they related to PREA and the various reporting mechanisms that are in place should they need to utilize them. PHPRU assures all inmates transferring into their facility receive PREA education related to their facility upon arrival. Furthermore MDPSCS executive directive 124.0000 does require that all inmates transferring to alternate facilities receive PREA education upon an inmates transfer to another facility.

(d): All 16 staff interviewed at PHPRU was aware that interpreter services were available and provided for inmates at PHPRU if needed. PHPRU reported no instances where these services were utilized in the past 12 months.

PHPRU Facility Directive PHPRU/ECI 124.0000 requires that if the inmate declares illiteracy, the inmate handbook will be read to the detainee, or as appropriate, other orientation tools may include the showing of videos (in English and Spanish as required). Non-English speaking inmates will be provided with interpretive services. A signed acknowledgement form is to be obtained from the inmate and forwarded to case management for inclusion in her base file. Statewide language interpretation services contracts have been awarded to Astria which is utilized by PHPRU if needed.

(e): All 25 inmate files reviewed while at PHPRU did contain signature sheets of inmates indicating the inmate received PREA Education. PHPRU Facility Directive PHPRU/ECI 124.0000 requires that PREA education/training acknowledgements forms are placed in the inmate's base file.

(f): The agency's inmate handbook provides the information as required indicating that all inmates have a right to be free from sexual abuse and harassment as well as the department's zero tolerance policy as it relates to sexual abuse and harassment. Posters/signs in both English and Spanish indicating the agency's zero tolerance policy were displaced throughout the facility, including the visitor intake area, food service, medical and all housing units.

Standard 115.34 Specialized training: Investigations

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

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): Upon interviewing IID staff, which included informal interviews with administrative staff, detectives and training supervisors as well as formal interviews with an Investigative Detective Sergeant, it was evident the detectives assigned to conduct investigations into sexual abuse and sexual harassment allegations have been thoroughly trained to do so. All allegations of sexual abuse and sexual harassment, criminal and administrative, are conducted by the IID unit and the detectives assigned to these investigations. The IID is quite large and has many detectives stationed throughout the state, and generally all detectives are former police officers with experience in conducting investigations prior to being hired as an IID detective. The agency provided the training module required of all IID detectives before conducting sexual abuse and sexual harassment investigations. While interviewing IID Detective Ann Nicodemus, she indicated she not only received the training as required by MDPSCS policy, she also trains facility staff on how to assist with investigations.

Ms. Nicodemus indicated the specialized training she received regarding investigating sexual abuse and sexual harassment was in addition to the general PREA training all staff received. Ms. Nicodemus was able to articulate the definition and appropriate application of Miranda and Garrity and had a clear understanding of how preponderance of the evidence is used to determine the outcome of an investigation. There was some confusion initially regarding whether the agency utilizes an evidentiary standard of "preponderance of the evidence" or "beyond a reasonable doubt" when conducting criminal investigations.

However, this was clarified by the IID Captain who assured all investigations conducted by the IID utilize preponderance of the evidence to determine the outcome of their investigations and that “beyond a reasonable doubt” comes in to play only if the case goes to trial.

To further support this standard, MDPSCS presented auditors with the following directives and documentation: Title 12 DPSCS, subtitle 04 Police Training Commission, Chapter 01 General Regulations provides the minimum standards for entrance level training for police officers which includes training on criminal investigations. Maryland Correctional Services Code Ann. § 10-701 establishes the power of investigators within the Maryland Correctional Services to be able to exercise the powers of a peace or police officer on state owned or property controlled by the department. This code also establishes that an investigator in the Investigative Unit shall meet the minimum qualifications required and satisfactorily complete the training prescribed by the Maryland Police Training Commission.

Maryland DPSCS Executive Directive OSPS.050.0030 “Sexual Misconduct-Prohibited”, Section .05, paragraph G(2) of the directive and Executive Directive OSPS.200.0004 indicates that to the extent possible, but in every case where the allegations of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses interviewing sexual abuse victims, using Miranda and Garrity warning, sexual abuse evidence collections and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

Executive Directive IIU.110.0011 “Investigating Sex Related Offenses” establishes policy and procedures for DPSCS investigators conducting an investigation of an allegation of misconduct that involves a sex related offense. This policy defines all the related PREA terms, explains the responsibility of employees who observe or have knowledge of an incident, outlines the requirements for investigating sex related offenses as well as responding to them, including treating the victim as well as the perpetrator. The Maryland Police and Correctional Training Commissions Lesson Plan titled Specialized Training Investigations for PREA indicates what training is received by the special investigators. This includes the definition, purpose and history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations.

(c): MDPSCS provided documentation during the site visit that all IIU investigators have completed the agency’s mandatory training for sexual abuse investigators.

(d): MDPSCS provided training plans and documentation for all related training provided to its employees. Documentation for the following training has been reviewed as part of this audit; Cross Cultural, Fraternization Academy, Interpersonal Communication, LGBTI, Managing the Female Offender Gender Response, PREA Academy, PREA Contractor, PREA In-Service, PREA Investigator, Security Custody Control, Sexual Harassment Academy, Sexual Harassment In-Service, Sexual Harassment Contractor and PREA Training.

Standard 115.35 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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),(d): Eastern Correctional Institute and Poplar Hill receives service from Wexford Health Sources Incorporated. The contract policy with Wexford covers the required elements of PREA training and must be given to each employee prior to working with inmates. Medical and Mental Health staff at PHPRU are full-time contractual employees. PHPRU reported that 100% of its Medical and Mental Health staff have received the necessary PREA training. The training documentation provided to auditors was reviewed and showed that all medical and mental health staff did complete PREA training, and the training does cover the required elements of how to detect and assess signs of sexual abuse and harassment, how to preserve evidence, how to respond to victims and how and whom to report allegations or suspected abuse and/or harassment. Medical and Mental Health staff interviewed all indicated they complete PREA training annually and also submit their documentation directly to their employer, Wexford Health.

To further support this standard I reviewed Executive Directive DPSCS.020.0026 which establishes policy for the department concerning sexual abuse and sexual harassment of an inmate. This directive (section .05 paragraph B(2) requires that the department ensures compliance in areas of PREA, including Medical and Mental Health Care as required by this standard. Also, Maryland DPSCS Executive Directive OSPS.050.0030 "Sexual Misconduct-Prohibited" mandates that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. Under the applicable directive "Employee" is defined 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." This would include medical and mental health staff, whether direct employees or contractual employees.

(b): Maryland DPSCS medical staff does not conduct forensic examinations.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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)-(g): All inmates transferring into the Poplar Hill Pre Release Unit (PHPRU) are screened immediately upon arriving at the facility, well within the 72 hours permitted in this standard.

The Case Manager detailed the process that each inmate follows upon arrival; during the process, each inmate is interviewed and educated with regard to PREA. PREA educational material is given to each inmate and a PREA Intake Screening is completed for each inmate as well; the educational pamphlet and PREA Intake Screening form was reviewed by the auditor and includes all criteria required by this standard. Once the intake process is complete, each inmate's PREA Intake Screening is then forwarded to the appropriate case manager, who then reviews the form for necessary programming and placement. PHPRU presented auditors with a log which tracks all of the screens, including the 30 day re-screen. Auditors used the logged information to verify that the PHPRU is infact conducting the 30 day re-screen via the Offender Management System.

All of the random inmate interviews also indicated that they were seen within hours of their arrival at PHPRU and a re-assessment was taking place within 30 days of arrival by the assigned case manager. There were zero instances of re-assessments indicated in the PAQ. During the tour, there were 27 inmates interviewed and all were aware of PREA and indicated they were asked questions related to PREA and their sexual safety during intake.

Maryland DPSCS Executive Directive OSPS.200.0005 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the MDPSCS to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Section .03 of this directive mandates that a screening instrument be utilized as part of the intake and facility transfer or at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually abusive towards other inmates. The directive also mandates that the information obtained from the assessment be applied to decisions concerning areas such as inmate housing, programming, treatment, and work assignments to minimize circumstances that contribute to incidents of victimization or abusiveness. Section .05, paragraph B of the directive requires that the screening instrument is utilized to assess each inmate within 72 hours of arrival at a facility and again within 30 days of the inmates arrival. It also mandates that an inmate be re-assessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness.

(h)-(i): Staff and inmate interviews support that the facility meets the requirements of this standard; there was no evidence found during the audit which would indicate that an inmate would be disciplined for refusing to answer or disclose information related to this screening.

In addition, interviews with staff support that only specifically classified staff are allowed to access inmate classification files, this was also confirmed due to the inmate files being maintained in the case managers offices which are in a locked area outside of the housing unit.

Also, a review of their online Offender Management System (OMS) supports that only staff with the correct profile are allowed access to the classification information maintained in the system. Section .05, paragraph B(5) of the directive ensures that an inmate will not be disciplined for refusing to answer or not disclosing complete information in response to screening questions, as well as ensures appropriate controls are in place for managing and dissemination of information collected during the screening process.

Overall, a review of the intake process, screening tools, staff interviews, and agency and facility directives supports that all sections as required in standard 115.41 are being met.

Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

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): During staff interviews, the Case Manager indicated all incoming inmates are reviewed and assessed individually and the risk assessment information is being used to determine the appropriate bunk assignments. PHPRU is using risk assessment information to determine proper placement for work, education and programming assignments.

