

PREA Facility Audit Report: Final

Name of Facility: Roxbury Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/18/2023

Date Final Report Submitted: 08/01/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Darren Bryant	Date of Signature: 08/01/ 2023

AUDITOR INFORMATION	
Auditor name:	Bryant, Darren
Email:	dbryant357@msn.com
Start Date of On-Site Audit:	03/06/2023
End Date of On-Site Audit:	03/08/2023

FACILITY INFORMATION	
Facility name:	Roxbury Correctional Institution
Facility physical address:	18701 Roxbury Road, Hagerstown, Maryland - 21746
Facility mailing address:	

Primary Contact

Name:	Kimberly Baker
Email Address:	kimberly.baker@maryland.gov
Telephone Number:	240-420-3352

Warden/Jail Administrator/Sheriff/Director

Name:	Carlos
Email Address:	Bivens
Telephone Number:	240-420-3100

Facility PREA Compliance Manager

Name:	Kimberly Baker
Email Address:	kimberly.baker@maryland.gov
Telephone Number:	M: 2404203411
Name:	Kirk Seekford
Email Address:	kirk.seekford@maryland.gov
Telephone Number:	

Facility Health Service Administrator On-site

Name:	Teresa Folk
Email Address:	Teresa.Folk@yescarecorp.com
Telephone Number:	240-420-1219

Facility Characteristics

Designed facility capacity:	1798
Current population of facility:	1579

Average daily population for the past 12 months:	1495
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-83
Facility security levels/inmate custody levels:	Medium Security Facility (holding the range of security levels)
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	235
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	15
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	3

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Acting Secretary Carolyn Scruggs
Email Address:	carolyn.scruggs@maryland.gov

Telephone Number:	(410) 339-5099
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Agency-Wide PREA Coordinator Information			
Name:	David Wolinski	Email Address:	david.wolinski@maryland.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-06
2. End date of the onsite portion of the audit:	2023-03-08

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1798
15. Average daily population for the past 12 months:	1495
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1593
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	9
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	35
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	17
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	20
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	10

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	14
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	5
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	17
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	235
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	15
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	26
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I used the Housing Roster with the assistance of the Facility PREA Manager. I conducted interviews of random inmates from each housing unit, while touring the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	23
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 1469 1469 1630"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 1675 1469 1756"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Auditor interviewed PREA Compliance Manager, Classification Supervisor, Medical, and other inmates.</p>
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>2</p>
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Auditors spoke with Facility PREA Compliance Manager, Classification Supervisor, Medical Staff, and inmates to determine if population exists.</p>
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	<p>1</p>

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	7
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	2

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	19
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☒ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	0	5	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	5	0	5	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	5	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	5	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

5

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

The facility had one sexual harassment allegation, and it was investigated administratively.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:

2

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☒ Other

Identify the entity by name:

3D PREA Auditing

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility meets this standard. The standard is addressed in the noted policies and procedures:</p> <ul style="list-style-type: none"> Roxbury Completed Pre-Audit Questionnaire (PAQ) DPSCS PREA Audit Manual DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited DPSCS Executive Directive OEO.050.0024 Sexual Harassment-Prohibited Facility Directive Roxbury 050.0001 Sexual Misconduct-Prohibited Roxbury Organizational Chart and DPSCS Organization Chart <p>Auditor interviewed the following staff members:</p>

	<ul style="list-style-type: none"> • Agency wide PREA Coordinator • Facility PREA Compliance Manager • Warden <p>The above was also confirmed by staff and inmate interviews. All were aware of the Zero tolerance policy. Inmates received training upon arrival to the facility. Staff has been trained and is trained annually during their in-service training. The department has an agency wide coordinator, and his sole responsibility is PREA. He coordinates with several other Institutional PREA Managers. The PREA Coordinator was very knowledgeable about the PREA requirements and worked very hard trying to meet all PREA requirements. The auditor interviewed the Facility PREA Compliance Manager. She indicated that she has more than enough time to perform her PREA duties. She has been in this position about 2 years and reports directly to the Warden. The auditor interviewed staff, and all acknowledged she is the point of contact for PREA. The auditor observed both organizational charts facility and agency. The facility organizational chart shows the PREA Manager reports to the Warden. The agency chart shows the PREA Coordinator reports only to the Agency Head.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ul style="list-style-type: none"> • RIC Completed Pre-Audit Questionnaire (PAQ) • DPSCS Website • Interviews with the following • DPSCS PREA Coordinator <p>The DPSCS PREA Coordinator has confirmed that the contract to house inmates at Threshold, Inc. was terminated. The Department does not have a contract to house DPSCS inmates.</p> <p>The auditor conducted a review of the agency's website at DPSCS website @ https://dpscs.maryland.gov/prea/prea-audits.shtml and confirmed PREA Audit Reports were posted for the Threshold Inc conducted in 2015 and 2018. An interview with the DPSCS PREA Coordinator indicated the agency conducted regular monitoring for PREA compliance throughout the contractual services.</p> <p>Based on the review of previous contractual services provided, agency website with posted PREA audits identifying compliance and an interview with the DPSCS PREA Coordinator, the DPSCS facility has demonstrated compliance with all provisions of</p>

	this Standard.
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The facility meets the standard. The facility policy requires upper- level and intermediate level managers each of them to conduct regular and random unannounced rounds to identify and deter staff and inmate sexual misconduct. This auditor interviewed supervisors from each shift and Chief of Security. All of them indicated that their rounds are documented by staff in the housing logbook, but the supervisors are also required to document in the Supervisory Logbook on post. This was verified by this auditor and their times were staggered.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Warden • Assistant Warden • Chief of Security • Facility Supervisors • Facility PREA Compliance Manager • Agency Wide PREA Coordinator <p>The auditor reviewed logbook documentation and learned unannounced rounds were conducted by upper-level and intermediate-level custody management staff. Random unannounced rounds were examined (January 2022, October 2022, and December 2022) by the Auditor. The examination confirmed that Roxbury Correctional Institution (RCI) conducted unannounced rounds on every shift and the unannounced rounds were conducted by a member of intermediate-level or upper-level management. Likewise, the facility has a procedure in place that allows correction managers to enter the facility without staff having an opportunity to alert other staff. The Warden confirmed during his interview that deviations from the approved staffing plan would be documented. The Auditor confirmed that RCI documented and justified all deviations from the established staffing plan for reasons such as:</p> <ul style="list-style-type: none"> • Unscheduled medical appointments • Constant suicide watch • Emergency maintenance • An emergency inmate transfer • A state of emergency <p>An interview conducted with both Warden and Assistant Warden confirmed that they</p>

	<p>instructed their supervisors to immediately schedule overtime.</p> <p>The auditor discussed annual reviews of the staffing plan with the facility PREA Compliance Manager. She confirmed that she considers current staffing levels and camera placements during their review. The auditor was provided the staffing review conducted in 2021 and 2022.</p> <p>Auditor reviewed the following policies:</p> <ul style="list-style-type: none"> • Roxbury Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management • DPSCS Staffing Analysis and Overtime Management Manual • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited • Facility Directive Roxbury.050.0001 Sexual Misconduct-Prohibited • Post Assignment Worksheet (PAWS) • Log of unannounced rounds • Roxbury Staffing Plan <p>The above policies address the requirements of PREA standard 115.13. These policies require frequent monitoring of the staffing plan, frequent reporting on the effects of staffing on PREA supervision objectives, and regular facility rounds to assess sexual abuse vulnerabilities caused by staffing issues. In addition, the same policies require the facility to have a written staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The Assistant Warden indicated that during staffing analysis and the development and review of the facility's staffing plan, they would consider generally accepted detention and correctional practices; the need for additional video monitoring; any judicial findings of inadequacy; the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated); and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The Warden confirmed that in the past 12 months, the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • Directive DPDS.100.0003 Separation of Adult and Juvenile Detainees

	<ul style="list-style-type: none"> • Return to Youth Detention Center (YDC) Transfers • Observation During Site Visit <p>115.14 (a) (b) DPDS.100.0003 and Return to Youth Detention Center (YDC) Transfers stated an inmate sentenced to the DOC, who at the time of sentencing has not reached the age of 18, may be housed at the Youth Detention Center of the Division of Pretrial and Detention Services (DPDS). The juvenile inmate may be housed at YDC until time that he or she reaches the age of 18. If a waived juvenile is remanded to the custody of the Division, the individual shall be housed in a separate unit designated for juveniles which affords no more than incidental sight or sound contact with adult detainees from outside the unit in living, program, dining or other common areas. Any other sight or sound contact is minimized, brief and in conformance with applicable legal requirements. Interviews with the Warden, and RCI PCM in addition to observation during the on-site visit, RCI does not house youthful offenders (those under 18 years old).</p> <p>Review of the PAQ, DPSCS policies and interview with the Warden and RCI PREA Compliance Manager, RCI meets the mandate of all standard provisions.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited • DPSCS Executive Directive OPS.110.0047 Personal Search protocols-Inmates • IIU.110.0008 Strip & Body Cavity Searches • Lesson Plan- LGBTI • Lesson Plan -Frisk/ Body Searches, Restraints, and Scanning Devices • DPSCS Search exception cards • Training records • Observation while on-site <p>115.15(a) Directive OPS.110.0047, Section .05F states, “(4) An inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer.” Section .05F(3)(b), “When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate’s preference in the gender of the officer conducting the search”</p>

with regard to conducting strip searches of transgender and intersex inmates. Section .05H (2) states, "Only a certified medical professional may perform a body cavity search of an inmate." Section .05H(4) states, "Only the certified medical professional and the inmate being searched may be present during the procedure." Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months. RCI only houses male inmates. Inmates interviewed did not report being subjected to cross-gender viewing by female staff during a strip search.

115.15(b) Directive OPS.110.0047, Section .05E(3)(a) and(c) states, "(a) Except under provisions of §.05E(3)(c) of this directive, a frisk search of a female inmate shall be conducted by female correctional officer. (c) A managing official or a designee may, based on exigent circumstances, authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate." Discussion with staff and on-site observations verified that RCI is a male only facility. Provisions of 115.15(b) does not apply.

115.15(c) Directive OPS.110.0047, Section .05F(6)(b) regarding all strip searches states, "(b) Log or report the search in accordance with established procedures." Section .05H(1)(b) regarding body cavity searches requires prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12 months. Thus, there are no written reports or incidents of cross-gender strip searches or cross-gender body cavity searches. Staff interviews did not indicate any occurrence of cross-gender strip or cross- gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff in the past 12 months. Likewise, inmate interviews did not indicate any occurrence of cross-gender viewing by female staff during a strip search or visual cavity search. RCI does not house female inmates. Therefore, cross gender pat down searches of female inmates do not apply.

115.15(d) RCI.020.0026 states, "Staff of the opposite sex announce their presence when entering a housing unit at least at the start of their shift." During the tour it was noted the facility implemented procedures that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. All housing units were observed to have doors or curtains in place that allow inmates to use both the bathroom and shower facilities without being observed by staff of the opposite gender. However, during the tour in medical, the auditing team observed cameras within two single cells designated as suicide watch cells. The auditing team noted the cameras was pointed directly toward the toilet and would allow staff of the opposite gender to view the inmate's buttocks and genital area. Audit team observed showers in two housing areas allowed viewing of the buttocks and genital area of male inmates. Both violations were immediately corrected before completion audit. This matter was discussed with the Warden and the two cameras were reinstalled in areas within the cell that did not provide full view of the toilet. The two cameras had

been installed during the current stage of installing cameras but had not been connected to a system that allowed viewing. A sign was noted on each of the housing unit entry doors designed in a stop sign format that stated, "STOP Opposite Genders Must Announce Their Presence When Entering." Overall inmates indicated that opposite gender staff announce their presence when entering a housing unit. This practice was also observed by the auditing team during the on-site tour. Inmates indicated that they were not able to be viewed by female staff when using the toilet, showering, or changing clothes. Random staff interviews indicated that opposite gender staff announcements are made prior to entering the housing units. This practice was observed during a tour of the facility.

115.15(e) Directive OPS.110.0047, Section .05F(3)(a) regarding strip searches of transgender and intersex inmate's states, "A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate's genital status." If an inmate's status is unknown, it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status.

115.15(f) The PREA Manual defines the term "Frisk Search" as a search not requiring the removal of all clothing. It is conducted by running your hands across clothing to detect hidden objects." Policy notes that frisk searches may be conducted by females on males, but it is not permissible for female staff to search the groin area of male inmates. Likewise, policy also states, "Males shall not conduct searches of females" except during exigent circumstances a managing official or a designee may authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate. Strip searches are performed exclusively by two staff of the same gender this including a provision for transgender or intersex inmates who prefer to be searched by a specific gender of staff. Directive OPS.110.0047, Section.05F(3)(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." Section .05F (3) speaks to searches of transgender and intersex inmates stating, "The inmate is responsible for carrying the Personal Search Exception Card at all times and shall present the card to the correctional officer prior to the start of a personal search. Failure to present the card may result in the inmate being searched in accordance with the gender associated with the institution." The facility provides training on LGBTI and Frisk/ Body Searches, Restraints, and Scanning Devices. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The PAQ noted that 100% of staff have been trained. Random staff interviews indicate that they received training regarding cross gender, transgender, and intersex search procedures. Two inmates identified as transgender were interviewed and stated they were issued a DPSCS Search Exception Identifier Card. The card identifies the inmate's preference of being searched by a male or female officer.