(b): Case Management staff indicated if an inmate comes in with obvious signs of vulnerability, staff will ensure the prisoner is properly placed in order to ensure the inmate's safety from becoming a victim of sexual abuse. The facility is conducting individual risk assessments on all inmates at the facility and this information is being uploaded into OCMS which is used to determine proper bed placement for each inmate. To show further support of this standard I reviewed Maryland DPSCS Executive Directive OSPS.200.0005 which establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the agency to assess the risk of the individual from being sexually abused or being sexually abusive towards other inmates. Section 05(C) of the agency's directive specifically states each of the elements of the standard, in order, correlating with sections a-g of 115.42.

(c, d, e): PHPRU reported having zero transgender inmates within the last 12 months. During interviews with Case Management staff, they did state they would consider where transgender and intersex prisoners are assigned on a case by case basis, and they always take the inmate's health and safety into consideration when determining this placement. Provisions would be made to ensure that transgender and intersex inmates' views are taken into consideration, with the main goal of placing the inmate to ensure sexual safety, as well as to ensure placement does not present management or security problems. Auditors were able to confirm there is a process in place that would ensure proper placement and programming for transgender and intersex inmates, and they would be reassessed at least twice yearly if they did reside at PHPRU. PHPRU's facility's directive ECI.124.0000, Case Manager interviews and documentation reviewed confirm the process would take place.

(f): As observed during the tour, all showers in PHPRU housing units were group type showers and provided the necessary privacy needed for all inmates to shower, including transgender if they resided at PHPRU. There are no transgender inmates housed at PHPRU. If the PHPRU did house a transgender prisoner, the facility would simply need to designate a special shower time for a transgender inmates individual privacy. All inmates interviewed stated that the showers available provided them with privacy, as was also witnessed by the auditor. In addition, the showers are placed in the housing unit so that staff cannot observe the inmate showering, but can view the showers to ensure safety of all inmates.

(g): After reviewing documentation and conducting interviews with staff and homosexual inmates it was evident that inmates are not placed in specific facilities or units based solely on the identification of being lesbian, gay, bisexual, transgender, or intersex. Placement of inmates is assigned based on overall needs, and safety and security of the inmate using the standardized risk assessment screening.

Standard 115.43 Protective custody

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

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): PHPRU has reported zero instances of victims being placed in segregation for the time frame of the audit period. PHPRU has the unique ability to relocate prisoners from its working camp into its sister facility Eastern Correctional Institution (ECI). Furthermore if the prisoner is not able to be placed in a GP setting, Protective Housing is available at ECI. Prisoners that are housed in PC receive the same privileges as GP prisoners. During the interview with ECI Assistant Warden West, he did state that there is a process in place to separate the victim and the alleged abuser by placing them in housing which the inmates would not have contact with each other; placing an inmate in involuntary segregation would only be used as a last resort to ensure the inmate's safety. A review of housing placement, agency directives, and interviews with staff and inmates support this practice. If there should be an instance where it would be necessary to place an inmate in involuntary segregation to ensure the inmate's safety, the inmate would have access to education, some programming, and privileges; however again, this would be a very rare circumstance due to the other options available at ECI/PHPRU. The placement in segregation would only continue until alternative means of placement could be arranged and those inmates would be reviewed every thirty days as required by this standard. In further support of this standard, PHPRU presented MDPSCS Case Management Manual DOC.100.0002, Section 18 "Special Confinement Housing" which indicates that Protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. Alternatives may include, but are not limited to:

- (a) Transfer of the inmate to a different housing unit within the facility;
- (b) A lateral transfer of the inmate to another facility of the same security level;
- (c) Transfer of the inmate's documented enemy or enemies to another facility;
- (d) Transfer of the inmate to another state under the provisions of the Interstate Corrections Compact (ICC) ;
- (e) Transfer to MCAC (in exceptional circumstances only) ; or
- (f) Assignment to home detention (if eligible).

During an interview with Case Management it was stated that If protective custody housing is utilized or recommended by the Case Management team the PHPRU inmate would be reclassified to ECI and the supporting rationale would be documented on a Case Management Assignment Sheet.

MDPSCS Case Management Manual DOC.100.0002, Section 18 "Special Confinement Housing" indicates that staff shall provide the inmate a copy of the Notice of Assignment to Administrative Segregation, Appendix 1 to CMM-18, within 24 hours after the inmate's placement in administrative segregation. This would indicate a review of placement is done within the required time frames prior to completing further assessment of alternative housing, such as protective housing.

The form provided as supporting documentation has a section to indicate the reason for placement and two of the options are for pending investigation and that they are being considered for placement on voluntary or involuntary protective custody. This demonstrates that the review is completed and further assessments are made after the initial placement. The PHPRU indicated that they have had zero instances of this taking place in the last 12 months.

MDPSCS Case Management Manual DOC.100.0002, Section 18 “Special Confinement Housing” indicates what conditions of confinement are for an inmate placed in segregation. The manual covers supervision, housing, movement, hygiene, property, out of cell activity, health care, case management, education, library, legal, religion, food, mail commissary and segregation status. Staff shall use the Notice of Assignment to Administrative Segregation, Appendix 1 to CMM-18 when considering an inmate for placement on protective custody. The case management team documents the placement on the form.

(c-e): Interviews with the Assistant Warden/PREA Compliance Manager, and the Case Management Team all echoed agency directives and facility processes when it comes to placing an inmate in protective or any segregated housing. There are proper procedures in place to address placement in segregation for sexual safety; however, there have been no instances of such placement at PHPRU. MDPSCS Case Management Manual DOC.100.0002, Section 18 “Special Confinement Housing”, paragraph B(2)(c)(i) mandates that an inmate be reviewed at least once every 30 days once placed in segregation.

Standard 115.51 Inmate reporting

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

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 Directives OSPA.0510.0030, effective date June 26, 2015, section 5(E) and OSPA.200.0004, effective date November 13, 2015, section 5(E) state that a complaint may be submitted by the victim, an individual with knowledge of an incident of sexual misconduct, or a “third party” on behalf of the victim. The complaint may be submitted in writing or verbally and may remain anonymous. An individual may file a complaint of sexual misconduct, without the regard to chain of command with an employee; a supervisor manager, or shift commander; the head of a unit; the Intelligence and Investigative Division (IID); the inmate grievance office. The MDPSCS Inmate Handbook (2007) informs inmates that they should report if they become a victim of sexual misconduct and instructs them that they can tell any correctional officer, case manager, Chaplain, medical practitioner, supervisor or any DPSCS employee. Facility Directive ECI .124.0000, section .06(B) also indicates that any ECI/PHPRU employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies and that inmates shall also have access to a toll free hotline number which will refer any reports back to the institution for investigation.

(b): MDPSCS Executive Directives OSPS.0510.0030, effective date June 26, 2015, section 5(E) and OSPS.200.0004, effective date November 13, 2015, section 5(E) allows for a complaint to be filed outside of the department with the Office of Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department. The MDPSCS has established a PREA Hotline which is used to report incidents of inmate on inmate or staff on inmate sexual misconduct and harassment, related retaliation or staff neglect. The hotline is monitored through Life Crisis Center Inc., which is a vendor contracted with the MDPSCS. Procedures were established December 2, 2013 detailing how the hotline will be monitored and ensures that all PREA related calls are documented and information is forwarded to the Internal Investigation Unit. The hotline number and information is posted in both English and Spanish. The facility had "PREA HOTLINE 410-585-3177" painted above all of the inmate phones in the facility as well as posters. The auditor attempted to call the number from an inmate phone and the number was functioning properly and was answered by the Life Crisis Center. During the interview with the facility PCM, she also confirmed the operation of the PREA Hotline and that the information is reported back to the facility head and IID for investigation. She also indicated the information remains confidential and is contained to only the staff necessary to complete an investigation.

(c): MDPSCS Executive Directives OSPS.0510.0030, effective date June 26, 2015, section 5(E) and OSPS.200.0004, effective date November 13, 2015, section 5(E) allows for staff to accept reports in writing, verbally and from third parties and requires that staff shall immediately report the complaint to a supervisor, manager, shift commander or head of a unit followed by submission of the appropriate written format used to document an inmate rule violation. The directive also requires that the information concerning the complaint is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation and resolution of the alleged conduct.

(d): MDPSCS Executive Directives OSPS.0510.0030, effective date June 26, 2015, section 5(F) and OSPS.200.0004, effective date November 13, 2015, section 5(E) indicate staff have an obligation to immediately report the complaint to a supervisor, manager, shift commander or head of the facility. The same directive indicates the complaint filed is confidential and may be filed anonymously as well.

During interviews with PHPRU random staff it was indicated that they could privately report sexual abuse/harassment of an inmates by telling their supervisor, calling the PREA hotline or telling someone from outside the facility of what occurred. They all felt they could report such issues confidentially. Staff reported that inmates could privately report sexual abuse/harassment by calling the posted PREA hotline, telling any staff member either in writing or verbally or tell a third party who could then report it. Staff indicated that if they received a report of sexual abuse/harassment they would immediately report and document it. All inmates interviewed reported feeling safe from sexual abuse/harassment at PHPRU and knew how to report abuse or harassment if needed. Inmates indicated they could report sexual abuse/harassment by calling the PREA hotline that is posted by the telephones, they could tell a staff member or a family member and believed they could do so verbally or in writing. Postings were prevalent throughout the facility with reporting options as well as in the prisoner handbook and intake processing paperwork. In addition to the posting, the PREA hotline number was painted above all the inmate phones and was in working order.

Standard 115.52 Exhaustion of administrative remedies

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

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.

MDPSCS Executive Directive OPS.185.002, effective date December 12, 2014, section 03-Policy letter C states that the Department does not permit the use of an informal resolution process or Administrative Remedy Procedure (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 under the authority of the Prison Rape Elimination Act (PREA) and related Department procedures. Section 05-Responsibility/Procedures, letter F states that an inmate may not seek to resolve a complaint through the ARP for issues that include (#5) rape, sexual assault, sexual harassment, sexual abuse, sexual misconduct, inmate on inmate sexual conduct or other areas afforded protection by standards established under the authority of the Prison Rape Elimination Act (PREA) and related Department procedures, which shall be addressed according to Department procedures for reporting, investigating, resolving and documenting PREA related incidents.

Standard 115.53 Inmate access to outside confidential support services

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

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 OSPA.0510.0030, effective date June 26, 2015, section 5-Responsibility/Procedures G(3)(b) states if requested by the victim and the services are reasonably available, have one of the following, for the purpose of support, for the victim through the forensic examination and investigation interviews: a qualified victim advocate; a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role; a non-department community-based organization representative who meets the criteria for a department employee established under section .05G(3)(b)(ii).

The agency/facility did not provide documentation to show how inmates were provided with outside victim advocates, mailing address, phone numbers or contact information for any agency to provide these services. The facility PREA Manager, Rose Beteck, indicated that the facility contracts with Life Crisis Center which is a local organization in Salisbury MD that is included in the statewide coalition MCASA, which provides support services to the entire State of Maryland.

Even though the facility does in fact have an active contract with Life Crisis Center, their facility directive, ECI.124.0000, section .06(B) 5 indicates that if an inmate victim is being sent to the hospital for a forensic exam, the medical provider shall ask the inmate if he wants a victim advocate to accompany him at the hospital during the exam. If so, the hospital is notified to make arrangements for the victim advocate. However in parenthesis it states "Victim advocacy is not currently available".

(b): The facility did not provide the auditors with any documentation to indicate what level of confidentiality will be maintained while inmates utilize the outside support victim support services.

(c): The agency and facility provided the auditor with a copy of the current contract with the vendor Life Crisis Center entered into on 12/22/16 by David Wolinski, the agency PREA Coordinator, that extends the original agreement from 2013 for Life Crisis Center to supply victim support services to the Eastern Correctional Institute, Annex and Poplar Hill Pre Release Unit. Life Crisis Center is part of the Maryland Coalition Against Sexual Assault (MCASA). MCASA is a federally recognized state sexual assault coalition and its core members are the state's 17 rape crisis and recovery centers. MCASA provides policy advocacy, technical assistance, training outreach and prevention. The agency provided documentation showing an agreement with MCASA to provide support services. However, nothing was published at the facility and no contact information is provided to inmates on how to contact these agencies.

Interviews of staff and inmates all support that the facility has not provided any contact information for any type of victim's advocacy group and none of them had knowledge that the department had any type of agreement with Life Crisis Center.

Corrective Action Plan – Within the 180 corrective action period, PHPRU will need to provide the auditor with documented proof that the facility has provided the inmate population with information on how to contact Life Crisis Center and what services they provide. The facility will also need to show documented proof that they have updated their facility directive, ECI.124.0000, to indicate that the facility has in fact entered into a contract with the Life Crisis Center and remove the statement under the above referenced section that a victim advocacy is not currently available. Given the fact that PHPRU staff was not aware of the contract with the Life Crisis Center and MCASA it is recommended that the Maryland DPSCS confirm that all facilities it oversees are aware of this contract and provided with contact information for their inmates.

RESPONSE: ECI/PHPRU submitted an inmate handbook as documentation showing that information regarding MCASA has been added to the handbook and posters have been posted throughout the facility in both English and Spanish notifying inmates of the correct hotline number for the Life Crisis Center. The facility issued a Facility Directive updating the inmate handbook with the information for the Life Crisis Center also indicating what services they offer. Information regarding MCASA was also provided and discussed at a statewide Warden's meeting in April 2017.

Standard 115.54 Third-party reporting

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

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 Directives OSPS.0510.0030, effective date June 26, 2015, section 5(E) and OSPS.200.0004, effective date November 13, 2015, section 5(E) state that a complaint may be submitted by a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct. The agency supplied a copy of the webpage from their agency website that had all the necessary PREA information as well as the agency PREA Coordinator contact information for reporting purposes. The auditor personally went to the department's webpage and was able to easily navigate to the necessary information on their website.

Standard 115.61 Staff and agency reporting duties

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

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.050.0030 under section .04, subsection 6(a) defines the term employee as to include paid staff, contractors, interns, and volunteers. Section .05, subsection E(5) states filing a complaint stipulates that employees receiving a complaint or otherwise has knowledge of alleged sexual misconduct shall immediately report the complaint to a supervisor or manager, shift commander or head of the unit followed by the appropriate written format used to document misconduct. Section E(6) states that if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander or head of the unit at a facility, other than the facility where the alleged sexual misconduct occurred, the head of the unit responsible for the facility receiving the complaint shall immediately notify the Intelligence and Investigative Division (IID).

Wexford Health Operations Guidelines, P-314: Procedure in the Event of Sexual Assault, states Wexford Health will ensure that victims of sexual assault receive prompt and appropriate medical intervention. The guideline goes on to state the facility has written policies and procedures regarding the detection, prevention, reduction, and punishment of rape consistent with federal law; a consent must be obtained for prior victimization/abuse not occurring in an institutional setting or for an occurrence that happened under the age of 18; all reports of sexual abuse/victimization occurring within the institution will be immediately reported to the DOC; Wexford Health requires that an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge according to DPSCS procedure.

The Executive Directive does indicate that information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged inmate on inmate sexual conduct and immediate and continued care of the victim.

Interviews with both medical and mental health staff both indicated that they do in fact go over informed consent with each inmate receiving treatment from either medical or mental health services. They provide the inmate with an informed consent form in which the information is provided and the inmate is requested to sign.

Both were aware that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to the facility upon learning of it. Mental health staff indicated that they have not had an instance of such an event. Medical staff indicated they have had instances of abuse being reported and they reported the incident immediately to the appropriate staff to ensure an investigation was completed.

(b): MDPSCS Executive Directive OSPS.050.0030 section E(8) states information concerning a complaint of alleged sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating, and resolving the alleged sexual misconduct and immediate and continued care of the victim.

(d): Section .05 G(1) requires that IID investigators comply with all state laws when conducting investigations; Maryland Family Law 5-704 requires notification to social services by law enforcement agencies of any abuse or neglect. The law covers all applicable reporting requirements, including the mandatory reporting requirements of the individual is under the age of 18. The facility does not house youthful inmates, therefore the under the age of 18 requirement does not apply.

During the interview with the warden he indicated that they do not house inmates under the age of 18 and if they had to report a vulnerable adult that they would report this to mental health and medical for necessary treatment as well as complete an investigation of the allegations or ensure the appropriate authorities were made aware. The agency PREA Coordinator indicated that they have never had an incident for this segment of their population.

(e): Section F (1) states that a complaint of alleged sexual misconduct received anonymously shall be accepted and processed the same as a complaint received from an identified source. Section E, subsection 1(c) states a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct.

The Facility Administrator indicated during his interview that all allegations of sexual abuse and sexual harassment are referred for investigation once received by the facility regardless of how they are reported. The facility supplied supporting documents to include a full listing of all Maryland County Child Protective Services Phone Numbers and agency names. They also included a Limits of Confidentiality form that each inmate signs when receiving treatment from mental or medical health care. In this form it indicates that the treatment provider must report any information that presents a threat to the inmate, others in the facility, safety of the institution, and/or public safety. The following cannot be kept confidential, to which one is issues related to sexual abuse within the correctional setting.

All staff interviewed through the random interview process indicated that they were fully aware of their requirements to report all instances of sexual abuse or harassment; this includes Wexford health care staff, who all indicated they were aware of their reporting requirements.

Standard 115.62 Agency protection duties

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

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, section C, subsection 1(a) states When making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.

MDPSCS Case Management Manual – page 103 of 148 – Special Confinement Housing, page 108 of 148 specifically addresses Protective Custody in 1-8.

Executive Directive – Sexual Misconduct Prohibited OSPS.050.0030 – section B(3) states an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: a medical mental health counseling, change in assignment and staff work assignments and, continued monitoring as deemed appropriate. Section D, (1) thru (4) states a supervisor, manager, or shift commander shall: 1) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: randomly on all shifts, prevention of cross gender viewing, at a frequency established by the managing official. (2) If aware of an act of alleged sexual misconduct, ensure that a complaint is immediately filed according to established procedures for reporting misconduct; (3) If applicable, ensure that appropriately trained employees take action to preserve the scene of and any evidence related to an alleged incident of sexual misconduct; and (4) Ensure the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes: (a) Immediately stopping an incident in progress; (b) If applicable, immediate medical attention; (c) Appropriate action to provide immediate and continued personal protection; (d) Referral for medical and mental health care follow-up; and (e) Non-medical or mental health related counseling and support services.

Executive Directive Inmate on Inmate Sexual Conduct – Prohibited OSPS.200.0004 – Section B(3) 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 inmate on inmate sexual conduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: (a) Provision of available medical or mental health services or counseling; (b) Changes to inmate housing assignments and staff work assignments; and (c) Continued monitoring as deemed appropriate; Section D states a supervisor, manager, or shift commander shall: (1) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate on inmate sexual conduct;

(4) Ensure the safety of a victim of inmate on inmate sexual conduct, through a coordinated response to a complaint of inmate on inmate sexual conduct that includes: (a) Immediately stopping an incident in progress; (b) If applicable, immediate medical attention; (c) Appropriate action to provide immediate and continued personal protection; (d) Referral for medical and mental health care follow up; and (e) Non-medical or mental health related counseling and support services. Section F states, processing a complaint (3)a(ii) A supervisor, manager, shift commander, or unit head receiving a complaint under §.05E or .05F(2) of this directive shall immediately: (ii) Safeguard the victim from further harm.