	<p>Auditor interviewed the following individuals:</p> <ul style="list-style-type: none"> • PCM • Random staff • Inmates • Transgender inmates <p>Based on the review of policies, documents, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited • DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited • DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy • DPSCS Executive Directive OEPS.050.0011 American with Disabilities Act of 1990, Titles I and II • Translation Services Documentation <p>115.16(a)(b) Agency policy requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP). Agency policy also requires the head of the facility (or designee) that is responsible for the custody and security of an inmate shall ensure that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the 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 for other inmates. DPSCS has a contract with Ad Astra for all their interpreter needs. Ad Astra services are available in-person, or via phone call and email. They also provide services for the hearing impaired. Part of the intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This brochure covers the zero-tolerance policy and reporting information and is available in both English and Spanish. At orientation, inmates are provided a copy of the Inmate Handbook that covers the agency's zero tolerance policy. Additionally,</p>

inmates also participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. The video presentation has audio and is also available in Spanish. Staff are present during inmate orientation and conduct a question-and-answer session at the end of the presentation. Sign language services are available through Statewide Visual Communication Services. During the interview with the Agency Head, she indicated that language line and sign language services are available to inmates. LEP inmates, disabled inmates and a hearing-impaired inmate were interviewed. Inmates reported being given information regarding sexual abuse and sexual harassment in formats that they were able to understand. The following inmates with disabilities and limited English proficient was interviewed: (1) blind; (1) deaf in one ear; (2) limited English proficient; (2) cognitive disabled and (2) physical disabled. Each inmate confirmed the PREA information was provided to them in a manner they could understand. Large print and a digital handbook were made available for the inmate identified as blind. The inmate identified as deaf in one ear was issued a hearing aid. The cognitive disabled inmate stated his Case Manager explained it to him in a manner he could understand. The inmate identified as physical disabled had no learning or reading disability and understood the PREA information provided to him. The inmate identified as limited English proficient stated he received the information in Spanish, a language he could understand. He continued in stating the PREA material on channel 3 is subtitled in Spanish. The Lead Auditor utilized the Language Line System to communicate with him.

115.16(c) Directive OPS.050.0001 states, "Inmate interpreters, 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, the performance of first responder duties, or the investigation of an inmate's allegation. Directive OPS.200.0005 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 inmates." These policies guide practice regarding the use of inmate interpreters. During interviews, staff indicated that they rarely encounter inmates that cannot speak English and were aware that inmate interpreters should not be used regarding a PREA allegation.

Auditor interviewed the following individuals:

- Agency head
- Random staff
- Inmates
- Facility PREA Compliance Manager

Based on the review of policies, observation, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.

115.17	Hiring and promotion decisions
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1038 376">Auditor Reviewed (documents, interviews, site review):</p> <ul data-bbox="331 443 1394 813" style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal • Code of Maryland COMAR 17.04.14.10 and 20 • Code of Maryland COMAR 12.15.01.19 • DPSCS PREA Interview/Hiring Process Guide • PREA DBM DPSCS JOBAPS Application Form • PREA Interview Questions <p data-bbox="256 853 1477 1637">115.17(a) Directive DPSCS.020.0026, section .05F(1) regarding the Human Resources Services Division (HRSD) states, “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.” Human resources staff reported that hiring and background checks of new employees, promotions, contractors, and volunteers are performed by the centralized hiring unit. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who do not meet the requirements of this provision. It also prohibits the acquisition of services from any contractor who does not meet the requirements of this provision. A total of 10 agency hiring and promotional records were reviewed. Records indicated that applicants were asked about behavior described in 115.17(a) (1-3). Documentation indicates that all applicants were asked again during a polygraph examination.</p> <p data-bbox="256 1682 1477 2085">115.17(b) Directive DPSCS.020.0026, section .05F (2) (a)-(b) states, “The HRSD 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.” Human resources staff reported that incidents of sexual harassment are considered during the application, interview, background investigation, and orientation processes. Human resources staff also indicate that this also true for contractors. A total of 10 agency hiring and promotional records were reviewed. Records indicate that applicants were asked about the types of behavior described in 115.17(b) regarding sexual harassment. Documentation also indicates that all applicants were asked again during a polygraph examination.</p>

115.17(c) Directive DPSCS.020.0026, section .05F(3) states, "Before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) 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." Human resources staff reported that the centralized hiring unit performs all criminal background checks and efforts to contact all prior institutional employers of new employees. It was reported that investigators are assigned and attempt to contact all previous employers. Upon review it was noted that a criminal background check and efforts to contact all prior employers was performed for all applicants. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers.

115.17(d) Directive DPSCS.020.0026, section .05F(3)(c) states, "Before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall: (c) Before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background record check of the contractor's employees who may have contact with an inmate." Human resources staff reported that the centralized hiring unit performs all criminal background checks and efforts to contact all prior institutional employers of new employees. It was reported that investigators are assigned and attempt to contact all previous employers.

115.17(e) Directive DPSCS.020.0026, section .05I states, "For each subordinate employee and contractor service provider who may have contact with an inmate, an appointing authority, or a designee, shall conduct a criminal records background check, at minimum, every five years, or have in place a system for otherwise capturing such information for current employees and contractors." Pursuant to COMAR 12.15.01.19 regarding the state "Rap Back" program, arrest reports are monitored for employee contact with law enforcement, on a continuous basis. The "Rap Back" program is a continuous real time monitoring program. If an employee has any contact with a law enforcement, the contact is immediately reported to the agency.

115.17(f) Directive DPSCS.020.0026, section .05F(4)(a) -(b) states, "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) A written application or interview for employment or promotions; and (b) An interview or written self-evaluation conducted as a part of a review of a current employee." These questions are part of the PREA DBM DPSCS JOBAPS Application form, PREA Interview Questions for Non-Mandated Positions, Mandated Positions, Promotional and Transfer Candidates form, Polygraph Questions for Mandated Positions, and DPSCS Correctional Applicant Interview Form. The agency's "continuing affirmative duty to disclose any such misconduct" is noted in The PREA Audit Manual. The DPSCS Standards of Conduct & Internal Administrative Disciplinary Process Section B (10) states, "An employee may not violate any state, federal or

local law. An employee arrested or criminally charged shall notify or cause to be notified, in writing, his/her appointing authority via the immediate supervisor on his/her next scheduled workday, but in no case later than five calendar days following the employee's arrest or criminal summons. Upon adjudication of the criminal case, the employee shall notify or cause to be notified, in writing, his/her appointing authority via the immediate supervisor of the Court's disposition. This shall be done on the employee's next scheduled workday, but in no case later than five (5) calendar days following such action." The DPSCS Personal Interview – Correctional Applicant form also indicates a requirement for applicants to disclose the types of behavior indicated in this provision. Human resources staff indicate that hiring and promotion applications include the questions previously described in provision 115.17(a). This was confirmed via a review of application documents. Human resources staff also report that agency policy requires staff to report such conduct within 24 hours.

115.17(g) Directive DPSCS.020.0026, section .05F states, "A material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment." Additionally, the Application Form also contains the following language "I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, I shall be subject to immediate termination and/or my application will be disapproved, my name removed from the eligible list, and that I will not be certified for employment in any position under the jurisdiction of the Department of Budget & Management. I am aware that a false statement is punishable under law by fine or imprisonment or both."

115.17(h) Maryland's Public Information Act ("PIA"), GP§ 4-311, states, "personnel records of an individual are protected; however, such records are available to the person who is the subject of the record and to the officials who supervise that person. An agency may not generally share personnel records with other agencies; however, it is implicit in the personnel records exemption that another agency charged with responsibilities related to personnel administration may have access to those records to the extent necessary to carry out its duties." The documentation provided by the facility indicates that current practice does allow for the disclosure of substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. In fact, the documentation indicates it is being submitted specifically for the purpose of compliance with this Standard. It was noted that these inquiries are processed by the agency's human resources department rather than at the facility level.

Auditor interviewed the following staff members:

- Human Resource Manager
- Facility PREA Compliance Manager
- Agency PREA Coordinator

	<ul style="list-style-type: none"> • Warden <p>An interview with the above staff members confirmed this facility hiring practices were in line with the agency's policies. They confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse.</p> <p>Human Resource Manager also confirmed that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Maryland Department of Corrections notifies appropriate licensing/certifying agencies, when professional personnel are terminated for substantiated allegations of sexual abuse or sexual harassment.</p> <p>Based on the review of policies, documentation, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual <p>115.18(a) The Audit Manual states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect inmates from sexual abuse. The Pre-Audit Questionnaire indicated that there will be additions to the video monitoring systems. An interview with the Warden and PCM indicates that the facility has an on-going project to add 70 cameras. The Warden stated that when designing, acquiring, or planning substantial modifications to facilities the agency considers PREA requirements relevant blind spots in building plans regarding camera placement. The agency also considers statistics (e.g., a prevalence of incidents), considers needs, past problem areas and evidence-based practices.</p> <p>115.18(b) The Audit Manual states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department's ability to protect inmates from sexual abuse." The Pre-Audit Questionnaire indicated new installation or update to the current video monitoring systems. An interview with the Warden who said they consider statistics (e.g., a prevalence of incidents), past</p>

	<p>problem areas, blind spots and evidence-based practices.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Warden • Facility PREA Compliance Manager • Chief of Security <p>Based on the review of policies, observation, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following policies and documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing • DPSCS Executive Directive OSPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited • DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses • RCI.020.0026 PREA Compliance • Wexford Health P-314 Procedure in Event of Sexual Assault • DPSCS Executive Directive OSPS.200.0004 Inmate Sexual Misconduct • MCASA Website • Investigation Files <p>115.21(a) Directive Internal Investigative Unit (IIU.110.0011), section .03 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.” This directive outlines that the investigator if appropriate shall coordinate with facility medical and custody staff to arrange for the victim to be examined by a licensed health care professional to evaluate and treat physical or emotional illness or injury suffered as a result of the incident and obtain physical evidence from the victim using a rape kit available at the medical facility. Facility staff are to arrange for the victim to undergo a forensic medical examination that is performed by a Sexual Assault Forensics Examiner (SAFE), Sexual Assault Nurse Examiner (SANE) or if documented attempts to obtain the services of a SAFE or</p>

SANE are unsuccessful, a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. If possible, preserve the scene of the incident and items that may be used as evidence, collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings (a) (c). Directive OPS.050.0001 and Directive OPS.200.0005 states, "An IID investigator, or trained investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct." The agency head designee reported that every allegation of sexual abuse or sexual harassment goes through IID. All investigations criminal or administrative are tracked by the facility and IID.

115.21(b) Directive OPS.050.0001 and Directive OPS.200.0005 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." The Agency employs investigators who are sworn police officers who are authorized under Maryland law to conduct both administrative and criminal investigations. The DPSCS website was reviewed, and the policy was posted on the agency website. Interviews with investigative staff indicate that all allegations of sexual abuse and sexual harassment are first referred to IID for investigation. An interview with the agency head designee confirmed every allegation of sexual abuse or sexual harassment goes through IID. Executive Directive OSPA.050.0030 outlines that if medically appropriate or necessary to preserve evidence, and services are offered to the victim for access to a medical forensic exam at no cost to the victim.

115.21(c) IJU.110.0011 indicates that if the alleged sexual misconduct involves sexual abuse, the assigned investigator shall (a) if medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics' examination at no cost to the victim that is performed by a SAFE or SANE examiner; or if after documented attempts to provide a SANE or SAFE examiner are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examinations will perform the exam. RCI PAQ reported no sexual abuse allegations that were within the 72-hour period guidelines to perform a forensic examination.

115.21(d) The Agency has an MOU with the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services. MCASA provides sexual assault forensic examinations, advocacy services, and an agency for reporting RPEA allegations of sexual abuse and sexual harassment. The Hotline contact information for MCASA is (410) 585-3177. This information is posted throughout RCI housing units, library, Psychology Department, medical and receiving and ID/Intake. Inmates are given MCASA information upon arrival at RCI within 24 hours. The auditor called the MCASA hotline number and verified that the agency does provide services for inmates at RCI. The auditor also reviewed the MCASA website at MCASA.org and verified that services for advocate services are available through this agency (d)(e).

115.21 (e) RCI.020.0026 and a PREA Information Packet was reviewed and it stated If requested by the victim and the services are reasonably available, have one of the

	<p>following accompany, for the purpose of support, the victim through the forensic examination and investigation interviews with a qualified victim advocate, a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role or a non-Department community-based organization representative who meets the criteria for a Department employee established under §.05G(3)(b)(ii) of this directive (e).</p> <p>115.21(f) The DPSCS conducts its own administrative and criminal investigations. Therefore, this provision is not applicable.</p> <p>115.21(g) The DPSCS conducts all administrative and criminal investigations. In accordance with Directive IIU.110.0011, a Department personnel assigned to investigate an alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigation of sex related offenses in a correctional setting. The investigator shall perform investigative activities professionally and with due consideration for the emotional state of the victim.</p> <p>115.21(h) RCI has staff trained as victim advocates, if the victim can't get in touch with victim services. A memo is posted of the names of the assigned staff.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • IID Investigator and Facility Investigator • Facility Investigator • Warden • Facility PREA Compliance Manager <p>In accordance with the review of the above policies, it was determined that this agency has policy and procedures in place that enables the IID the responsibility of investigating any sexual criminal or administrative investigations. This agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The above information was also confirmed by interviewing the above individuals.</p> <p>Based on the review of policies, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Auditor reviewed the following policies and documentation:

- RCI Completed Pre-Audit Questionnaire (PAQ)
- DPSCS PREA Audit Manual
- DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
- DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
- DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
- DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing
- 2022 PREA Tracking log.
- Investigation Files

115.22(a) Directive IIU.110.0011, section .03 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." Directive OPS.050.0001 and Directive OPS.200.0005 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." The agency head designee reported that every allegation of sexual abuse or sexual harassment goes through IID. All investigations criminal or administrative are tracked by the facility and IID. In the past 12 months there were 26 allegations of sexual abuse and sexual harassment which resulted in an administrative investigation. There were no criminal investigations reported.

115.22(b) Directive IIU.110.0011, section .03 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." Directive OPS.050.0001 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." The Internal Investigative Division (IID) is responsible for conducting all facility sexual abuse and sexual harassment investigations including criminal investigations.

The Agency employs investigators who are sworn police officers who are authorized under Maryland law to conduct both administrative and criminal investigations. The DPSCS website was reviewed, and the policy was posted on the agency website. Interviews with the Warden and investigative staff indicate that all allegations of sexual abuse and sexual harassment are first referred to IID for investigation. Upon receipt of a PREA allegation, on-duty supervisory staff immediately notifies IID. IID can refer an investigation back to the facility for a trained investigator to complete. The facility documents all investigations into a PREA case tracking log.