Executive Directive Assessment for Risk of Sexual Victimization and Abusiveness OSPS.200.0005 – under inmates protected as a result of screening, Section C (1) a, when making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.

(b): When making individualized determinations as how to ensure the safety of each inmate. (c) When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by case basis, determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems. (2) Placement and programming assignments for each transgender or intersex inmate shall be re-assessed at least twice each year to review threats to safety experienced by the inmate. (3) A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered. The facility supplied the PREA Intake Screening questions 1-18 as well as the instructions for PREA Intake Screening Instrument.

Interviews with the Warden, Agency Head and Random Staff all indicate that any time a staff member becomes aware that an inmate is at risk of imminent sexual abuse they will remove the inmate from the situation and protect them by following all the applicable procedures. The facility reported zero instances of situations related to this standard during the last 12 months.

Standard 115.63 Reporting to other confinement facilities

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

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 Directives OSPS.0510.0030, effective date June 26, 2015, section 5(E)(6) and OSPS.200.0004, effective date November 13, 2015, section 5(E)(6) states, if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of the unit at a facility other than the facility where the alleged sexual misconduct occurred, the head of the unit responsible for the facility receiving the complaint shall immediately notify the Intelligence and Investigative Division (IID) of the complaint. Section (7) states, an IID representative notified under .05E (6) of this directive shall immediately, if the facility where the alleged sexual misconduct occurred is not a Department facility, notify the official responsible for the facility where the alleged misconduct occurred and document the notification.

If the facility where the alleged sexual misconduct occurred is a Department facility, notify the appropriate Department official with responsibility for the facility where the alleged sexual misconduct occurred. The facility directive ECI.124.0000, section .05(A) 6 indicates that the warden/designee is responsible for ensuring that a reported allegation which occurred at another facility is reported to the head or appropriate office of the agency where the alleged abuse occurred and that the notification must occur no later than 72 hours after receiving the allegation and must be documented.

The agency is not compliant with this section of the standard due to the contradiction of the agency directive to the PREA standard. If a complaint was received at a facility, the department head would be obligated by the standard to report the allegation to the facility head or appropriate office of the agency where the alleged incident occurred. If IID is making the notification to another agency on behalf of the facility head, this would not be in compliance with the standard. The standard does not allow for deviation from the facility head to make the report.

(b): The same section of the directive indicates the notification will be made immediately upon receiving the complaint. Immediately does not indicate it will be done within 72 hours. Immediately would be by definition sooner than 72 hours. The facility has had no instances of reports being made about allegations at another facility. By the definition this provision of this standard is met, short of having documentation to indicate that notice was not made within 72 hours.

(c): Section 7(a) and (b) both indicate that the facility will make the notification and document the notification.

(d): Executive Directive OSPS.050.0030, section .05G Investigating, Documenting, and Resolving a Complaint states in subsection (1) An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards related to: (a) Collecting and preserving evidence; (b) Interviewing victims and witnesses; (c) Conducting and using polygraph examinations; (d) Identifying suspects; (e) Preserving an individual's personal dignity and legal rights; and (f) Maintaining confidentiality of the investigation.

Corrective Action Plan – The agency will need to provide the audit team with an updated Executive Directive that mandates that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The agency will need to remove the IID or any third party from the reporting process. The agency will need to provide evidence that this change has been disseminated to all facility heads, as well as the IID, and forward any examples of this occurring during the corrective action period.

RESPONSE: The agency updated and submitted Executive Directive OPS.050.001 and OPS.200.0005 as evidence that appropriate changes have been made requiring the facility head to make notification to the head of the facility where the abuse occurred. A Notice of Incident form was also created and submitted. This form is used to document the notification. Information regarding this change was provided and discussed at a statewide Warden's meeting in April 2017. DPSCS and ECI reported no instances since the audit that required facility head notification. An updated investigation log was submitted which showed all new allegations originated and occurred at ECI.

Standard 115.64 Staff first responder duties

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

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 Directives OSPS.0510.0030, effective date June 26, 2015, section .05D(4) and OSPS.200.0004, effective date November 13, 2015, section .05D(4) states that a supervisor, manager, or shift commander shall: (4) Ensure the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes: (a) Immediately stopping an incident in progress; (b) If applicable, immediate medical attention; (c) Appropriate action to provide immediate and continued personal protection; (d) Referral for medical and mental health care follow-up; and (e) Non-medical or mental health related counseling and support services.

Section (F) 3 states, a supervisor, manager, shift commander, or head of the unit receiving a complaint under §.05E or .05F(2) of this directive shall immediately: (a) If sexual misconduct is actively taking place, dispatch staff: (i) To stop the alleged incident; (ii) Safeguard the victim from further harm; (iii) If applicable arrange for emergency medical services; (iv) Detain the alleged perpetrator; and (v) Preserve evidence and the scene of the alleged incident; (b) If the inmate on inmate sexual conduct is not actively occurring, but the timeframe is such that there may be physical evidence at the scene or available from the victim or alleged perpetrator, dispatch staff to: (i) Preserve evidence at the scene; (ii) Detain the alleged perpetrator and prevent destruction of physical evidence; (iii) Contact the victim and instruct the victim on the need to protect against the destruction of physical evidence; and (iv) Refer the victim for appropriate medical and mental health follow up services. The agency directives did not contain any verbiage related to all Staff First Responder Duties. The documentation provided only indicates what first responder steps a supervisor, manager, shift commander or head of the unit receiving a complaint will take, however does not mention staff in general, only that they will report it immediately. The policy directive is confusing and inadequate to support compliance based on the lack of instruction to the first responder custody staff unless they are a supervisor, manager or shift commander. However, all custody staff interviewed was able to articulate their responsibilities as they relate to properly managing an incident of sexual abuse as directed by the standard.

(b): The agency did not provide any documentation in reference to a non-security staff member and their responsibilities if they were to be the first responder. The agency supplied some supporting documentation, one of which was the *Sexual Assault Treatment Policy* showing that if Medical staff were the first responder they are to notify custody, however nothing in this document talks about the steps that Medical Staff need to take as listed in this standard.

The agency also provided the *Wexford Health P-314 Procedure in the Event of Sexual Assault*. This document outlines the procedure that will be taken by Wexford in the event of treating a victim of sexual assault. Even though the standard does not require a policy be developed, all staff interviewed showed proficiency of this standard as demonstrated through their answers to the questions of being a first responder. All were able to articulate what they would do as a first responder and followed the requirements of the standard.

Corrective Action Plan – Within the 180 day corrective action period, the agency will need to provide the audit team with an updated Executive Directive that indicates what all Security Staff First Responder duties will be, not just the supervisors, managers, shift commanders or heads of the units. The agency will also need to supply the audit team with documentation indicating what the duties of a non-security staff member first responder is responsible for. The agency/facility will need to provide documentation that staff has been trained on the new changes and the changes are being followed.

RESPONSE: The agency updated and submitted Executive Directive OPS.050.0001 and OPS.200.0005 as evidence as they now specifically indicate what first responder duties are, which includes non-security staff. Directive OPS.050.0001 now states the first correctional officer responding to an incident of sexual misconduct shall: (a) Ensure the safety of a victim of sexual misconduct by: (i) immediately stopping an incident in progress, if necessary arranging for separation of the victim from the abuser; and (ii) if applicable, immediately, if qualified, providing medical attention or arranging for appropriate medical attention. (b) if the circumstances are such that there is evidence to preserve: (i) Preserve the scene of the incident; (ii) ensure the victim is advised not to do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and (iii) ensure 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 Directive also now includes language for non-security staff, which states: If the first employee responding to an incident of sexual misconduct is not a correctional officer, that employee shall: (a) immediately request that a correctional officer respond to the scene; and (b) perform duties identified under §§.05D (2) (a) and (b) of this directive for which the employee is officially qualified or authorized to perform. The PREA In-Service training module for staff, also submitted, coincides with these updates.

Standard 115.65 Coordinated response

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

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 agency provided Executive Directive – Sexual Misconduct – Prohibited OSPS.050.0030 and, Executive Directive - Inmate on Inmate Sexual Conduct – Prohibited OSPS.200.0004. Both explain the process of processing a complaint, investigating a complaint, providing medical and mental health care as well as what facility and agency leadership's roles are in the process. These procedures are an institutional plan that supports compliance with this standard.

As supporting documentation the agency submitted an Inmate Sexual Assault Allegation Decision Tree for Medical Decisions. This decision tree shows the steps taken by medical staff when receiving and allegation of sexual assault. Warden Foxwell indicated during his interview that PHPRU staff are trained on how to initially respond to incidents of sexual abuse/harassment and will take appropriate actions. He also indicated that staff all has PREA cards that they carry and are part of their uniform inspection. These PREA cards have a list of first responder duties as they relate to sexual abuse incidents.

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

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

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): The Agency provided AFSCME Teamsters MOU Unit H Page 3, Article 3 - Management Rights which shows confirmation of management rights within the labor agreement and stipulates that the Employer possesses all other power, duty and right to operate and manage its departments, agencies and programs and carry out constitutional, statutory and administrative policy mandates and goals. Also submitted was Maryland State Personnel and Pension 3-302 Management Rights -stipulating management's rights as provided by law. 1 through 8 of this document specifically states that the Agency has the ability to manage their staff in the event that an issue were to occur related to many different issues, of which (3) states, hire, direct, supervise, and assign employees, and (4) states, promote, demote, discipline, discharge, retain, and lay off employees.

During the interview with Martha Danner, Special Assistant to Deputy Secretary, John Michael Zeigler, she indicated the current agreements are active from January 2015 to December 2017. She also indicated management can re-assign staff at any time or place the staff member on leave pending investigation. This is outlined in Maryland law (COMAR: Code of Maryland). Nothing in either of the provided documents conflict with standards 115.72 or 115.76.

Standard 115.67 Agency protection against retaliation

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

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): IIU.110.0011 Investigating Sex Related Offenses page 2 under Definitions, (6) Retaliation - defines what retaliation means and also offers other scenarios that could be perceived as retaliation. Executive Directive – Sexual Misconduct- Prohibited OSPS.050.0030 page 3,

(9) under .04 Definitions also defines what retaliation is and offers other scenarios that could be perceived as retaliation. Executive Directive – Sexual Misconduct- Prohibited OSPS.050.0030 page 6 helps support sections A, C and E of this standard. All of the above referenced directives indicate that it is either the agency head or the investigator to ensure that retaliation does not take place and is monitored.

(b): Executive Directive IIU.110.0011 Investigating Sex Related Offenses, section .05H(1)(c) and .05H(5)(g) specifically prohibits retaliation against victims or other individuals related to an incident of sexual abuse after determining if an individual has been the target of retaliation. During the interview with Martha Danner, Special Assistant to Deputy Secretary, John Michael Zeigler, she indicated those making allegations are separated from the alleged abuser. The Warden or Security Chief is charged with ensuring that retaliation does not occur. When interviewing Warden Foxwell, he indicated that staff have their PREA cards and know their duties as well as other staff as well.

(c)(e): Executive Directive – Sexual Misconduct- Prohibited OSPS.050.0030 section .05B(3)(a-b) indicates that an individual, staff or inmate, reporting, participating in the investigation or resolution of, or who is the victim of alleged sexual misconduct is monitored for 90 days against retaliation and if retaliation is detected will take action which may include, application of available medical or mental health services or counseling; changes to inmate housing assignments and staff work assignments; and continued monitoring as deemed appropriate. Both the agency head and facility head during their respective interviews indicated that they would reassign, transfer or move the individual and start an investigation.

(d): Executive Directive – Sexual Misconduct- Prohibited OSPS.050.0030 section .05B(3)(c) does address continued monitoring as deemed appropriate, however it does not state that the agency will conduct periodic status checks.

(f): No documentation provided indicated that the agency shall terminate monitoring if the agency determines that the allegation is unfounded.

The agency issues were discussed during the onsite audit. After the onsite audit the agency completed a “Retaliation Monitoring” form and supplied it to the audit team as evidence of how they will document the monitoring of inmates who report sexual abuse. The new form was sent to all facility PREA Compliance Managers with directions that it must be used for documenting retaliation monitoring. A reminder was also given to ensure that monitoring begins at the time a report is made and must continue for ninety days, unless the event is determined to be unfounded and to ensure to include in institutional directives the unit or position who is assigned to perform this monitoring task.

In the PAQ, the facility reported zero instances of retaliation in the past 12 months. The facility was asked to provide the method in which they would document the retaliation monitoring if any had been reported and they could not produce or explain how they would document it. When the facility PREA Compliance Manager was asked who she would assign to conduct the monitoring at the facility, she indicated that they do not do retaliation monitoring at the facility.

Corrective Action Plan: Within the 180 day corrective action period, PHPRU will need to provide the audit team with a plan indicating who will provide the retaliation monitoring when it is necessary and that staff have been trained. They will also provide the audit team with any monitoring documentation that occurs during the corrective action period, using the new agency Retaliation Monitoring form as well as an investigation log to support which new allegations require monitoring. This documentation will need to be supplied monthly for the duration of the corrective action period.

RESPONSE: ECI/PHPRU submitted a memo authored by Warden Foxwell which indicates that the facility PREA Compliance Manager is responsible for assigning any retaliation monitoring that may happen as a result of reported incident. The memo also indicates the PCM will be responsible for ensuring all staff assigned monitoring duties will be trained in the process of completing the assigned monitoring. The new agency Retaliation Monitoring form was disseminated to all facilities, including ECI and PHPRU. ECI/PHPRU submitted 31 examples using the new form and conducting retaliation monitoring. An updated allegation/investigation log was received and reviewed, which verified that all required monitoring is being completed at this time.

Standard 115.68 Post-allegation protective custody

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

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.

Maryland DPSCS Case Management Manual DOC.100.0002, Section 18 "Special Confinement Housing" Section E (1) indicates that Protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. Alternatives may include, but are not limited to:

- (a) Transfer of the inmate to a different housing unit within the facility;
- (b) A lateral transfer of the inmate to another facility of the same security level;
- (c) Transfer of the inmate's documented enemy or enemies to another facility;
- (d) Transfer of the inmate to another state under the provisions of the Interstate Corrections Compact (ICC) ;
- (e) Transfer to MCAC (in exceptional circumstances only) ; or
- (f) Assignment to home detention (if eligible).

If protective custody housing is utilized or recommended by the case management team the supporting rationale shall be documented on a Case Management Assignment Sheet. The inmate shall be initially reviewed upon arrival at the protective custody facility.

As with standard 115.43 where inmates who are at high risk for sexual victimization, inmates who have allegedly suffered sexual abuse fall under the same provisions as does 115.43. The agency's processes and documentation support compliance with this standard as it did for 115.43.

The interview with Warden Foxwell indicated that they would separate the victim from the perpetrator and that they have multiple options for separation. He indicated that they also have protective housing that provides the same privileges as a general population prisoner. He indicated segregation would be a last resort but that they would still receive as much privileges as possible while temporarily housed in segregation. He indicated that they have not had any instances of this within the last 12 months. This was supported by the PAQ for this audit.

Standard 115.71 Criminal and administrative agency investigations

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

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 directive IID.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, specifically states this directive applies to personnel assigned to conduct an investigation of an allegation of misconduct that involves a sex related offense. Section .03(A) states, in part, the Department shall promptly, thoroughly and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense. Upon interviewing IID Detective William Justice, he indicated once an allegation is received at IID it is documented and a case number issued. It is then reviewed and assigned. The investigator will immediately begin the investigation and attempt to complete it within 30 days. An investigation is generally initiated within 24 hours of receiving the allegation. During a previous interview with IID Detective Sergeant Ann Nicodemus, she indicated in rare circumstances, an investigation may be delayed to day two or three if a detective is not readily available. However, she stated there is always an IID detective on call, 24/7 so there is rarely a time when a detective wouldn't be readily available.

Agency OSPS.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015, section 1(c) states 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 sexual misconduct. The agency indicated there have been no allegations received from a third-party regarding sexual abuse or sexual harassment. However, the auditor was able to review investigations the agency has conducted that did not relate to sexual abuse that were initiated by third-party reports. Based upon this review, the agency policy allowing it, and the interview conducted with the investigative division, the agency is in compliance with this portion of the standard.

(b): Maryland DPSCS directive IID.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, section .03(B) specifically states 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.

During the facility visit, the IID division secretary provided a printout of all the IID investigative detectives who have completed the required investigative training regarding allegations of sexual abuse and sexual harassment. The documentation verified that all IID investigative detectives have completed the training. The investigators interviewed stated per the training commission standards they continuously have training on PREA and responding to sexual abuse incidents. The training covers policy, compliance with the complaints, initial response, interviewing and professionally dealing with the victims, evidence collection, witness and offender interviews and referrals for prosecution.

Most allegations of sexual abuse and sexual harassment, criminal and administrative, are conducted by the IID unit. The IID is quite large and has many detectives stationed throughout the state, and generally all detectives are former police officers with experience in conducting investigations prior to being hired as an IID detective.

The agency provided the training module required of all IID detectives before conducting sexual abuse and sexual harassment investigations, which is specialized. However, at times PREA allegations received at the IID unit are referred back to the facility. Poplar Hill reported one allegation of sexual abuse was reported in the past twelve months. This allegation was actually received at ECI after the inmate had transferred from Poplar Hill. The allegation was investigated by the IID unit. Poplar Hill does not have any staff trained to conduct investigations into sexual abuse/harassment. Although compliant with this section of the standard at this time, it is recommended that Poplar Hill train some of their staff on conducting these investigations in the event the IID unit does send back an allegation to investigate on site.

(c): Maryland DPSCS directive IID.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, states throughout the directive that, if the incident is reported in a time frame that supports it, investigators shall ensure that the scene is protected to preserve evidence and the victim is advised against actions that would destroy evidence that may be present on the victim's body or clothing. Furthermore, in section .05(D) (2)-(4) states, in part, the investigator shall recover physical evidence from the victim or coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical exam performed by a SAFE or SANE, which includes the collection of DNA, if present. Subsection (7) requires the investigator to thoroughly describe physical, testimonial, and documentary evidence surrounding the case.

This directive specifically addresses the credibility of a victim, witness, and suspect. However the remainder of the section regarding interviews speaks directly about the requirement of the investigator to conduct interviews and follow-up interviews of the victim only. Agency directive OSPS.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015, states An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards related to interviewing victims and witnesses. Additionally, agency directive OSPS.200.0004, Inmate on Inmate Sexual Conduct-Prohibited, effective November 13, 2015, states an investigator, or designee, shall conduct a prompt, thorough, and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable stator, regulatory, case law, contract, Department or agency procedures, or other reasonable accepted standards related to interviewing victims and witnesses. Although agency investigations demonstrate a practice of interviewing the suspected perpetrators during an investigation, nothing in agency directive requires an interview with suspected perpetrators.