	<p>115.22(c) DPSCS IID is responsible for investigations of sexual abuse and sexual harassment. Therefore, this provision is not applicable.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • IID Investigator • Facility Investigator • Warden • Facility PREA Compliance Manager • Agency PREA Coordinator <p>The auditor interviewed the above individuals. They the corroborated that all reports of sexual abuse or harassment are reported to IID for investigations. Auditor also confirmed this by reviewing the above policies and documentation. A review of Facility Investigator training documents confirmed that investigators received instruction in conducting sexual assault investigations in confinement. The specialized training received by investigators helps to ensure that such investigations are conducted in a thorough, competent, objective manner and using the most current techniques and equipment possible. While remaining cognizant of the limitations and ramifications of the use of such investigatory techniques, any lawful techniques to perform an investigation may be used.</p> <p>Based on the review of policies, documentation and interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following policies and documentations:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS 030.0001 Pre-Service and In-Service Training • DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited • Comar 12.10.01.16 Correctional Training Commission requires annual training. • PREA Training Lesson Plans • PREA Training records and Rosters <p>115.31(a) Directive OPS.050.0001 states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities</p>

under §.05B of this directive, shall ensure that: (1) Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;" A similar requirement is included in Directive OPS.200.0005 which states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: (1) An employee attends approved training related to preventing, detecting, and responding to acts of inmate on inmate sexual conduct;"

115.31 (b) (c) Additionally, COMAR 12.10.01.16 Correctional Training Commission requires completion of annual training by December 31 of each calendar year. PREA training is part of the annual training curriculum. DPSCS utilizes two PREA lesson plans. A Correctional Entrance Level Training Program (for new employees) and a Correctional In-Service Training Program (for current employees). Both lesson plans are very similar in content. Training is two hours, lecture based with a slide presentation, and followed by a test. The lesson plans cover the 10 topics specified in this provision.

A review of 25 staff training records was performed to confirm staff completed the required PREA training. Random staff interviews indicated that in-service training is provided annually and that PREA is part of this training. 100% of random staff interviewed reported that in-service training contains all the information required by this provision. Training staff indicate that all staff are required to complete training annually and the training department tracks staff progress via spreadsheet to ensure completion of training. Furthermore, anyone who did not complete training or may have been unable to attend for various reasons (i.e., injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline.

115.31(b) The PREA Audit Manual states, "Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa." Training is designed for officers to be able to function in both female and male facilities. RCI only houses male inmates; however, staff may transfer to any facility in the DPSCS to include those that house female inmates.

115.31(c) The PREA Audit Manual states, "All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the Department shall provide each employee with refresher training every two years to ensure that all employees know the Department's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the Department shall provide refresher information on current sexual abuse and sexual harassment policies."

115.31(d) The PREA Audit Manual states, "The Department shall document, through employee signature or electronic verification that employees understand the training they have received." COMAR 12.10.01.16 Correctional Training Commission Section F (3) states, "An agency head or training director sending a mandated employee to another academy for Commission-approved mandated employee training shall

	<p>maintain records of in-service training and firearms training and qualification provided by the academy conducting the training until audited by the Commission. A review of annual staff training records was performed. Staff signatures confirm that training records are signed indicating completion of training. Employees who attend the training must score 75% or better to pass a test which demonstrate their understanding of the material.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Trainer • Facility PREA Compliance Manager • Random & Selective Staff <p>The auditor learned from the interviews, that the agency trains all employees on the below following who may have contact with inmates:</p> <ul style="list-style-type: none"> • Zero-tolerance policy for sexual abuse and sexual harassment. • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. • Inmates' right to be free from sexual abuse and sexual harassment, employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. • How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>Based on the review of policies, training lesson plans, training records, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • Executive Directive OPSP.050.0001 Sexual Misconduct • RCI.170.0001 Security Briefing for Volunteers

- DPSCS Volunteer Services Orientation Manual
- PREA Training records and Rosters

115.32 (a), (b) Directive OPSP.050.0001 states that 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 and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools thus, these identified groups are subject to the same type of training as employees.

Directive OPS.050.0001 states, "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: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct."

Volunteers apply online and once approved for one facility, may go to any facility upon completion of the orientation. This auditor verified there is an informative page on the DPSCS website specifically for volunteers, with contacts for further information as well as convenient links to the volunteer application. The Volunteer Program Orientation Manual guides volunteer training. According to the manual volunteers shall complete approved orientation prior to beginning an assignment and volunteer orientation shall be a minimum of 2 hours. The manual covers the agency's policies regarding sexual abuse and sexual harassment, as well as the expectations, responsibilities, and rules of conduct for each volunteer.

Per the PCM, most contractors attend in service using the department's PREA lesson plan. Volunteers and contractors who have minimal inmate contact are trained using the volunteer manual. Contractors who come in one time only are given a PREA sign off information sheet. Per the PAQ, there are three regular contractual staff and volunteers. Review of documentation indicated all have received training based on the services they provide and level of contact they have with inmates. Auditor interviewed commissary workers. They informed the auditor about their PREA training.

115.32(c) The Volunteer Orientation Manual is provided to each volunteer and includes a signed and dated agreement by the volunteer and witnessed by the trainer. The agreement indicates the volunteer understands and will comply with the requirements provided to them in the Orientation Guide, rules of conduct, written guidelines and handouts provided and explained to them during orientation. Two volunteers indicated during interviews that the volunteer coordinator reviewed PREA information with them, including zero tolerance for sexual abuse and sexual harassment, that incidents must be reported and how to report. The manual covers the agency's policies regarding sexual abuse and sexual harassment, as well as the expectations, responsibilities, and rules of conduct for each volunteer.

Contract staff attend the Non-Academy Pre-service Orientation training for new employees. This training is followed by a test. Staff must score 75% or better in order to complete the training.

	<p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Facility PREA Compliance Manager • Contractors and volunteers <p>Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following policies and documentations:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • RCI.020.0026 PREA Compliance • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited • DPSCS Executive Directive OPS.020.0032 LEP Policy • DCD.200-1 Inmate Rights • PREA Hotline signs (English and Spanish) • RCI Inmate handbook • PREA Sexual Assault Awareness Brochure (English and Spanish) • Inmate PREA Orientation Receipt <p>115.33(a)(b)(c) RCI.020.0026 and OPS.050.0001 states that Receiving and ID departments are responsible for providing inmate orientation. Under this directive, they 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. Facility Directive RCI.020.0026 states all inmates shall receive comprehensive PREA education as well as institutional-specific PREA training within 30 days of transfer to the facility. The PAQ reported there were 978 newly arriving inmates at RCI within the past months of the audit. The auditor randomly selected 20 inmates by utilization of the inmate roster for confirmation of receipt of PREA education. All selected inmates' files confirmed the inmate's receipt and acknowledgement by signature on the PREA Information Acknowledgement form and witnessed by staff. During the tour, the auditor spoke with 15 random inmates who also confirmed they received the PREA training. During intake, inmates receive and sign for the inmate handbook. It provides information on the agency's zero tolerance policy for sexual abuse or sexual harassment and provides information on how to report sexual abuse and sexual harassment.</p>

An interview with staff who conducts intake to newly arriving inmates stated he provides PREA information both verbally and by issuing all arriving inmates with a RCI Handbook that includes PREA education. He explains the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. He continued in stating he also advises the arriving inmates to watch the PREA video on channel 3 "PREA and You: Preventing, Reporting and Treating Sexual Abuse and Harassment." The majority of inmates acknowledged receipt of PREA training immediately upon asked and/or later during the interview process. The inmates acknowledged receipt of a handbook, orientation, observing the PREA video, posters, or flyer as soon as they arrive at the facility in addition to PREA signage throughout the facility. Random files were selected for the purpose of evaluating intake records. The review of inmate files documentation indicated inmates received the handbook at intake on the day of arrival.

Orientation is usually conducted within 72 hours of arrival at the facility in conjunction with the PREA screening process. Orientation is provided by the case management specialist, PREA is discussed, and inmates have an opportunity to ask questions.

115.33 (d) (e) Executive Directive OEO.020.0032 LEP Policy states that inmates will be provided orientation information in formats accessible for all inmates. Inmates are provided with a Sexual Abuse Brochure in both English and Spanish. A PREA video is continuously played on the institutional channel 3. Inmates sign the Orientation Acknowledgement indicating that they understand the information provided. Case managers indicate that orientation is usually conducted the week of arrival. Overall inmates reported having received comprehensive orientation within 30 days of arrival. A review of inmate file documentation indicates that 100% received comprehensive orientation within 30 days of arrival.

115.33(d)(e) The PREA Audit Manual states, "The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills." Directive OPS.050.0001 section .05C (5) states, "Procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under §.05E (4) of this directive." When necessary, telephone interpretation services are available through Language Line.

Random files were selected for the purpose of evaluating intake records and comprehensive orientation records. Inmates sign two separate forms one acknowledging receipt of the intake information and another form acknowledging participation in comprehensive orientation. A review of inmate files indicates that 100% of inmates signed acknowledging having participated in both the intake education and the comprehensive education.

115.33(f) PREA information was observed to be continuously and readily available to the inmate population throughout the facility. PREA signage containing hotline contact information and sexual abuse information was noted as being posted throughout the

	<p>institution. Signage was observed to be available in English and Spanish. Inmates are provided with personal copies of PREA brochures and the inmate handbook.</p> <p>Auditor observed PREA Inmate Informational Handouts in both English and Spanish during the facility tour of intake. Auditor observed an inmate going through the PREA orientation and he was provided the PREA handbook.</p> <p>The Warden during her interview confirmed that in addition to providing PREA related education during the intake process, Roxbury Correctional Institution ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks and informal PREA conversations. The Auditor observed PREA related education throughout the facility on posters printed in Spanish and English.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Intake Staff • Facility PREA Compliance Manager • Case Managers • Random Inmates • Warden <p>Based on the review of policies, inmate files, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following policies and documentations:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited • RCI.020.0026 PREA Compliance • DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses <p>Roxbury Correctional Institution has a facility investigator and 5 IID Investigators assigned to the Region are assigned to conduct PREA investigations.</p> <p>This auditor interviewed two investigators, reviewed their training records and reviewed policies, it was determined that the investigators do receive Specialized</p>

	<p>Investigative Training annually. This Specialized training was in addition to the mandatory training requirements for sexual assault investigations. The investigators receive in- service training that specifically relates to sexual assaults within the confinement setting. The receive training on interviewing sexual abuse victims, appropriate application of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for prosecution referral.</p> <p>Roxbury Correctional Institution utilizes investigators to investigate all PREA allegations. If any allegation is determined to be criminal in nature, investigators will refer the case for prosecution. Any administrative cases will be referred to the facility administrators after investigation. The facility will take immediate disciplinary action up to include termination and loss of certification.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Facility Investigator • Internal Investigative Department (IID) Investigator <p>Based on the review of policies, training lesson plans, training records, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.35 Specialized training: Medical and mental health care	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following policies and documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive DPSCS.020.0026 PREA Federal Standards Compliance • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited • Training records • Medical and Mental Health Training Presentation <p>115.35(a) Directive OPS.050.0001 defines “employee” as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C (1) states, “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: Each employee attends approved training related to</p>

preventing, detecting, and responding to acts of sexual misconduct;" Medical and some mental health staff are contract employees who must complete the agency's PREA training and specialized training received from the contractor (Corizon). (Corizon was the old medical provider until July 2022, at that time Yes Care was awarded the contract) The training curriculum Medical and Mental Health Training Presentation was reviewed. This training is lecture based accompanied by a slide presentation and followed by a test. Medical and mental health staff also receive the Sexual Assault Prevention and Reporting Staff Information Brochure and the Prison Rape Elimination Act Information Booklet for Volunteers and Contractual Workers. This information covers the agency's zero tolerance policy, methods of reporting, consequences for participating in prohibited activities, and basic actions to take (i.e., separate victim and aggressor) during an incident. This includes a duty to report and how to report allegations of sexual abuse and sexual harassment. The information also covers characteristics of at-risk populations, predatory inmates, and the warning signs associated with victimization. During interviews with medical and mental health staff they indicated they received PREA training both online and in-service training through the Department training and confirmed the trainings covered the topics required by this provision. The auditor also reviewed training records and certificates.

115.35(b) The agency nor the facility conducts forensic medical exams. All forensic examinations are performed off-site at a local medical facility.

115.35(c) The auditor reviewed training records showing all medical and mental health staff attended and passed the Agency PREA training. The auditor also reviewed training certificates indicating all medical and mental health staff attended specialized training.

115.35(d) Directive OPS.050.0001, section .04B (6) defines "employee" as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C (1) states, "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: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;" with regard to contractor training. As indicated in the provisions above all mental health staff employed by RCI and all contracted medical and mental health staff attended the Agency's PREA training.

Auditor interviewed the following staff members:

- Facility PREA Compliance Manager
- Medical and Mental health staff

Based on the review of policies, training lesson plans, training records, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.