Facility staff is trained to secure the area an alleged assault occurred until IID staff arrives to process the area as a crime scene. During this time, access to the scene is limited and documented who entered and why. Det. Justice stated IID staff will process the area for any physical evidence including DNA. They will review reports and begin conducting interviews with the victims(s), perpetrator(s) and any witness, as well as collect any other evidence (videos, photographs, medical records, prior records of inmates involved) to ensure a thorough investigation is completed. Additionally, DPSCS policy requires alleged victims to be sent to a nearby hospital for a forensic exam to be conducted by SANE/SAFE certified staff.

(d): Under the follow-up activities section of this directive, the investigator is required to work with the prosecutor to develop a case for criminal prosecution. IID staff indicated during interviews, that whenever a complaint contains potentially criminal allegations, Miranda and Garrity are implemented appropriately in order to ensure the information gathered during the investigation does not jeopardize a criminal investigation. They also have a good working relationship with the prosecutor's office and regularly have conversations regarding current cases as they are progressing along.

(e): Maryland DPSCS directive IID.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, section .05(E)(1) states the credibility of a victim, witness, or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. Subsection (2) of this same direction states a victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of an incident involving a sex related offense. IID staff indicated during interviews that the credibility of all involved in an investigation is based upon the facts of the investigation and not upon the status of the individual as an inmate or employee. Det. Justice further stated this is one of the benefits of the agency hiring former police officers to work as IID detectives, because they don't have the history with correctional staff within the facility. This means they are better equipped to be objective in our investigations.

(f)(1): Maryland DPSCS directive IID.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, requires investigators to conduct post-incident actions including determining if employee action or lack of action contributed to the occurrence.

(f)(2): Subsection .05(D)(7) states the investigator shall document all aspects of the investigation in a comprehensive investigative report that thoroughly describes physical, testimonial, and documentary evidence and that explains the reasoning behind credibility assessments and includes facts and findings. IID Detective Justice articulated during his interview that all aspects of an allegation are considered and documented during an investigation. This includes whether or not staff actions or inactions were the possible cause of an incident. The reports reviewed during the audit include complete descriptions of any physical evidence (when applicable) as well as testimonial evidence relied upon when making a final determination as to the merits of the investigation. There were fifty-six allegations of sexual abuse/harassment within the past 12 months at ECI. Nineteen investigations were reviewed.

(g): The DPSCS conducts both administrative and criminal investigations. Therefore, the requirements outlined above in section (f) of this standard apply here as well.

(h): Maryland DPSCS directive IID.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, section .05(H)(6) states that follow-up investigative activities include, if appropriate, the IID will work with the prosecutor to develop the case for criminal prosecution. Upon interview with IID investigative Detectives, it is clear that every potentially criminal allegation is investigated by sworn police officers with the authority to conduct criminal investigations. Those investigations containing sufficient evidence to merit prosecution are referred to the prosecuting attorney's office for prosecution. IID staff conducts criminal investigations of any allegation that appears to be criminal. Any criminal allegation that is substantiated is then referred for prosecution. This was verified during the previous various conversations held with different IID staff as well as during the formal interview with IID Detective William Justice.

(i): Section .05(D)(7)(e) states the investigation is maintained according to an established retention schedule, which requires that the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department plus five years. All investigative reports are retained electronically within the IID. Historical reports were reviewed during the audit.

(j): Subsection (F) of this same directive states an investigation under this directive may not be terminated based on victim or suspect departure from Department employment or custody. During the interview with IID Detective Justice, he indicated an investigation, once initiated, will be continued until completed regardless of the status of an employee or inmate within the DPSCS.

There was one criminal investigation that was previously provided that demonstrated an instance where the agency's investigation continued after the employee (alleged aggressor) resigned from the agency. This particular investigation was later referred for prosecution. The former employee was prosecuted.

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

(l): No outside agencies conduct investigations on behalf of the agency. Therefore, this portion of the standard is not applicable.

Corrective Action Plan: Within the 180 day corrective action period, the agency will need to include the requirement to interview suspected perpetrators within appropriate agency directives. It is also recommended that staff at Poplar Hill complete the agency specialized training for sexual abuse/harassment investigations - *Specialized Training: Investigations PREA*.

RESPONSE: ECI/PHPRU provided the auditor with a training document indicating that 8 staff received the proper PREA Investigators training required in order to conduct PREA investigation. The agency updated and submitted Executive Directive OPS.050.001 and OPS.200.0005 as evidence that the requirement to interview suspected perpetrators has been added. Investigations show that all suspects are being interviewed.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

Maryland DPSCS directive IID.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, specifically states, in part, upon concluding an investigation involving an inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence.

Title 12 Department of Public Safety and Correctional Services, subtitle 11 Office of the Secretary, states under Decisions and Orders that the presiding officer shall use a preponderance of evidence as the standard of proof, unless the standard of clear and convincing evidence is required by regulation or statute.

Although the agency conducts primarily criminal investigations into allegations of sexual abuse, it has demonstrated through employee interviews, provided investigative reports, and within agency policy that it utilizes the standard of preponderance of the evidence in making determinations about investigative outcomes.

Standard 115.73 Reporting to inmates

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

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 directive IID.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, specifically states upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being determined to be substantiated, unsubstantiated, or unfounded. When reviewing the investigations conducted within the 12 months prior to this audit, the IID investigator indicated in the reports that the victim was notified of the outcome of the investigation. During interviews with IID staff they indicated that notification are in fact made to the victims and noted in the investigation reports.

(b): The agency conducts its own investigations; therefore, this section of the standard does not apply.

(c): This directive continues to require the investigator to ensure, if the incident involved an employee committing a sex related offense on an inmate and the incident was substantiated or unsubstantiated arrange for the inmate to be advised all the requirements outlined in this section of the standard.

(d): Subsection .05(H)(5)(d) of this same directive states if the incident involved an inmate committing a sex related offense on another inmate arrange for the victim inmate to be advised of the requirement regarding the perpetrator outlined in this portion of the standard. The agency has indicated there were no instances of (c) and (d) occurring within the last 12 months requiring such notification. However, agency directive mandates such notifications and conversations with staff have demonstrated an understanding of this requirement. Therefore, the agency appears to be compliant with these portions of the standard.

(e): Subsection (e) of this portion of this directive states written confirmation is received from the managing official, or a designee, and maintained in the investigative file that documents notifications made under this section have been made and include the date and time of the notification, the name and signature of the inmate notified, and the name and signature of the individual making the notification.

(f): This directive specifically states the victim reporting requirements under this directive shall terminate at the time the victim is released from Department custody.

Standard 115.76 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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 directive OSPS.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015, outlines an employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to a penalty under the Standards of Conduct, up to and including termination of employment with the Department, criminal prosecution, and if applicable, notification of a relevant licensing authority.

(b): Agency documentation titled "Standards of Conduct & Internal Administrative Disciplinary Process" states, Third Category Infractions are the most serious and include, among other things, unprofessional personal relationship or contacts with inmate, offender or client. Third category infractions shall result in termination from State service. The agency had no instances of termination for this reason in the last 12 months.

(c): Maryland DPSCS directive OSPS.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015, outlines an employee who was determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to a penalty under the Standards of Conduct, up to and including termination of employment with the Department. The agency directive does not specifically state the discipline shall be "commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." However, the detail of the directive adheres to the overall intent of the standard in the way the agency enforces rules and regulations and administers discipline.

(d): Maryland DPSCS directive OSPS.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015, outlines an employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to a penalty under the Standards of Conduct, up to and including termination of employment with the Department, criminal prosecution, and if applicable, notification of a relevant licensing authority. The agency indicated there were no instances of employee terminations in past 12 months. The agency did provide the most recent investigation available (2013) demonstrating compliance with the standard.

Standard 115.77 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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 directive OSPS.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015, state a contractor determined to have committed sexual misconduct is considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency, subject to sanctions according to provisions of the contract or agreement, is subject to criminal prosecution, and if applicable, notification of relevant licensing authority.

(b): The Code Of Maryland (COMAR), section 21.07.01.11 Contracting Termination, section .11 states “if the Contractor fails to fulfill its obligation under this contract properly and on time, or otherwise violates any provision of the contract, the State may terminate the contract by written notice to the Contractor. Section .22, regarding mandatory provision for all contracts, subsection ‘C’ states it shall comply with all federal, State, and local laws, regulations, and ordinances applicable to its activities and obligations under this Contract.

ECI Facility Directive ECI.124.0000 Sexual Misconduct – Prohibited (which covers Poplar Hill) requires that every employee, contractor, and volunteer having contact with an inmate under the authority of the facility is familiar with the DPSCS policy and the policy prohibiting sexual misconduct and follows procedure for handling all allegations. All facility volunteers/other contractors shall complete PREA education through the Volunteer Activities Coordinator. Training records were reviewed and contractors/volunteers had all been trained as required.

Poplar Hill reported no instances of contractors or volunteers being reported to law enforcement for engaging in sexual abuse of inmates. During the interview with Assistant Warden West and Acting Facility Administrator Maycock, they indicated that any contractor/volunteer found to be in violation of the agency’s sexual abuse or sexual harassment policies would immediately be prohibited from further contact with any inmates and an investigation would be launched. They indicated that volunteers/contractors are subject to the same measures as an employee up to being stopped from coming in to the facility all the way up to potential prosecution.