115.41	Screening for risk of victimization and abusiveness
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1070 376">Audit reviewed the following documentation and policies:</p> <ul data-bbox="331 443 1385 768" style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • RCI Post Order 110-1-29a PREA Screening • DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness • Facility Directive RCI.050.0001 Sexual Misconduct-Prohibited • PREA Intake Screening Instrument • Inmate Screening Files <p data-bbox="256 813 1469 1473">115.41(a) Directive OPS.200.0006 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the Department of Public Safety and Correctional Services to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. The agency uses the PREA Intake Screening form to assess inmate risk of sexual victimization and risk of sexually abusing other inmates. A random sample of 30 inmates PREA Intake Screening forms was selected for review. 100% of the sample was screened using the PREA Intake Screening form on the day of their arrival. The initial risk assessment is completed upon the inmate's arrival by an Intake Officer in the Receiving and ID Department. The Sergeant/staff assigned personally interview the inmate in a private setting. Observation of the risk screening process and an interview with Intake Staff confirmed proper use of the use of the risk screening forms. Interviews with case management specialist indicate that the PREA Intake Screening is the form utilized to conduct screening for the risk of sexual victimization and risk of sexually abusing other inmates. Overall inmates interviewed reported being asked questions related to the PREA Intake Screening form.</p> <p data-bbox="256 1507 1469 1966">115.41(b) 115.41(b) Directive OPS.200.0006, section .05B (1) states, "That each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential for abusiveness within 72 hours of arrival at a facility" and the same requirement is found in Facility Directive RCI.020.0026. The auditing team observed the intake process of inmates being screening for risk of sexual victimization or potential abusiveness on the first day of the site visit. 978 inmates arrived at the facility who stay was over 72 hours within the past 12 months of the audit. A random sample of 30 inmate PREA Intake Screening forms was reviewed for compliance with the 72-hour requirement. 100% of the random selected inmates' risk screening of sexual victimization or potential abusiveness was in compliance with the provision of the standard.</p> <p data-bbox="256 2000 1433 2078">115.41(c) Directive OPS.200.0006, section .05A requires the implementation of a screening instrument and cites the criteria utilized to perform the risk assessment.</p>

The PREA Intake Screening form is the agency-approved standardized screening instrument. A blank copy of the PREA Intake Screening form was provided with the PAQ. However, the Auditor randomly selected 20 inmates from the inmate roster to review. The PREA Intake Screening form is a one-page form that assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12 separate inmate risk factors for victimization and abusiveness. Each risk factor is assigned a point value based on the information obtained from an interview with the inmate and information from the inmate record.

115.41(d) The PREA Intake Screening form is the agency approved standardized screening instrument. The agency also has detailed instructions for staff completing the PREA Intake Screening Instrument. The auditor reviewed the screening instrument and instructions and found that it addresses nine of the criteria required by this provision. The PREA Intake Screening does not consider whether or not the inmate is detained solely for civil immigration purposes. However, documentation indicates that the DPSCS does not house inmates solely for civil immigration purposes.

115.41(e) The PREA Intake Screening form is the agency approved standardized screening instrument. The agency also has detailed instructions for staff completing the PREA Intake Screening Instrument. Factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes including pending and current charges and a history of domestic violence including pending and current charges. A review of the PREA Intake Screening form revealed that it does consider all the criteria required by this provision.

115.41(f) Directive OPS.200.0006, section .05B (2) requires case management staff to reassess each inmate within 30 days of the inmate's arrival at the facility. Nine hundred seventy-eight arrived at the facility who stay was more than 30 days. Facility Directive RCI.020.0026 also requires case management to review risk assessment scores within 30 days of transfer into the facility. The PREA Intake Screening form is utilized to conduct the 30-day risk screening re-assessment. A random sample of twenty inmate PREA Intake Screening forms was reviewed for compliance with the reassessment being completed within 30 days of arrival. Thirty risk assessment screening and re-assessment screening was reviewed by the auditing team. Audit team learned during the review of screening forms, that case management failed to meet with the inmates. Case managers were screening the inmates without meeting with them. This facility will be placed in Corrective Action for failing to meet this standard.

115.41(g) Directive OPS.200.0006, section .05B (4) requires case management staff to reassess an inmate's risk level 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. The PREA Intake Screening form is utilized to conduct any re-assessment. Staff who perform risk screening indicated that a re- assessment is conducted upon receiving information that an inmate has been

	<p>abused, harassed, or something has changed regarding the initial assessment.</p> <p>115.41(h) Directive OPS.200.0006, section .05B (5) states that inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening were interviewed. Staff reported that an inmate is not disciplined for refusing to respond or for not disclosing complete information and stated most inmates are cooperative and provide responses. During inmate interviews, no inmate reported being disciplined for refusing to answer PREA risk screening questions.</p> <p>115.41(i) Directive OPS.200.0006, section .05B (6) requires, Appropriate controls to be in place for facility dissemination of information collected during screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates." During the tour, the Intake Officer walked the Auditor through the methods of securing the initial risk screening. The completed copies were placed in a folder designated for the appropriate Case Manager and secured in a file cabinet until distribution. Upon completion of the 30-day review, the PREA Intake Screening form is placed in the inmate base file by the Case Manager conducting the follow-up 30-day review. Inmate base files are secured in the administrative building file room. The file room is a secure room that has restricted access by authorized staff only and is properly secured. Case Management will ensure screening information is entered in Offender Case Management System (OCMS). The OCMS system has limited access, is password protected, and confined to case management staff with user profile access. Staff who perform risk screening indicated that risk assessments are kept in the file room and that case managers, medical and mental health staff have access to the risk assessment results. Traffic Officers also have access to the OCMS as they are responsible for inmate movement to include bed assignments. of sexual victimization or potential abusiveness.</p> <p>The facility failed to meet the provision of this standard due to standard 115.41(f). Case management failed to reassess the inmate's risk of victimization, by not seeing, meeting and talking with the inmates, to learn new information.</p> <p>The facility will start sending the auditor 15 screening forms, showing case management seeing, meeting, and talking with the inmate to obtain new information.</p> <p>Corrective Action Completed: The facility was originally placed on a 90-day corrective action period. During the corrective action phrase, the auditor received 15 screening forms of different inmates for 90 days. All forms were completed and correct. There were no discrepancies noted in the documented retaliation monitoring during the corrective action phrase.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Auditor reviewed the following policies and documentation:

- RCI Completed Pre-Audit Questionnaire (PAQ)
- DPSCS PREA Audit Manual
- DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
- Facility Directive RCI.020.0026 PREA Compliance
- PREA Intake Screening Instrument
- Inmate Screening Files

115.42(a) Directive OPS.200.0006, section 5C(1)(a) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: (1) Screening information shall be considered: (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." Facility Directive RCI.020.0026 states, "The completed PREA Screening Instrument(s) for each inmate is sent to case management for placement in Section 5 of the base file. Relevant alerts shall also be placed on all facility and agency data systems by case management to assist in housing and programming decisions. Housing decisions should be made using the PREA Compatibility Rules. The facility does not house victims and abusers together. The PCM reported that initial housing assignments based on the initial risk assessment results. Staff who perform screening reported that inmates at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score. Those who are at risk of victimization cannot be housed with those who are at risk of abusiveness. Inmate jobs are assigned by the Case Managers. The two different categories are kept separate and certain inmates are not assigned certain jobs base on their score. The PREA compatibility rules and chart are used to determine housing assignment. The Traffic Officers would receive an alert in the Offender Case Management System if/when an inmate listed as vulnerable and an inmate listed as perpetrator are housed together.

115.42(b) Directive OPS.200.0006, section .05C(1)(b) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: When making individualized determinations as how to ensure the safety of each inmate." An interview with staff who perform screening for risk of victimization stated he utilize the information obtained during the risk screening in an effort to ensure safety for each inmate, but he also follow-up also by reviewing the base file to see if the inmate answered correctly and then make a determination of the inmates' risk factor.

115.42(c) Directive OPS.200.0006 states, " 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." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The PCM indicated the Case Managers evaluate the transgenders every six months to determine if any changes are needed in housing and/or programming assignments while ensuring the inmate identified as transgender's safety is given consideration. Interviews were conducted with two inmates who identified as transgender. Each stated they identified as transgender upon their arrival at RCI. Each reported they are not treated differently in any negative manner their assigned housing units consist of a variety of inmates. Each confirmed they feel safe at RCI. Case management and medical staff perform bi-annual reassessments, case planning, and housing recommendations.

115.42(d) Directive OPS.200.0006,.05C(2) states, "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." Facility Directive RCI.020.0026 ensures that housing and programming assignments for each transgender or intersex inmate are reassessed and documented in Case Notes at least twice each year to review any threats to safety experienced by the inmate. The inmate's own views with respect to his safety shall be given serious consideration." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The PREA compliance manager indicated placement and programming assignments for transgender and intersex inmates are reviewed with the case management team. Staff who perform risk screening added that placement decision for transgender and intersex inmates are handled by the PCM. Case management and medical staff perform bi-annual reassessments, case planning, and housing recommendations. There were no inmates identified as intersex at the facility. The two inmates who identified as transgender confirmed they feel safe at RCI.

115.42(e) Directive OPS.200.0006, section .05C (3) states, "A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered." Facility Directive RCI.020.0026 ensures that housing and programming assignments for each transgender or intersex inmate are reassessed and documented in Case Notes at least twice each year to review any threats to safety experienced by the inmate. The inmate's own views with respect to his safety shall be given serious consideration." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The PREA Compliance Manager indicated that transgender and intersex inmate's views regarding his or her own safety are seriously considered. There were two inmates who identified as transgender and no inmates identified as intersex during the site visit. Transgender and intersex inmates can request a personal search exception card issued by the Warden which allows the inmate to be searched by staff of a preferred gender. The inmates identified as transgender were in possession of the search card. The PCM also indicated that transgender and intersex inmate have an opportunity to

shower separately. Staff who perform risk screening reported transgender and/or intersex inmate's views of safety are absolutely considered.

115.42(f) Directive OPS.200.0006, section .05C (4) states, Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The PCM indicated that transgender and intersex inmates are given the opportunity to shower separately from other inmates. Facility practice has been to allow transgender or intersex inmates to shower during off hours or during count time. An inmate identified as transgender confirmed she showers nightly at 11:05 p.m. after the remaining housing unit inmates are secured in their cells.

115.42(g) Directive OPS.200.0006, section .05C (5) states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates." The Department does not have a consent decree. Facility Directive RCI. 020.0026 indicates Gay, bisexual, transgender, or intersex inmates are not placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless done so in connection with a legal determination to protect such inmates. The PCM indicated that RCI does not house lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units or wings. The DPSCS PREA Coordinator was asked how the agency ensure against placing gay, lesbian, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings, solely on the basis of their sexual orientation, genital status, or gender identity. His response was the Department throughout the state of Maryland places gay, bisexual, transgender or intersex inmates throughout their facilities. At the facilities they are placed in general population housing units. The DPSCS PREA Coordinator and PCM both stated there is no designated housing/unit for inmates based on their sexual orientation, genital status or gender identity. Two inmates identified as transgender, 3 who identified as gay and 1 who identified as bi-sexual was interviewed. The inmates reported they have not been assigned to a dedicated housing unit or wing based on their sexual orientation, genital status or gender identity since their arrival at RCI. Review of housing unit rosters corroborates staff and inmate interviews.

Auditor interviewed the following staff members:

- Agency head Designee
- PREA Compliance Manager
- Intake staff
- Case Manager
- Transgender inmate

Based on the review of policies, documents, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation and policies:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness • Facility Directive RCI.020.0026 PREA Compliance • DOC.100.002 Case Management Manual <p>115.43(a) The DOC- Case Management Manual section .18E (1)(a)-(f) states, “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).” Facility Directive RCI.020.0026 outlines that Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be immediately conducted, the victim may be held in involuntary segregated housing for less than 24 hours while completing the assessment. The PAQ noted that there were no inmates held in involuntary segregated housing in the past 12 months. An interview with the Warden revealed, he was aware of the requirements pertaining to the placement of inmates at high risk of sexual victimization in involuntary segregated housing. The Warden and staff assigned to supervise inmates in segregation reported involuntary segregation could be used as a last resort for inmates at risk of sexual victimization/who allege to have suffered sexual abuse. Housing assignments, job assignments are other separation arrangement are alternatives to involuntary segregation. However, inmates who are at high risk for sexual victimization/who alleged to have suffered sexual abuse are offered a protected custody status request/waiver form. This form is available to the inmate in the event they feel a risk to their safety and would like to be placed in administrative segregation for protective custody status at their request during the investigation. There were no inmates in the segregation housing for being at risk of sexual victimization/who alleged to have suffered sexual abuse.</p> <p>115.43(b) The DOC-Case Management Manual section .18F (1)-(17) states in part that</p>

an inmate assigned to administrative segregation or protective custody shall be subject to the conditions of confinement and those conditions of confinement outline opportunities that have been limited, and the duration of these limitations. Opportunities for those in protective custody include institutional movement, hygiene, property, out-of-cell activities, access to health care, case management, education, library, legal, visits, religion, food, mail, commissary, and segregation status. The rationale for any limitations would be documented on the Administrative Segregation Investigative Report and the Notice of Assignment to Administrative Segregation. Facility Directive RCI.020.0026 states that Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If restrictions to programs, privileges, education, or work opportunities are in place it shall be documented by supervisor staff and forwarded to the PCM. A report requires the following: (a) The opportunities that have been limited; (b) The duration of the limitation and (c) The reasons for such limitations.

115.43(c) As indicated in 115.43(a) the Agency and facility has directives addressing this provision. The PAQ noted that no inmates were held in involuntary segregated housing for longer than 30 days in the past 12 months awaiting completion of assessment. The Warden indicated that as a last resort, the involuntary segregation could be utilized to hold and inmates at high risk for sexual victimization. However, placement would be for no longer than 24 hours.

115.43(d) The DOC- Case Management Manual section .18E requires the use of the Administrative Segregation Investigative Report and Notice of Assignment to Administrative Segregation to document the basis for concern and reasons why no alternative means of separation can be arranged. The Notice of Assignment to Administrative Segregation is provided to the inmate and provides the inmate a rationale for placement.

115.43(e) The DOC - Case Management Manual section .18B(2)(c) requires a case management team review each case at least once every 30 days. As indicated in provision (c) above no inmates were held in involuntary segregated housing for longer than 30 days. The Warden was aware of the requirement for 30 days reviews but indicated inmates have never been held in involuntary segregated housing for longer than 30 days due to high risk for sexual victimization. There were no inmates in involuntary segregation for interview during the site visit.