Standard 115.78 Disciplinary sanctions for inmates

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

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 directive OSPS.200.0004, Inmate on Inmate Sexual Conduct-Prohibited, effective November 13, 2015, states that an inmate may not commit, participate in, support, or otherwise condone sexual conduct. DPSCS Title 12, Chapter 27 details how inmate discipline is handled, including inmate sexual abuse. Poplar Hill directives do not contain any information regarding the discipline of inmates in regards to sexual abuse/harassment. Poplar Hill reported on the PAQ that there were no instances of administrative or criminal findings in the past 12 months of inmate on inmate sexual abuse.

(b): The agency directive does not specifically state the discipline shall be “commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.” However, the detail of the directive appears to adhere to the overall intent of the standard in the way the agency enforces rules and regulations and administers discipline.

(c): Title 12 Department of Public Safety and Correctional Services, chapter 27 Inmate Discipline, subsection .18(B) (6) Prehearing and Hearing Procedures section states, if the hearing office, at a hearing finds the inmate guilty of the rule violation charged, the hearing office may consider the inmate’s competency at the time of the rule violation as a mitigating circumstance when determining the sanction.

(d): Poplar Hill directives do not indicate if they offer therapy or counseling to determine the underlying reasons for sexual abuse. Poplar Hill did not indicate on the PAQ if they consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Mental Health staff interviewed indicated they do determine what type of follow up service may be needed, if any, and see that perpetrators are made aware of these programs. Staff indicated they do not require participation, but they do encourage.

(e): DPSCS did not provide any documentation to support that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Poplar Hill Facility Directives contain no information regarding inmates being subject to formal disciplinary action following an administrative and/or a criminal finding that the inmate engaged in inmate-on-inmate coerced sexual abuse and/or non-consensual sexual conduct with staff. Poplar Hill reported no misconducts were written at in the past 12 months for any allegations investigated under PREA or against any inmate or sexual conduct with staff.

(f): Maryland DPSCS directive OSPA.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015, states 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.

(g): Maryland DPSCS directive OSPA.200.0004, Inmate on Inmate Sexual Conduct-Prohibited, effective November 13, 2015, states that an inmate may not commit, participate in, support, or otherwise condone sexual conduct. Poplar Hill staff indicated that there were no instances of inmate on inmate consensual sexual conduct in the past 12 months. Staff reported that they would definitely respond to all instances as required under PREA standards and further investigate to determine if in fact it was consensual or sexual abuse.

Corrective Action Plan: The agency is not in compliance with section (e) of this standard. Within the 180 corrective action period, the agency indicated they would update their policy to address the discipline for inmates who engage in sexual contact with staff. Once this is complete and submitted for review the agency will be in compliance with this standard.

RESPONSE: The agency updated and submitted Executive Directive OPS.050.0001 and COMAR 12.03.01 Operation Inmate Discipline as evidence to address the discipline of inmates who engage in sexual contact with staff. The Directive states an inmate may not be found guilty of committing a sexual act under the inmate disciplinary process if the involved staff member consented to the sexual act or conduct. The COMAR states if the hearing officer finds the staff member did consent to the sexual act or conduct the inmate may not be found guilty.

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-c): Upon interviewing Case Management staff, it was stated that during the screening process, if an inmate discloses that he has ever experienced sexual victimization, or ever been the perpetrator of sexual victimization, he is automatically referred to either Medical or Mental Health immediately upon disclosure, and the inmate is generally seen within days of the report. The Case Manager stated that it is his duty to screen all intake assessments and he is specifically looking for any sexual abuse victimization or perpetration. The Case Manager provided multiple referrals to show that this process is in fact taking place at PHPRU. In further support of this standard, MDPSCS Executive Directive, COS.200.0005, was reviewed. The directive states that if 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 intake screening.

(b): MDPSCS Medical Intake, Chapter 1, section A, II. states that all new intakes will be screened for history of sexual assault as a victim or perpetrator, either in the community or during incarceration, and will be referred for further evaluation with Medical/Mental Health within 14 days of intake. Agency Executive Directive COS.200.0005 does not address that the "perpetrator" will be offered a follow-up with medical or mental health practitioner within 14 days of the intake screening.

(d): This portion of the standard is met agency wide as indicated by Executive Directive 200.0005.05 Responsibility, and in Executive Directive-Sexual Misconduct-Prohibited effective June 26, 2015, and OSPS.050.0030. In addition, the Instructions of the PREA Intake Screening Instrument were reviewed and indicate that the responses to the questions asked on the screening instrument are to be kept confidential and disseminated only to those individuals with a need to know. This was also supported in the interview with the Case Manager, who stated that this information is provided only to individuals for whom it is necessary for medical and mental health evaluation and treatment, and those staff for whom it is necessary to make security and management decisions.

(e): The Limits of Confidentiality form is utilized by Medical and Mental Health practitioners in an effort to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Review of this form does not support that inmates' informed consent is obtained by Medical/Mental Health staff.

The form does support that they inform inmates that by signing the form they cannot keep confidential issues related to sexual abuse within the correctional setting; however, it does not address sexual abuse outside of the correctional setting.

The agency did not provide any documentation supporting that there is a requirement to receive informed consent for inmates who report sexual victimization that did not occur in the institutional setting. An interview with PHPRU's Medical Head indicated that they would obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting; however, the consent form being used does not address informed consent for reports of sexual victimization which did not occur in the institutional setting. In addition, PHPRU does not house inmates under the age of 18.

Corrective Action Plan – Within the 180 day corrective action period, the agency will need to provide the auditor with executive directives, documentation and any forms utilized to support that medical and mental health will receive informed consent prior to them reporting any incidents of sexual abuse that took place outside an institutional setting. The agency will also need to provide the auditor with proof of agency wide dissemination which shows enforcement of these changes.

RESPONSE: The agency provided Wexford Health's Procedure in the Event of Sexual Assault, a Mental Health Informed Consent form and the Department of Public Safety and Correctional Services Office of Clinical Services/Inmate Health Medical Records Manual, Chapter 1 – Consent to Treatment, as evidence to address the informed consent issue. The documentation requires that consent must be obtained for prior victimization/abuse not occurring in an institutional setting.

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): An interview with medical staff indicated that follow-up treatment for alleged victims and perpetrators will be administered immediately and at no cost to the inmate. Timely and unimpeded access to medical treatment will be provided as necessary, as a result of any incidents, at no cost to inmate victims of sexual assault. The agency and PHPRU has met all requirements of this standard. To further support this standard, Executive Directive, OSPS.050.0030-Sexual Misconduct-Prohibited (effective June 26, 2015) was reviewed and indicates that facility staff shall ensure the safety of the victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes, immediate medical attention and continued personal protection, referral for medical and mental health care follow-up and non-medical or mental health related counseling and support services. In addition, section F (3) (a) (iii), states that staff shall immediately arrange for emergency medical services.

(b): MDPSCS Executive Directive- Sexual Misconduct-Prohibited (effective June 26, 2015) OSPS.050.0030, section .05F (3), states 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; in addition, staff shall refer the victim for appropriate medical/mental health follow-up services. Interviews with staff first responders did show that PHPRU staff were well informed with what steps they are to take in the event that there are no available mental health or medical staff on duty at the time of a report of sexual abuse.

Staff stated they would separate the victim and assure that the on call medical or mental health staff was contacted. PHPRU staff did state that there are medical staffs available at Eastern Correctional Institution (ECI) 24 hours per day, and the inmate would be evaluated by ECI medical staff if PHPRU medical staff were not on-site.

(c-d): Security staff and non-security staff interviews indicate medical and mental health services are provided to victims at no cost to the victim. In further support of this standard, MDPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault on an Inmate, was reviewed and states that all follow-up testing related to Sexually Transmitted Infections, pregnancy, HBV, and RPR shall be reviewed with the inmate and any additional testing or treatment is required within 5 business days.

All PREA related post assault follow-up clinical activities for medical and mental health must be completed, including testing and prophylactic treatment for STD's and pregnancy (females). With regard to section (d) of this standard, the Executive Directive OSPS.200.0004, Inmate Sexual Misconduct, as well as, the Medical Evaluations Manual, Chapter 13, requires that the victim shall be offered medical treatment at no financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

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-g): Interviews with medical and mental health staff supported that all treatment services as required by this standard are taking place and are consistent with community level care, if not better due to the immediate availability of clinicians. Staff indicated in the event that an inmate suffered any sexual abuse, follow-up services and further treatment is available, including any tests for sexually transmitted infections. This is also supported by agency directives and the medical manual/processes are provided to inmate victims of sexual abuse without financial cost. Staff interviews indicated that inmates are immediately offered mental health services upon learning that the inmate is a known abuser and treatment is offered when deemed appropriate. All requirements of this standard have been met.

In further support of this standard, Maryland DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault on an Inmate, was reviewed and requires that inmates reporting to have been sexually assaulted shall be provided with a medical evaluation and subsequent intervention focused solely upon the injury or trauma sustained during the assault. All inmates shall be seen for medical follow-up within the first 24 hours following the initial off-site medical visit and all follow-up testing related to STD, HBV, and RPR shall be reviewed with the inmate and the inmate will be offered additional testing and treatment within 5 business days. Additionally, post assault follow-up clinical treatment for medical and mental health must be completed, including further testing and prophylactic treatment for STD's. Also stated in the Medical Evaluations Manual in section O, both the victim and the alleged abuser shall be provided treatment services without financial cost, which exceeds the requirements of this standard.

(h): The Medical Evaluations Manual, Chapter 13, section K, requires that the alleged abuser shall be offered a mental health evaluation within 30-60 days of the alleged assault or abuse. Staff interviews with the Case Manager and Medical Head confirmed that the alleged abuser would be offered a mental health evaluation within 30-60 days of the alleged assault or abuse.

Standard 115.86 Sexual abuse incident reviews

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

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)(c): Executive Directive COS.020.0027-PREA Investigations-Tracking and Review (effective March 20, 2014), section .05- Responsibility, requires that a review team, consisting of upper level facility management, shall review all sex related offenses that are investigated, unless determined to be unfounded, within 30 days after the investigations is concluded. The review team shall have input from line supervisors, investigators and medical and mental health practitioners concerning the incident. In addition, the agency's policy requires the review shall consider if the incident or allegation indicates a need for a change in policy or procedure to better prevent, detect, or respond to sexual abuse and the specific reasons by which the incident was motivated. In accordance with the agency's Directive, the review team shall also examine the location of the incident to evaluate any physical plant issues and assess staffing levels and the need for monitoring technology to determine if there are other issues that may have contributed to the incident. Section E(6) of this directive addresses the requirements for preparing a report of the findings for the managing official and PREA Compliance Manager which must include any identified problem areas, corrective action and recommendations. Section F of this directive addresses the requirement for implementing the review team's recommendations or the documentation of the reasons for not adopting recommendations.

ECI Facility Directive ECI.124.0000 Sexual Misconduct – Prohibited (which covers procedures for Poplar Hill) states the Facility PREA Compliance Manager shall ensure an incident review is completed within 30 days of the conclusion of the investigation by IID. It goes on to state ECI (Poplar Hill) shall conduct a sexual abuse incident review at the conclusion of each PREA investigation, unless it is determined to be unfounded.

This review will be held in conjunction with the RIV meeting within 30 days of the conclusion of the investigation. The PCM will lead this review and complete the Sexual Abuse Incident Review form (Attachment C). The completed form is sent to the Warden with a copy kept in the PCM file for that incident. Agency directive DCD 110-22 Reduction in Violence indicates the Division of Correction has a zero tolerance of acts or threats of violence in its facilities. This zero tolerance policy means each and every act or threat of violence, regardless of the people involved and/or circumstances will bring forth a prompt investigation and an appropriate response to those findings. While certain behavior may lead to disciplinary sanctions, emphasis is on providing a safe and secure environment for both staff and inmates. Acts of violence will be vigorously prosecuted both administratively and criminally.

The directive states each Warden shall establish a Reduction in Violence committee for the purpose of reviewing and identifying strategies and initiatives to reduce levels of violence in the institution. The committee shall minimally be comprised of the following members: security chief, major, intelligence officer, training coordinator, case management, social worker, psychology, sergeant, CO II and chair of Incident Assessment Team. The warden shall review and approve any recommended actions or strategies and report monthly to the Assistant Commissioner – Security Operations via the Regional Commissioner. Facilities may conduct PREA Incident Reviews during these Reductions in Violence meetings.

Poplar Hill indicated on the PAQ and confirmed during the site audit that they have not conducted any Incident Reviews in the past twelve months for any allegations. During the interview with Administrator Maycock, he indicated they would go to ECI to conduct the incident reviews during the RIV meetings. However, there is no indication that these PREA incident reviews are in fact being conducted and the facility PREA Compliance Manager indicated she has only been invited to one Violence Prevention Meeting, where PREA might be discussed. Although Poplar Hill has not had any allegations which would warrant an incident review, the fact that their parent facility, ECI, is not conducting incident reviews as they should, they are not compliant with this section of the standard. This could have a severe effect on survivors and protection from further abuse.

(e): No incident reviews were conducted at Poplar Hill; therefore no recommendations for improvement have been made either.

Corrective Action Plan –PHPRU will have to conduct incident reviews on all future allegations of sexual abuse as required by this standard and/or Agency policy, and provide verification that they are being completed for the next 180 days. During the corrective action period, an investigation log will also need to be provided as reference for allegations being reported.

RESPONSE: The agency created and submitted a new Sexual Abuse Incident Review form which was disseminated to all facilities. ECI/PHPRU submitted 61 examples of completed Incident Reviews, including from prior allegations from 2016 and 2017. ECI/PHPRU submitted an investigation log which verified that all incidents requiring a review since the audit have been conducted.

Standard 115.87 Data collection

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

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): Agency directive OSPA.020.0027, PREA Investigations-Tracking and Review, effective November 13, 2015 identifies (.05-A) the department's IIU as the primary investigative body for all PREA related allegations and shall collect and maintain data regarding PREA related criminal and administrative investigations, which are required to be reported to IIU.

(b),(c), (f): Subsection B of the above listed directive states the IIU shall uniformly collect and maintain data for each reported allegation of sexual abuse at correctional facility under the authority of the Department that, at a minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice. Subsection B-4 states by June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.

(d): Subsection C states the PREA Coordinator, or designee shall complete the following:
The PREA Coordinator or a designee shall:

- (1) Aggregate the incident-based sexual abuse data annually.
- (2) Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

(e): Section .03-B of this same directive states the Department shall uniformly collect accurate data from every allegation of sexual abuse from each correctional facility under the authority of the Department to assess and improve effectiveness of sexual abuse prevention, detection and responsiveness.

(f): Executive Directive COS.020.0027-PREA Investigations-Tracking and Review (effective November 13, 2015), section .03-Policy, states that the Department shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under the authority of the Department. With regard to section (a) of this standard which requires that a standardized instrument must be used to collect data for every allegation of sexual abuse, the agency's policy (section B), indicates that the IID shall develop the forms to be used for the collection of data for allegations of sexual abuse at the DPSCS correctional facilities. Section C, requires that the PREA Coordinator shall aggregate the incident-based sexual abuse data annually. The DPSCS's PREA Reporting Incident-Based Data Collection requires that data collected shall be sufficient to answer all of the questions from the Bureau of Justice Statistics Survey on Sexual Violence; this document specifically lists the details of the data to be collected. Section C, also requires that the PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files and sexual abuse incident reviews.

The DPSCS's 2015 Survey of Sexual Victimization was reviewed and the survey supports that the agency has collected and aggregated the data as required by this standard, and has submitted this information to the United States Department of Justice/Bureau of Justice Statistics by June 30 as required. The DPSCS PREA Annual Report has also been reviewed, which supports that the agency obtains incident-based and aggregated data from all DPSCS facilities to include Threshold which is a private Pre-Release facility contracted by DPSCS. All sections of this standard (a-f) have been met. Annual reports for 2013, 2014 and 2015 were available and reviewed on the agency website.

Standard 115.88 Data review for corrective action

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

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): Agency directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective September 1, 2012, states in section .05-B(2) the PREA Coordinator shall, on PREA related matters, have the authority of the Secretary and at a minimum, is responsible for data collection and review.

Agency directive OSPS.020.0027, PREA Investigations-Tracking and Review, effective November 13, 2015, states in section .05-C (1), states the PREA Coordinator, or designee shall aggregate the incident-based sexual abuse data annually. Section (3) (b)-(d) requires the report to include identification of problem areas or problems within specific correctional facilities, used to facilitate corrective action, and compare the current year's data and activities with that available from previous years.

A review of the agency's most recent report revealed that several steps have been taken to comply with PREA in general. This included updates to policy, the establishment of facility PREA Compliance Managers at every facility, renovations of facilities, and entrance into a MOU for certified PREA audits.

(c): The agency's annual report is approved by the agency head. This was verified through an interview with the agency head and the agency head's signature on the report itself.

(d): There is no information contained within the agency's report that would require redacting.

Executive Directive COS.020.0027-PREA Investigations-Tracking and Review (effective November 13, 2015), section .05-Responsibilities, requires that the data collected and aggregated is compiled into an annual report, as well as assessed by the Department to improve the effectiveness of its sexual abuse prevention, detection, and response, policies, practices and training to include identifying Department-wide problems, and facilitating corrective action. In addition, as required by section (b-d) of this standard, the above listed Executive Directive also states the annual report shall compare the current calendar year's data and activities with that available from previous years and shall be approved by the Secretary and made available to the public through the Department's public website.

This is also evidenced by review of the DPSCS PREA Annual Report, which was signed and approved by Stephen T. Moyer, Secretary of the DPSCS and was able to be found on the Department's website: (<http://dpscs.maryland.gov/prea/docs/PREA-Report-2015.pdf>).

Also, indicated in the directive listed above in section 3(f), the Department shall redact information that would present a clear and specific threat to the safety and security of a correctional facility, while indicating the nature of the redacted information.

Standard 115.89 Data storage, publication, and destruction

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

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),(c),(d): Executive Directive COS.020.0027-PREA Investigations-Tracking and Review (effective November 13, 2015), .05-Responsibilities, section C, requires that the Department PREA Coordinator/Designee shall securely maintain incident-based and aggregated data ensuring only authorized personnel have access to the information.

In addition, the sexual abuse data must be maintained for at least 10 years from the date received. The agency IID conducts collects and securely retains all data related to allegations of sexual abuse and sexual harassment occurring within the agency. The availability of the data is limited to IID staff and the agency's leadership/administration. The agency PREA Coordinator develops an annual report utilizing this data and posts it on the agency's website.

As required by the agency's Directive in section C, the collected and aggregated data must be made available to the public annually through the Department's website after redacting any information which would present a clear and specific threat to the safety and security of a correctional facility and related personal identifiers. Review of the Department's website (<http://dpscs.maryland.gov/prea/index.shtml>) supports that the DPSCS PREA Annual Reports are made available to the public. No personal identifiers are utilized in the report; therefore, there is no need for redaction.

AUDITOR CERTIFICATION

I certify that:

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

Christine D. Wakefield-Shepard

12-6-2017

Auditor Signature

Date