Auditor interviewed the following staff members:

- Agency head Designee
- PREA Compliance Manager
- Intake Staff
- Case Managers

Based on the review of policies, documents, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following policies and documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited • DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited • Facility Directive RCI.020.002601 PREA Compliance • DPSCS Website • PREA Hotline Posters • PREA Posters • Inmate Handbook <p>115.51(a) Executive Directive OPS.200.0005, section .05E (2) states a complaint of alleged sexual misconduct may be submitted in the following formats: (a) In writing (includes electronic documents); or (b) Verbally. Additionally, section E(4) states that to effectively reduce actual or implied barriers to filing a complaint, an individual may file a complaint of sexual misconduct with any one or all of the following without regard to chain of command or assignment: (a) Within the Department: (i) An employee; (ii) A supervisor, manager, or shift commander; (iii) The head of a unit; (iv) The Intelligence and Investigative Division (IID); (v) The Inmate Grievance Officer. Facility Directive RCI.020.0026 states that any RCI employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. Inmates also have access to a toll-free hotline number (401) 585-3177 which will refer any reports for investigation. Reports can also be made anonymously. The Inmate Handbook and the PREA and Sexual Assault Awareness brochure contain information on how to report sexual assault. Random inmate interviews indicate all inmates were aware of the reporting options available. They indicated there is signage everywhere and calling the hotline number, reporting to a family member and/or report to staff was the most common response. The inmate population stated the PREA video is played daily on channel 3 that advises them how to report PREA allegations. Random staff interviews indicate the inmate population could report to any staff member, utilize the PREA Hotline posted in their housing unit or through the Administrative Remedy Process in which the reported allegation is submitted for investigation by IID.</p> <p>115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 both indicate that they allow inmates to make a report of sexual abuse or sexual harassment outside the department to the Office of the Attorney General or any other private or public office. DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide advocacy services statewide. MCASA also receives reports of sexual abuse and sexual harassment from inmates as an external reporting entity.</p>

The PCM acknowledged the inmates have access to the Hotline number which posted in the housing unit near the inmate telephones. Once the inmate calls the Hotline number, the PREA Coordinator is contacted regarding the reported alleged allegation. The PREA Coordinator then refer the incident to the IID for investigation and immediately notify the facility where the allegation was reported to have occurred. Inmates gave a variety of responses in their awareness of who they could report an allegation of sexual abuse/harassment without providing their name. The inmates did identify family members, a staff member or the Hotline number which is an outside source to report an allegation. They were also knowledgeable that they could report on behalf of another inmate without providing their name.

RCI does not house inmates detained solely for civil immigration purposes.

115.51(c) Directive OPS.020.0003 states an employee involved in or with knowledge of a serious incident shall immediately, or when safe to do, report the incident to the on-duty senior shift supervisor. Directive OPS.050.0001 states an employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document misconduct. requires an employee receiving a complaint of sexual abuse or sexual harassment to immediately report the complaint to a supervisor, manager, shift commander, or head of the unit and subsequently document the report in a written format. Additionally, reports of sexual abuse or sexual harassment may be submitted verbally, in writing (including electronic documents), anonymously, and by third parties. Inmates also have access to a toll-free hotline number which will refer any reports for investigation. Reports can also be made anonymously. Inmate interviews indicated that they knew they could report sexual abuse or sexual harassment either verbally, in writing, or via third parties to include family members and/or friends. Most inmates also indicated that they could report sexual abuse or sexual harassment anonymously for another inmate/person. All random staff reported that inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties. Staff indicated they would document verbal reports of sexual abuse or sexual harassment immediately and/or as soon as possible but always prior to departing their shift. A review of the PREA tracking log revealed the inmate population used various methods of reporting allegations of sexual abuse/harassment that included Hotline, letter to third party "Free State Justice", verbally and/or via written notes to staff.

Auditor interviewed the following staff members:

- Random Staff
- Random inmates
- Facility PREA Compliance Manager

15.51(d) The PREA Audit manual states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice with regard to privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated they would speak

	privately with their supervisor and/or through the Hotline number as their primary method to report sexual abuse/harassment. Based on the review of policies, documents, website, and interviews the facility has demonstrated compliance with all the provisions of this Standard.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following policy and documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • COMAR 12.02.28 DPSCS Administrative Remedy Procedures to Resolve Inmate Complaints <p>Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title12-DPSCS, Subtitle 02-Division of Correction, Chapter 28-Administrative Remedy Procedures (ARP) to Resolve Inmate Complaints, Section .04B), An inmate may not use the ARP to resolve a complaint concerning: (5) The following acts by staff or another inmate, which shall be addressed according to Department procedures for addressing complaints under the Prison Rape Elimination Act: (a) Rape; (b) Sexual assault, sexual harassment, sexual abuse; and (c) Other sexual misconduct. If a complaint is made through the ARP, it is treated as any other written form of reporting and forwarded directly to the Facility Administrator and to IID to be processed for investigation.</p> <p>DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this standard.</p> <p>Auditor interviewed the following staff member:</p> <ul style="list-style-type: none"> • Facility PREA Compliance Manager • Agency PREA Coordinator <p>Compliance was determined from the above documentation and interviews.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Auditor reviewed the following policies and documentation:

- RCI Completed Pre-Audit Questionnaire (PAQ)
- DPSCS PREA Audit Manual
- DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
- DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
- Maryland Coalition Against Sexual Assault (MCASA) Agreement
- DPSCS PREA and Sexual Assault Awareness Brochure
- PREA Posters

115.53(a) The PREA Audit Manual states, "Services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible." DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA). MCASA is the federally recognized state sexual assault coalition. Its core members are the state's 17 rape crisis and recovery centers.

Services provided through MCASA include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. The agreement specifically states, "MCASA will develop procedures to meet PREA Standard 115.53 in providing access to outside confidential services for Inmates. MCASA will provide technical assistance as needed, including researching and developing policies to address problems and concerns related to provision of confidential emotional support services." Some inmates were aware that advocacy, crisis intervention, and emotional support services were available through observation of posters. Certification of Completion was also presented for RCI staff who have completed various courses to include: PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting; PREA for Community Confinement Facilities, and It Starts with You: Victim Advocates and the New Federal Standards to Stop Prisoner Rape.

115.53(b) The PREA Audit manual states, "(b) Each Department facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide emotional support services. Services include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. Upon arrival inmates are provided the Maryland Coalition Against Sexual Abuse (MCASA) Brochure which informs inmates about services (including confidential emotional support services) provided through MCASA. Prior to accessing services inmates are informed to the extent to which their communications will be monitored. Each inmate upon arrival to RCI is given an Inmate Handbook which outlines PREA

	<p>reporting and response. Inmates are provided comprehensive education about PREA during the Inmate PREA Orientation.</p> <p>115.53(c) DPSCS has an agreement with the Maryland Coalition Against Sexual Abuse (MCASA).</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Facility PREA Compliance Manager • Agency PREA Coordinator • Random staff • Random inmates <p>Based on the above review of policies and documentation, and interviews. The facility has demonstrated compliance with this standard.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following policies and documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited • DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited • RCI Inmate Handbook • DPSCS website <p>115.54(a) Directive OPS.050.0001 and Directive OPS.200.0005 states, “A complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals: A “third party” or other individual who has knowledge of the alleged inmate on inmate sexual conduct.” Facility Directive RCI.020.0026 indicates that any RCI employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. They may be in writing, verbal anonymous or from third parties.</p> <p>The auditor reviewed the agency’s website which contains the necessary PREA contact information. The Information provided on the website includes phone numbers and email address that are published and available to the public along with the agency PREA coordinator’s contact information.</p> <p>Auditor interviewed the following:</p>

	<ul style="list-style-type: none"> • Investigator • PREA Coordinator • Facility PREA Compliance Manager • Random Staff • Random Inmates <p>Interview with inmates revealed that most were aware a 3rd party could report a sexual assault allegation. Auditor interviewed the investigator about methods of receiving 3rd party reports, and procedures to start investigation process.</p> <p>Based on the review of policies, documents, website, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • IID Investigator • Facility Investigator • PREA Coordinator • Facility PREA Compliance • Warden • Medical Staff • Random Staff <p>115.61(a) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Division (IID) as soon as possible after the occurrence or when the employee first becomes aware of the incident." Directive OPS.050.0001 and Directive OPS.200.0005 requires employees who receive a complaint of or otherwise have knowledge of alleged sexual misconduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document the incident. The reporting requirement includes those individuals employed by the facility in the positions of full-time, part-time, contract staff and those serving as a volunteer. In the event a complaint of alleged sexual misconduct is received by supervisory staff other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint must notify the managing official of the facility where the incident occurred, If the incident occurred at a facility that is not under the authority of the Department , the</p>

facility head or agency head responsible for the facility where the incident occurred and the IID, regardless of jurisdiction for the facility where the incident occurred will be notified of the reported allegation. Directive IIU.110.0011 addresses a role of the IID investigator reviewing a factor of determining if an employee's action or lack of action contributed to the occurrence of a sexual abuse incident. This practice was confirmed by the IID investigator and a team member of the Incident Review Team.

115.61(b) Directive OPS.050.0001 and Directive OPS.200.0005 identify 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 alleged inmate on inmate sexual misconduct and immediate and continued care of the victim. Interviews with random staff confirmed they would have a private conversation with supervisory staff, investigative staff, medical and mental health staff when reporting and providing information regarding the reported sexual abuse allegations. All security staff confirmed allegations of sexual abuse reported by the inmate population are not to be documented in the officers' logbooks and acknowledged the information is confidential and shared with others on a need-to-know basis.

115.61(c) The PREA Audit Manual states, "Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services." Interviews confirmed that medical and mental health staff are aware of their duties required by this provision. Medical and mental health staff both identified the inmate is advised of their limitation to confidentiality and their duty to report prior to their initiation of services.

115.61(d) The PREA Audit manual states, "If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." Child Abuse and Neglect, Maryland Family Law § 5-704 (2013) pertains to health practitioners, educators or human service workers, and police officers regarding reporting physical and sexual abuse of children and vulnerable adults. RCI does not house youthful inmates under the age of 18 years old or those inmates who are considered to a vulnerable adult under a State or local vulnerable persons statute.

115.61(e) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. Section .05B states, "A sex related offense may involve an: (1) Employee with another employee; (2) Employee and an inmate; (3) Employee and an inmate's personal contact; (4) Employee and a visitor; (5) Inmate and an employee; (6) Inmate and another inmate; or (7) Inmate and visitor." Investigation documents indicated that all allegations of sexual abuse and sexual harassment are forwarded to IID for

	<p>investigation. IID will determine whether the investigation will be conducted by a local investigator or by an IID investigator. During an interview with the Warden, he stated all allegations of sexual abuse and sexual harassment are forwarded to IID for investigation and on occasions, the IID refer cases back to the facility to be investigated by the captain. He has completed training in conducting sexual abuse investigations in a confined setting. The IID investigator and Captain designated to assist IID in conducting these investigations confirmed all allegations of sexual abuse and/or sexual harassment regardless of the method of reporting are investigated to include those reported by third party and anonymous.</p> <p>Auditor reviewed the following policies and documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited • DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses • DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents <p>Based on the review of policies, documents, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited <p>115.62 Executive Directives require each employee attend Department training related to preventing, detecting, and responding to acts of sexual misconduct. Supervisory staff are responsible for taking reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct. Staff responding to an incident are to ensure the safety of a victim of sexual misconduct by immediately stopping an incident in progress, and if necessary, arranging for separation of the victim from the abuser. This information is also covered in the PREA lesson plan. In accordance with OPS.200.0005, in Section 5C1a,</p>

	<p>staff are required to utilize information collected during the risk screening to properly separate inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.</p> <p>Staff were provided a variety of scenarios during the interview process of incidents where an inmate may identify being at risk of sexual abuse. During each interview, staff identified they would take immediate actions in removing the inmate from the area of threat and/or not allow the inmate to report/return to an area in which the inmate expressed a risk of being sexually abused. Each staff continued in stating they would also immediately notify their supervisor or higher-ranking supervisor if the incident involved their immediate supervisor. All staff are issued a PREA response card that provide guidance upon becoming of an occurrence of sexual abuse and/or sexual harassment. The PAQ identified there were no instances where an inmate was identified subject to a substantial risk of imminent sexual abuse where immediate actions to protect the inmate was initiated. An interview with the Warden confirmed staff would take immediate actions to protect the inmate and various options were available to ensure the inmate's safety. An investigation would be initiated to confirm there is a risk, inmate could be reassigned to another housing unit, change of job assignment, removal the alleged individual posing a threat to include segregation and/or transfer if needed. An interview with the Commissioner of Corrections confirmed the inmate identified to be subject to a substantial risk of imminent sexual abuse would be immediately separated, assigned a different cellmate and at last resort, be placed in protective custody or transferred.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Facility PREA Compliance Manager • Warden • Random Staff • Commissioner of Corrections (Agency Head) <p>Based on the review of policies, documents, and interviews, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following policy and documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited <p>115.63 (a - d) OPS.050.0001 identify if an incident of sexual abuse or sexual</p>

	<p>harassment occurred at another facility, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall: (a) Notify under the following guidance: (i) If the incident occurred at another Department facility, the managing official of the facility where the incident occurred; (ii) If the incident occurred at a facility that is not under the authority of the Department, the facility head or agency head responsible for the facility where the incident occurred; and (iii) The IID, regardless of jurisdiction for the facility where the incident occurred. Staff are required to record the method of notifications made. Interviews with the IID investigator and Warden confirmed the allegation of sexual abuse and/or sexual harassment would be investigated upon receipt of notification of an occurrence. The Warden also expressed his knowledge and practice of policy in the reporting requirement of reporting to another correctional facility and ensuring an investigation is completed of reported allegations under this standard provision. An interview with the Special Assistant to the Deputy Secretary of Operations, confirmed the designated point of contact under this provision is the IID Duty Officer and Warden at the affected institution. When the Department receives such allegations, the allegation would be investigated as all other reported investigations. There were no allegations of sexual abuse and/or sexual harassment reported under the provisions of this standard during the audit review period.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Investigator • Facility PREA Compliance Manager • Warden • Commissioner of Corrections <p>Based on the review of the policy, and document, and interviews, the facility has demonstrated compliance with all the provisions of this standard.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following policies and documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited

	<p>115.64(a) Directive OPS.050.0001, addresses the requirements of this standard. It indicates the first correctional officer responding to an incident of sexual misconduct shall respond by immediately stopping an incident in progress, if necessary, arranging for separation of the victim from the abuser, immediately providing medical attention, if qualified, or arranging for appropriate medical attention, preserving the scene of the incident, and ensuring the victim and abuser are advised not to do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The same language is contained in Directive OPS 200.0005.</p> <p>115.64(b) Directive OPS.0050.0001 states, “that if the first employee responding to an incident of sexual misconduct is not a correctional officer, the employee shall immediately request that a correctional officer respond to the scene and take steps to ensure that the victim not do anything that might destroy physical evidence, i.e., brushing teeth, bathing, changing clothes, urinating, defecating, drinking or eating”.</p> <p>All interviewed staff were aware of their responsibilities as first responders. Staff reported that they would immediately separate inmates and maintain sight of a victim, do what they could to preserve a crime scene including advising involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet. Each stated they would also immediately call correctional supervisors. All staff are trained as first responders and were issued a pocket card that list the steps to take when responding to an allegation that an inmate was sexually abused.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Security Staff • Non- Security Staff <p>This auditor reviewed training records of certified and non-certified staff. The files' confirmed staff is trained as First Responders. This auditor reviewed investigative files of sexual abuse allegations. All cases showed staff separating the victim and securing the crime scene. All victims were escorted to medical and mental health for evaluations.</p> <p>Based on the review of policies, and interviews, the facility demonstrated compliance with all the provisions of this Standard.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Auditor reviewed the following policies and document:

	<ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • RCI.020.0026 PREA Compliance • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited <p>Facility Directive RCI.020.0026 and OPS.050.0001 identifies a plan of action for employees, managers, supervisors, shift commander and first responders. The actions include stop the incident, safeguard the victim, arrange for any needed medical services, detain the alleged perpetrator, preserve evidence and the scene of the alleged incident, refer the victim for needed medical and mental health treatment.</p> <p>RCI.020.0026 includes a section on First Responder duties to include a PREA First Responder Checklist which, lays out the steps of the plan of action for first responders in a checklist format to ensure that none of the step are omitted. The Warden confirmed the written institution plan is documented in the identified SOP. This directive includes a Containment Checklist for the shift commander or supervisor to follow listing all action to be taken when a report of sexual abuse is received. All staff interviewed were very well informed on the steps of the action plan and were able to articulate the responsibilities of a first responders.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Warden • Random Staff • Facility PREA Manager <p>Based on a review of the policies, and interviews, the facility has demonstrated compliance with this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • State Personnel and Pensions Article, §3-302, Annotated Code of Maryland <p>115.66(a) The PREA Audit Manual states, “Neither the Department nor any other governmental entity responsible for collective bargaining on the Department’s behalf shall enter into or renew any collective bargaining agreement or other agreement</p>

	<p>that limits the Department' ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."</p> <p>Maryland law requires that management retain all basic rights. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland regarding management's rights as provided by law was submitted for review. Items 1 through 8 of this document specifically state 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. The Special Assistant to the Deputy Secretary of Operations reported Maryland is a management rights state. DPSCS has discretion regarding the assignment, hiring and firing of staff and no limitations to the agency's ability to remove employee sexual abusers from contact with inmates. An interview with a member of the Union, confirmed there is no interference with the assignment of staff upon a report of PREA allegations.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Warden • Facility PREA Compliance Manager <p>Auditor wanted to interview a Union Rep, but none was available during the time of audit.</p> <p>Based on a review of the code, MOU, interviews and analysis, the facility has demonstrated compliance with this Standard.</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following policies and documentation:</p> <ul style="list-style-type: none"> • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited • RCI Facility Directive RCI.020.0026 PREA Compliance • Retaliation Monitoring forms • Investigative Sexual Abuse Case Files <p>115.67 (a) Facility Directive RCI.020.0026 and Executive Directive OPS.050.0001, states the head of a unit, or a designee, is responsible for ensuring 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. RCI has</p>

designated the Captain to monitor retaliation for both staff and inmate. The Captain indicated during an interview he uses the retaliation monitoring tool when meeting with the victim. He initiates meetings with the victim upon becoming aware of the reported allegation. He ensures they have no concerns with their safety.

115.67(b) Both Directives addresses this provision. It states if retaliation is identified or feared take action to stop the actual or feared retaliation that may include.

Application of available medical or mental health services or counseling; Changes to inmate housing assignments and staff work assignments; and continued monitoring as deemed appropriate. Per interviews with the Agency Head and Warden, there are multiple options available to protect inmate and staff from retaliation. The Captain stated while looking for signs of retaliation she reviews changes in housing, jobs, programs and discipline history of the victim.

15.67(c, d) Executive Directive OPS.050.0001, identifies changes that may suggest possible retaliation by inmates or staff, which may include, but is not limited to unreasonable or unjustified: Discipline; Changes in work or program assignments; Transfers or placements; or Denial of privileges or services. These must be monitored. The facility presented, as documentation, Retaliation Monitoring forms, that identifies, by name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a place for reporting within 7 days, at two weeks, within 30 days, within 60 days, final 90 days, and space for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. Of the 7 reported allegations of sexual abuse, during review period, 3 were determined as Unsubstantiated and 4 was determined as Unfounded. Upon review of the 3 Unsubstantiated sexual abuse cases, the auditor requested the completed retaliation monitoring for the alleged victims of these cases. Retaliation monitoring was not completed, or properly documented. However, the Facility PREA Compliance Manager failed to fulfill the auditor's request in providing the retaliation monitoring for the 3 of the alleged victims whom sexual abuse cases were determined as Unsubstantiated. In accordance RCI. 020.0026. the RCI PREA Compliance Manager is responsible to ensure that those involved in an incident are monitored for signs of retaliation for at least 90 days (monitoring begins at first report of the incident). Due to the facility's failure to produce documentation of completed retaliation monitoring for the 3 Unsubstantiated sexual abuse cases that would also identify the facility's practice of conducting periodic status checks as stated in provision (d) of this standard, RCI does not meet the provisions of c, and d in this Standard.

115.67 (e) PREA Implementation RCI 020.0026, Rights and Responsibilities: whether victim, perpetrator, witness, or reporter have the right is to be free from retaliation, beginning when the allegation is made until the threat as passed as determined through the investigation process, to the degree possible within limited resources and applicable laws. Through a review of the 3 Unsubstantiated sexual abuse cases, there were no circumstances in where an individual who assisted in and or cooperated with an allegation of sexual abuse was determined to have express a fear of retaliation.

	<p>Therefore, RCI meets the mandate of provision (e) in this standard.</p> <p>115.67(f). A review of investigative sexual abuse cases reveals upon the investigative staff determining a finding of Unfounded for a reported allegation of sexual abuse, retaliation is ceased at that point. The retaliation monitoring form has a section that is noted by staff assigned to monitor retaliation if the investigation was determined Unfounded. RCI meets the mandate of this provision.</p> <p>Based on the review of policies, review of sexual abuse cases, review of available retaliation monitoring forms, and the facility's failure to produce requested retaliation monitoring forms the review and analysis, the facility does not meet the provision of standards c and d. However, the facility does meet the standards provisions of (a), (b), (e) and (f).</p> <p>Corrective action: The facility failed to meet the standard provisions of c, and d, due to not monitoring the victims of 3 unsubstantiated cases up to 90 days. A determination of compliance cannot be made without the 90-day monitoring of unsubstantiated cases. The auditor will receive a tracking form of PREA allegations reported during the corrective action period and the retaliation monitoring for each case.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following policies:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DOC 100.0002 Case Management Manual • RCI.020.0026 PREA Compliance <p>115.68 (a) DOC.100.0002 Case Management Manual, indicates that Protective Custody is appropriate when required for the protection of the inmate. It goes on to say, "every effort shall be made by Case Management Staff, and the managing official, to find suitable alternatives to protective custody housing." Suitable alternatives identified in the Case Management Manual include transfer of the inmate victim to another housing unit within the facility, a lateral transfer of the inmate victim to another facility of the same level, and transfer of the inmate's documented enemy, or enemies, to another facility. Every Protective Custody placement is, by policy reviewed every 30 days. Inmates housed in Protective Custody are allowed the same out-of-cell activity as in their regular housing unit, have the same access to</p>

	<p>Health Care and Case Management services, the same visiting opportunities, the same access to the library and legal reference materials, the same access to programming, including religious programming, and to educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations.</p> <p>Facility Directive RCI.020.0026 states that inmates will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative to separate the inmate from likely abusers. It additionally states that if an assessment cannot be immediately conducted, the victim may be held involuntarily for less than 24 hours while the assessment is completed. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. It also says that any restrictions must be documented and forwarded to the Facility PREA Compliance Manager.</p> <p>Per the PAQ, interview with the Facility PREA Compliance Manager, and staff who supervise inmates in segregation confirmed no inmates who allege to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months.</p> <p>Audit team interviewed the following staff members:</p> <ul style="list-style-type: none"> • Warden • PREA Compliance Manager • Staff who supervise inmates in segregated housing <p>Based on the review of policies, and interviews, the facility has demonstrated compliance with this standard.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following documentation and policies:</p> <p>115.71(a) The DPSCS PREA Manuel indicates when the Department conducts its own investigations into allegations of sexual abuse and sexual harassments, it shall do so promptly, thoroughly and objectively for all allegations, including third-party and anonymous reports. DPSCS IIU. 110.0011 notes 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 and maximize evidence collected to support</p>

effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. OPS.200.0005 identify 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 to collecting and preserving evidence; interviewing victims, witness, and suspected perpetrators; conducting and using polygraph examinations; identifying suspects; preserving an individual's personal dignity and legal rights; and maintaining confidentiality of the investigation. A review of the sexual abuse/harassment log revealed there were six (6) allegations of sexual abuse/harassment reported within the past 12 months of the audit review. Each of the allegations were investigated by an Investigator assigned to the IID and/or a designated trained facility Investigator. An IID Investigator and Facility Investigator was interviewed and confirmed their responsibility in conducting investigations of reported allegations of sexual abuse/harassment. IID Investigators are assigned to conduct investigations of sexual abuse. The facility investigator acknowledged completing an on-line course through the National Institute of Corrections (NIC) on conducting PREA allegations to include maintaining physical evidence, preserving a crime scene, and interview techniques at the initial level of notification of an allegation. However, the IID Investigators continue with the Department investigations.

115.71(b) The PREA Audit Manual indicates the Department where sexual abuse is alleged, the Department shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.34. OPS. 050.0001 and OPS. 200.0005 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. An interview with an IID Investigator confirmed the investigators are sworn law enforcement officers and attend training established by the Maryland Police and Correctional Training Commission for police to maintain certification, as well as advance training in investigative techniques. The auditor was presented with a roster of all IID Investigators which confirmed their successful training of course "PREA: PREA Specialized Training." This course is identified as a seven and/or eight-hour course in which a passing score is required by each participant.

115.71(c) & (d) OPS. 200.0005 indicates 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 reasonable accepted standards related to: collecting and preserving evidence; interviewing victims, witnesses, and suspected perpetrators; conducting and using polygraph examination; identifying suspects; preserving an individual's personal dignity and legal rights, and maintaining confidentiality of the investigation. Directive IIU. 110.0011 Investigative Sexual Related Offenses section .05D also address the investigator's responsibilities that includes interviews and collection and

preservation of evidence. An interview with an IID investigator confirmed his knowledge of conducting sexual abuse investigations in accordance with the Department's policies and PREA standards. The facility did not report any cases where a forensic examination was conducted to collect DNA evidence. However, the IID investigator identified numerous measures that would be taken to include gathering a rape kit, preserving the alleged victim and alleged perpetrator's clothing, reviewing and collecting video, photos, conducting interviews to include those involved and all witnesses, collecting all available evidence, monitor phone calls, review medical records, review prior reports and complaints of the alleged perpetrator, advisement of Miranda rights and request DNA testing which could take 3 months for the results. He explained, the IID investigators are sworn law enforcement officers. The IID investigator would advise the suspect of their Miranda rights, but they are not required to consent with the prosecution on whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.71(e) OPS.050.0001 states a victim of sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examinations as a condition for proceeding with an investigation of alleged sexual misconduct. IIU.110.0011-page 8 section e. notes 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. In addition, 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. The IID investigator explained during an interview, his determination of the findings is based on an individual basis of credibility of evidence recovered during the investigative process to include collection of available video surveillance, phone calls, logs and interviews as evidence, photographs, and DNA if applicable. He continued in stating, at no time would the continuation to proceed with an investigation be based upon an alleged victim submission to the to a polygraph or truth telling device. All 6 administrative PREA investigative cases completed for RCI within the past 12 months were reviewed. The credibility assessments of findings of each investigative case appears to be based on the evidence collected throughout the investigative process.

115.71(f) Directive OPS.050.0001 and Directive OPS.200.0005 requires agency investigators to thoroughly document all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution. Directive IIU.110.0011, section .05D (6) states, "Conduct post-incident investigative actions to complete a comprehensive investigation of the incident that intends to: (a) Identify the perpetrator; (b) Determine if employee action or lack of action contributed to the occurrence; and (c) Collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings" with regard to 115.71(f). Interviews with investigative staff confirmed an administrative investigation would be conducted when it was determined staff actions or failures to act contributed to the abuse.

115.71(g) OPS.050.0001 section 4 states upon completion an investigation of a complaint of alleged sexual misconduct, the investigator shall: thoroughly document all aspects of the investigation in a written report so as to best support subsequent

	<p>administrative action and, if appropriate, referral for criminal prosecution; include in the report a determination indicating the complaint of alleged sexual misconduct to be: Substantiated, Unsubstantiated, and/or Unfounded.</p> <p>115.71(h) OPS.050.0001 documents if the incident possibly involves criminal activity, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incident occurred. An interview with a Department IID Investigator confirmed the Division conducts all administrative and criminal investigations for the Department. Substantiated allegations of sexual abuse that support criminal charges would be referred by the IID to the State Attorney's Office for possible prosecution. There were no allegations of sexual abuse/harassment determined with a finding of Substantiated during the past 12 months of the audit process. Therefore, there were 0 Substantiated allegations of misconduct that appeared be criminal and referred for prosecution.</p> <p>115.71(i) OPS.050.0001 and OPS.200.00005 requires the investigative files be filed and maintained in accordance with an establish retention schedule. The Department retention schedule require the report of investigation to be held for as long as the alleged perpetrator is incarcerated or employed by the DPSCS, plus an additional five years.</p> <p>115.71(j)The departure of an employee alleged to have committed sexual misconduct or the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct. An interview with an IID investigator confirmed the investigation continues even if the employee is terminated and/or resigns. The investigative staff would report to the employees' home or request the employee to report to the facility to complete an interview.</p> <p>115.71(k) Interviews with the Warden, Agency PREA Coordinator, Facility PREA Manager, Facility Investigator and IID Investigator confirmed DPSCS conducts its own administrative as well as criminal investigations into all allegations of sexual abuse/ harassment. All IID investigators are sworn law enforcement officers with the State of Maryland. This element of the standard is not applicable.</p> <p>Audit team interviewed the following staff members:</p> <ul style="list-style-type: none"> a. IID Investigator b. Warden c. Agency PREA Coordinator d. Medical and Mental Health Staff e. Random Staff f. Facility PREA Compliance Manager <p>Based on the review of policies, observation, and supporting documentation and interviews, it is determined that RCI is compliant with all applicable provisions of this Standard.</p>
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115.72	Evidentiary standard for administrative investigations
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Audit team reviewed the following policies and documentation:</p> <ul style="list-style-type: none"> • RCI Completed PAQ • DPSCS PREA Manuel • DPSCS OPS. 050.0001 Sexual Misconduct-Prohibited • DPSCS IIU.110.0011 Investigating Sex Related Offenses • Investigative Files <p>115.72(a) OPS IIU. 110.0011 indicates upon conclusion 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. A review of 6 investigative files to include sexual abuse and sexual harassment, the investigative findings was determined on the collection of evidence recovered during the investigative process, to include interviews conducted, and physical evidence collected. The review of the investigative files confirm the Department does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. An interview with the investigators confirmed the preponderance of evidence is the standard of evidence necessary to substantiate an allegation of sexual abuse/harassment.</p> <p>Audit team interviewed the following staff members:</p> <ul style="list-style-type: none"> • Warden • IID Investigator • Facility Investigator <p>Based on a review of the relevant policies, observation and interviews, it is determined that RCI is compliant with the applicable provisions of this standard.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Audit team reviewed the following documentation and policies:</p> <ul style="list-style-type: none"> • RCI Completed PAQ • DPSCS PREA Manuel • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited

- DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
- DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
- Documented Notifications to Inmates

115.73. (a) IIU.110.0011 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 Substantiated, Unsubstantiated, or Unfounded. An interview with the Warden confirmed inmates are notified of the findings by the PCM upon being informed by the IID investigator. There were six (6) reported PREA allegations during the 12-month review period. The auditing team reviewed six (6) cases for confirmation of the inmate being advised of the investigative findings. The review revealed the IID investigator and/or facility investigator documented the date of notification to the inmate and the staff member (PCM) or investigative staff notifying the inmate of the findings. two inmates were interviewed who reported a sexual abuse allegation. All inmates acknowledged being informed of the investigative findings from the IID investigator and/or Facility PREA Compliance Manager.

115.73(b) The Department conducts its own administrative and criminal investigation to include those of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

115.73(c) Directive IIU.110.0011 requires if an investigated incident involved an employee committing a sex related offense on an inmate and the incident was Substantiated or Unsubstantiated, the investigator will arrange for the inmate to be advised when the employee is no longer assigned to the inmate's housing unit, when the employee is no longer employed at the facility, when, if known, the employee was indicted or charged with a sex related offense occurring at the facility, or if known, the employee was convicted of a charged related to a sexual related offense occurring at the facility. There were no Substantiated cases of staff sexual abuse and/or sexual harassment determined at RCI during the past 12 months of the audit.

115.73(d) Directive IIU.110.0011 requires if an investigated incident involved an inmate committing a sex related offense on another inmate, the investigator will arrange for the victim inmate to be advised, if known, that the perpetrator was indicted on a charge related to a sex related offense occurring at the facility and, if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. There was no Substantiated inmate on inmate sexual abuse and/or sexual harassment allegations determined at RCI during the past 12 months of the audit.

115.73(e) IIU.110.0011 states the investigator shall document victim notification in the investigative report to include the name of the individual who notified the victim; the date, time, and location that the victim was notified; and how the victim was notified. A review of an investigative file document the alleged inmate victim was notified of the investigative findings after his transfer to another DPSCS facility. The

	<p>IID investigator documented in the summary of the report contacting the PCM at both the facility of the alleged occurrence and the inmate's newly assigned facility.</p> <p>115.73(f) IIU.110.0011 states the victim reporting requirements under this standard shall terminate at the time the victim inmate is released from Department custody.</p> <p>Audit team interviewed the following staff members:</p> <ul style="list-style-type: none"> • Warden • IID Investigator • Facility Investigator • Facility PREA Compliance Manager <p>Based on a review of policies, interviews, and investigative case files, the facility has demonstrated compliance with the applicable provisions of this standard.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following policies and documentation:</p> <ul style="list-style-type: none"> • DPSCS Executive Directive OPS.505.0001 Sexual Misconduct - Prohibited • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS Executive Directive IIU.110.0011 investigating Sex Related Offenses • RCI 020.0026 PREA Implementation • Review of investigative files alleged staff on inmate sexual abuse cases. <p>115.76 (a)(b)(c)(d) Executive Directive OPS.0550.0001 notes the Department does not tolerate sexual misconduct by an employee, by either omission or commission; and consider alleged or actual consent as a defense to an allegation of sexual misconduct. An employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee, except under exigent circumstances, did not perform responsibilities established under the directive or neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct. The directive further states 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 to a relevant licensing authority.</p> <p>There were no substantiated allegations of staff sexual misconduct within the past 12 months of the audit review period. Therefore, there were no disciplinary actions and/</p>

	<p>or termination of staff nor was there a requirement to report to a relevant licensing body. A review of the investigative sexual abuse case files confirmed no substantiated allegations of sexual abuse.</p> <p>RCI.020.0026 notes disciplinary sanctions for violations of agency policies relating to sexual abuse and/or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offense by other staff with similar histories.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Investigator • Facility PREA Compliance Manager • Warden <p>Based on the review of policies, interviews, the facility meets the mandate of all standard provisions for compliance.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following policies and documentation:</p> <ul style="list-style-type: none"> • DPSCS Executive Directive OPS. 200.0005 Inmate on Inmate Sexual Conduct - Prohibited • DPSCS Executive Directive OPS. 050.0001 Sexual Misconduct - Prohibited • DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses • DSPSC Volunteer Orientation Manual • RCI.020.0026 PREA Compliance • RCI Completed Pre-Audit Questionnaire (PAQ) <p>115.77 (a) Executive Directive OPS.200.0005, Inmate on Inmate Sexual Conduct - identify an employee as an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification. OPS. 050.0001 states a contractor who is 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 and is subject to sanctions according to provisions of the contract or agreement; subject to criminal prosecution; and if applicable, notification of a relevant licensing authority.</p> <p>115.77(b) The Volunteer Orientation Manual states, The Department has a ZERO</p>

	<p>tolerance policy regarding sexual misconduct. Any form of sexual conduct, consensual or otherwise, is prohibited in a correctional facility. This includes offender on offender, as well as staff (including volunteers) on offender contact, or sexual violence. A volunteer accused of sexual misconduct shall be prohibited from contact with offenders until an investigation is conducted. If the accusation is substantiated the individual's volunteer status shall be terminated and the individual shall be subject to criminal prosecution if the behavior is deemed to be criminal in nature.</p> <p>An interview with the Warden confirmed he would take remedial measures and the contractor and/or volunteer would immediately be removed from the facility and denied further entry upon the report of a sexual abuse/harassment allegation. The identified contractor and/or volunteer would also be denied further entry into all other DPSCS correctional facilities throughout the investigation. A final determination would be made at the conclusion of the investigation. If the investigation was determined to be substantiated, the identified volunteer or contractor would be terminated and subject to criminal prosecution if the behavior is deemed to be criminal in nature. According to the RCI PAQ, and review of investigative files there was no PRA allegations reported regarding contract and/or volunteer staff against of the inmate population during the 12-month audit review period.</p> <p>Audit team interviewed the following staff members:</p> <ul style="list-style-type: none"> • Warden • IIU & Facility Investigators <p>Based on the review of policies, review of investigative files and interviews with Warden, IIU and Facility Investigator, the facility meets the mandate of all provisions within this standard for compliance.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following policies and documentation:</p> <ul style="list-style-type: none"> • RCI Completed PAQ • DPSCS Executive Directive OPS. 050.0001 Sexual Misconduct-Prohibited • DPSCS Executive OPS. 200.0005. Inmate on Inmate Sexual Conduct-Prohibited • COMAR 12.03.01 <p>115.78(a) OPS.200.0005 notes the Maryland Department of Public Safety & Correctional Services prohibits all sexual activity between inmates. Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse.</p>

Inmates are also subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months of the audit, there was 0 substantiated administrative and/or criminal findings of inmate-on-inmate sexual abuse allegations. Each of the cases was determined to be Unsubstantiated or Unfounded by IID Investigative staff.

115.78(b) & (c) Comar 12.03.01 notes prior to the hearing officer imposing a sanction, they shall consider mitigating factors such as 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 and the inmates; mental health status at the time of the rule violation occurrence. An interview with the Warden confirmed sanctions of disciplinary actions of sexual abuse for the inmate population are classified as a Category 1 Inmate Rule Violations code 117- An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act. Inmate sanctions are imposed by a Discipline Hearing Officer employed with the Department of Adjustment Hearing and is not an employee of or at the facility.

115.78(d) OPS.200.005 indicates if therapy, counseling, or other intervention designed to address and correct underlying reason or motivation for sexual conduct is available, may be required to participate in available therapy, counseling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process. An interview with the Mental Health Supervisor and confirmed these services are not currently available at the RCI.

115.78(e) OPS.200.0005 states an inmate may be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct. In accordance with a review of PREA related sexual abuse/harassment, there were 0 Substantiated findings of sexual conduct with staff and 0 inmates disciplined for sexual conduct upon finding that staff did not consent to the sexual conduct.

115.78(f) OPS.200.0005 states a complaint of alleged inmate on inmate sexual conduct made in good faith based upon a reasonable belief that the alleged inmate on inmate sexual conduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegations of inmate-on-inmate sexual conduct. There were 0 allegations of sexual abuse determined with a finding of Unfounded and 0 sanctioned for making a false report and/or lying.

115.78(g) OPS.200.0005 states an inmate may not: commit, participate in, support, or otherwise condone sexual conduct. COMAR 12.02.07 Inmate Rule Violation Summary Category 1 Inmate 117 - An inmate may not in any manner, arrange, commit, perform or engage in a sexual act. RCI.020.0026 states that although all sexual activity is prohibited between inmates, the Agency shall only deem such activity to constitute sexual abuse if it determines that the activity is coerced.

Auditor interviewed the following staff members:

	<ul style="list-style-type: none"> • Warden • Facility PREA Compliance Manager • Investigator <p>Based on the review of policies, documents and interviews, this facility meets the provisions of the standard for a finding of compliance.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation and policies:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. • DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness • Risk Screening forms <p>115.81 (a) OPS.050.0001 states that, "whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening. It also indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting, a copy of the intake screening will be forwarded to the mental health department. Interviews with staff who perform screening for risk of victimization indicated they do refer all inmates who have experienced prior sexual victimization to mental health as a follow-up. The PAQ indicated that 100% of inmates that reported prior sexual victimization were offered a follow-up meeting with a mental health provider. The auditor requested a PREA follow-up log indicating such. The log identifies inmates' preference in being referred to mental health during the initial risk screening and 30- day follow-up risk screening. It was noted many inmates declined the services of mental health under the provisions of this standard. The auditor selected the referrals of 4 inmates who elected to have PREA follow-up services with mental health. The auditing team discovered that referrals were consistently made to a mental health practitioner (social worker) in a timely manner.</p> <p>115.81(b) OPS.050.0001 indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a referral will be made to mental health. Interviews with staff who perform screening for risk of victimization said they refer all inmates who have scored as an abuser. An Interview with mental</p>

	<p>health confirms, they receive referrals for abuser and follow- up meeting is conducted with the likely abuser.</p> <p>115.81(d) OPS.050.0001 states that information concerning an alleged complaint of sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating and resolving the alleged misconduct and immediate and continued care of the victim. Per interview with the PCM, he indicated the specific details related to sexual victimization or abusiveness is strictly limited. Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments. Interviews with case management staff revealed the inmate files are not kept in the housing unit but are maintained in the record office. This helps protect the confidentiality of information and helps ensure that any information related to sexual victimization or abusiveness is kept confidential and that access is strictly limited. Additionally, an interview with mental health staff indicated mental health and medical staff uses an electronic medical record for all their documentation. The only professionals that have access to the records are health care professional (nurses, mid-level providers, physicians) mental health professionals (psychology, psychiatry, social work, activities therapist, psychiatric nurses and dental.</p> <p>115.81(e) Policy P-314 Procedure in the Event of Sexual Assault. Section II B of that policy says that, “staff medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. In addition, interviews with both medical and mental health staff verified staff do obtain informed consent from inmates at the initiation of service and they have a duty to report.</p> <p>Audit team interviewed the following staff members:</p> <ul style="list-style-type: none"> • Facility PREA Compliance Manager • Medical staff and Mental Health Staff • Intake staff <p>Based on the review of policies, documentation and interviews, the facility is compliant with all provisions of this standard.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Auditor reviewed the following documentation and policies:

- RCI Completed Pre-Audit Questionnaire (PAQ)
- DPSCS PREA Audit Manual
- DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
- DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness

115.82(a) OPS.050.0001 states supervisors, managers, and shift commanders are responsible for ensuring the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes referral for medical and mental health care follow up and non-medical or mental health related counseling services. The DPSCS Medical Contract Procedure P-314 states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination. An interview with the Assistant Director of Nursing verified that victims of sexual abuse receives timely, unimpeded access to emergency medical treatment and crisis intervention services. She also said that once the report is received, the inmate would be seen immediately. She also verified that the nature and scope of the treatment and crisis intervention services are determined by the professional judgment of the medical and mental health treatment staff. An interview with a mental health case worker verified that mental health also meets with an inmate, within 24 hours of an alleged incident of sexual abuse to offer supportive counseling. The facility provided a Medical/Mental Health Follow-up log which documented that all inmate victims of sexual harassment or assault are seen by medical and mental health staff.

115.82(b) OPS.050.0001 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. Interviews with random staff confirm they were aware of the first responder duties. All stated they would separate the victim from the abuser, keep victim safe and contact medical.

115.82(c) The facility's contracted health care company has a policy which addresses the requirement of this provision. P-314 Procedure in the Event of Sexual Assault says that "prophylactic treatment and testing is offered to the patient, as well as follow-up

	<p>care for sexually transmitted or other communicable diseases.”</p> <p>115.82(d) OPS 200.000 indicates that medical treatment, “if evidentiary or medically appropriate, the medical services will be provided at no cost to the prisoner. Interviews with Health Care staff also verified that the services would be provided to prisoners at no cost.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Facility PREA Compliance Manager • Medical staff/ Mental Health Staff • Security/ 1st Responders • Inmate that disclosed victimization during initial screening <p>Based on the review of policies, documentation, and interviews, the facility is compliant with all provisions of this standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. • DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness • DPSCS Clinical Services and Inmate Health Medical Evaluation Operations Manual • Medical/Mental Health Follow-up log <p>115.83(a) DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault addresses the requirements of this standard. Per Section I, Detainees/inmates reporting to have been sexually assaulted while in DPSCS custody shall be managed using guidelines consistent with the Prison Rape Elimination Act (PREA). An initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted.” Medical Contractor Procedure P-314 also provides procedures to follow in event of sexual abuse. In an interview with medical staff indicated they would ensure the victim is stable and follow treatment plans per the physician at the local hospital</p>

and as needed. The inmate would be offered supportive counseling services and the inmate can select the services provided.

115.83(b) Per Chapter 13, Section F of the Manual, within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room notes, and write appropriate orders for care in the patient's medical record. If the provider is off site, the ER protocol for review will be conducted and the disposition of care executed. All inmates shall be seen for medical follow-up within the first 24 hours (immediately upon their return) following the initial offsite medical visit regarding the allegations of sexual assault.

115.83(c) In an interview with the Assistant Director of Nursing she said the level of care provided is at least equal to and in some cases better than community level of care. PREA cases are a priority and inmates will be seen immediately.

115.83(d) & (e) RCI houses only male inmates.

115.83(f) Per Chapter 13, Section F of the Manual, All follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. Per Section M of the Manual, the patient and alleged abuser shall be offered follow-up STI testing within 60-90 days of initial testing to include HIV, HCV, and syphilis serology. RCI is a male designated facility, therefore the pregnancy test and or services would not be applicable.

115.83(g) Per Chapter 13, Section O, of the Manual, all treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.83(h) Per Chapter 13, Section K, of the Manual, an alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse. In an interview, a Case Manager, who performs risk screening for victimization or abusiveness, said that an inmate disclosing prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are automatically referred to mental health. The inmate is given the option of being evaluated but a referral is made whether the inmate chooses to participate or not. Psychological staff confirmed that Mental Health does conduct a mental health evaluation of all known inmate-on-inmate abusers and does offer treatment if appropriate.

Audit team interviewed the following individuals:

- RCI PREA Compliance Manager
- Medical staff and Mental Health Staff
- Inmates who reported sexual assault/abuse

Based on the review of policies, documentation, and interviews, the facility is compliant with all provisions of this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • RCI Reduction in Violence/PREA Meeting Minutes • DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review • PREA Incident Reviews & Incident Review Team Signature Sheets <p>115.86(a)(b) OSP.S020.0027 states, "that except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded, review the incident. In the past 12 months, there were 8 investigations of alleged sexual abuse that was determined to be Unsubstantiated and 0 determined to be Substantiated. Interviews with a Captain and Facility PREA Compliance Manager who identify themselves as members of the incident review team and the Warden indicated a designated committee is assigned to conduct monthly meetings titled Reduction in Violence/PREA Meeting. The Incident Review Meetings are conducted in conjunction with this meeting. Copies of the Incident Reviews for 3 Unsubstantiated sexual abuse cases was submitted to the auditor for review. Auditor noticed three (3) of the 3 Incident Reviews were not conducted within 30 days of the investigation closure.</p> <p>115.86 (c)The facility submitted some documentation of those staff attending the Incident Review Meeting, but some did not have the names of staff attending. Therefore, it was unclear as to whether the Incident Review Team consisted of upper-level management officials, with input from the supervisors, investigators, and/or medical or mental health practitioners after consultation with the facility PREA Compliance Manager.</p> <p>115.86(d) OSP.S020.0027 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the location where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing in these areas. The team is required to prepare a report of findings for the managing official and Facility PREA Compliance Manager that identifies problem areas, necessary corrective action, and recommendation for improvement.</p> <p>115.86(e) OSP.S020.0027 requires the managing official shall work with the facility's PREA Compliance Manager to implement the facility incident review team's</p>

	<p>recommendations for improvement from the review team; or if a recommendation is not implemented, document the reason for not adopting the recommendation. Per review of the completed incident reviews, there were recommendations made to add something to the policy. This recommendation was approved, and the facility is in the process of adding some verbiage to the policy.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Warden • Facility PREA Compliance Manager • Chief of Security / Incident Review Team Member <p>Based on the review of policies, incident reviews, interviews, and analysis, the facility has demonstrated non-complaint in standard of reviewing of incident after 30 days of an unsubstantiated investigation and some of the reviews didn't have staff listed. The facility was placed in a 90-day corrective action plan phrase.</p> <p>Corrective action plan: The Facility PREA Compliance Manager will provide the auditor with a signature sheet of staff serving as the Incident Review Team Members of all Sexual Assault Incident Review Meetings for all sexual abuse cases with a finding of Unsubstantiated and/or Substantiated during the corrective action plan period. The position of the staff will be documented for identification of such.</p> <p>Corrective action plan: The Facility PREA Compliance Manager will provide the auditor with incident reviews completed within 30 days of the of an Unsubstantiated and / or substantiated investigation.</p> <p>Corrective action plan completed: RCI was originally placed on a 90-day corrective action period. There were three sexual abuse allegations with a determined findings of two Unsubstantiated, and one Unfounded during the 90-day corrective action period. The auditor received copies of the Sexual Assault Reviews showing 30 days of the conclusion of the investigation, and the signature sheets identifying staff serving on the Incident Review Team. The signature sheet and Sexual Assault Review form documented the investigative case number and the date of the review.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ)

- DPSCS PREA Audit Manual
- DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
- 2022 SSV Report
- 2022 Annual PREA Report

115.87(a) OSPS.020.0027 states the Departments Internal Investigation Division, IID, is the primary investigative body for all PREA related allegations and is responsible for uniformly collecting and maintaining data regarding PREA related criminal and administrative investigation and for developing the forms to collect such data. Documentation provided include an information sheet entitle Incident-Base Data Collection, that outline exactly what information that must be collected regarding victims' information, perpetrator information, staff perpetrator information, medical and mental health information, and information from investigations that were conducted.

115.87(b) OSPS.002.0027, indicates the DPSCS PREA Coordinator is responsible for aggregating the incident-based sexual abuse data annually. The DPSCS PREA Coordinator indicated he receives the data from IID and prepares the report based on that data. He continued in stating he collects data from all available incident - based documents, including reports, investigation files, and sexual abuse incident reviews. He reviews the collected data with the Warden of each facility as well as prior to drafting his report. Per the DPSCS PREA Coordinator the annual report is based on each Fiscal Year.

115.87(c) RCI provided a copy of their most recent SSV-2 report that demonstrated the data collected by the facility is at lease enough to answer all question on the survey conducted by the Department of Justice, Survey of Sexual Violence.

115.87(d) Directive OSPS.020.0027 identify the DPSCS PREA Coordinator as being responsible for collecting, maintaining, and reviewing eh data form all available incident-based document, include reports, investigative files, and sexual abuse incident reviews. The DPSCS PREA Coordinator provided a tracking sheet that he uses to track of the data. Information included in the tracking sheet includes the inmate's name and number of inmates involved, both the innate making the allegation and any known perpetrators or suspects, date of the allegation, investigative case number, outcome of the investigation, closure date of the case, name of the investigator assigned to the case, date of notification of the inmate complaint and the nature of the complaint.

115.87 (e) Director OSPS/020.0027, section .03 indicates the DPSCS shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under the authority of the Department to assess and improve the effectiveness of sexual abuse prevention, detection and responsiveness. The Maryland Department of Public Safety and Correctional Services maintain a contract with Threshold Inc., for its pre-release inmate services. Incident sexual abuse data for Threshold Inc., is aggregated at least annually by the DPSCS. These annual reports

	<p>contain aggregated incident sexual abuse data and is located on the Department's website at http://dpscs.maryland.gov/prea/prea-audits.shtml.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Facility PREA Compliance Manager • Agency PREA Coordinator <p>Based on the review of policies, incident reviews, and interviews, the facility meets compliance with all provisions of this standard.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • RCI Completed Pre-Audit Questionnaire (PAQ) • DPSCS PREA Audit Manual • DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review • Agency website • 2022 Annual PREA Report <p>115.88 (a-d) Directive OSPS.020.0027 addresses the elements of this provision. In accordance with the Directive, the DPSCS PREA Coordinator, designator shall: (1) Aggregate the incident -base sexual abuse data annually; (2) Maintain review and collect data as needed form all available incident-based documents, included in reports, investigative files, and sexual abuse incident reviews. (3) Ensure that all aggregated sexual abuse data is included in an annual report that: (a) Includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training; (b) If applicable, identifies Department-side problem areas or problems within specific correctional facilities; (c) Is used to facilitate corrective action at the Department and correctional facility levels; (d) Compares the current calendar years' data and activities with that available from previous years; e) Assess the Department's progress in addressing sexual abuse; and (f) Is approved by the Secretary and made available to the public through the Department's public website that reacts information; (i) Threat would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information; and (ii) Related to personal identifies.</p> <p>Interviews were conducted with the PCM, DPSCS PREA Coordinator and Special Assistant to the Deputy Secretary of Operations. The PCM indicated the facility data</p>

	<p>serves as part of the entire report that is available to the Department. The Department's data is the aggregated of all information collected from all its facilities and RCI is just one of those facilities. RCI data is useful for making decisions at the facility level. The DPSCS PREA Coordinator stated the Investigative Intelligence Division prepares the PREA spreadsheet through an automated reporting system every year and forwarded to him. He then aggregates the data and compare it to the previous year's data while looking for patterns or for anything unusual or noteworthy. At the completion of the review while ensuring there is no information that require redaction, he submits the written annual report for the Secretary's review and signature. The automated system is password protected by IID with limited access. The Special Assistant to the Deputy</p> <p>Secretary Operations confirmed data is reviewed and the information is distributed to the appropriate parties. A monthly meeting is held to address all issues. Upon the Secretary's' approval and signature on the annual report, the annual reported is posted on the Department's public website. A review of the Department's website revealed annual reports are available for viewing.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • Facility PREA Compliance Manager • Agency Head <p>Based on the review of policy, interviews, and review of the DPSCS' website, RCI meet compliance with all provisions of this standard.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.89 (a-d) The elements of this standard are addressed in section c. of OSPS. 020.0027. The Directive identify the PREA Coordinator, or designee responsible for securely maintaining incident-based and aggregated data, must ensure only authorized personnel have access to the information. The DPSCS PREA Coordinator confirmed this information has limited access and is password protected by the IID. By June 30th of each calendar year, the PREA Coordinator is required to report sexual violence data from the previous calendar year to the Department of Justice. He ensures no related personal identifiers are included in the report. The Directive require DPSCS to maintain sexual abuse data for at least 10 years from the date received. The DPSCS PREA Coordinator identified himself as preparing the annual report that is published on the DPSCS's website. The Directive require the DPSCS to maintain sexual abuse data for at least 10 years form the date received.</p> <p>Based on the review of policy, interviews, and review of the Departments' website,</p>

	the facility meets compliance with all provisions of this standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (a) (b) The facility is part of the Maryland Department of Public Safety and Correctional Services. This is the first year of the current cycle (fourth). A review of the agency's website https://dpscs.maryland.gov/prea/prea-audits.shtml confirmed all agency correctional facilities were audited during the previous three-year cycle and are visible to the public. The Department scheduled the facility audits within the three-year cycle, while one third were completed each year of the cycle.</p> <p>115.401 (h -n) The auditor received all requested documentation throughout the pre-audit, on-site visit, and post audit phases that included a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents to support a conclusion of compliance with each PREA standard. An excess of the required number of staff and inmates were interviewed, and all were knowledgeable regarding PREA education and how to report. The auditor was granted access to tour and visit all areas of the facility. Inmates confirmed their observation of the notice of the audit posted throughout the institution that included the auditor's name and mailing address to submit confidential correspondence. Per an interview with mailroom staff, inmates are allowed to forward confidential correspondence to the auditor in the same manner as mail addressed to a legal counselor. The auditing team did not receive any confidential letters and/or request for interview by the inmate population and/or staff.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f): A review of the agency's website https://dpscs.maryland.gov/prea/prea-audits.shtml confirms all agency correctional facilities PREA audits are posted and visible to the public. The most recent audit posted on the agency's website for RCI is dated October 5, 2020.</p>

115.11 (a)

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

115.11 (b)

	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.11 (c)

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

	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
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	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)

	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
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	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (c)

	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
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	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)		
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)		
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)		
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)		
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)		
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)		
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)		
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)		
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)		
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
	Are all PREA screening assessments conducted using an objective	yes

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

	Whether the inmate is detained solely for civil immigration purposes?	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)		
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)		
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)		
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)		
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)		
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)		
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

	Does the agency document that it has provided such notification?	yes
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)		
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
	In the case of inmates, does such monitoring also include periodic status checks?	yes
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)		
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)		
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)		
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)		
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
	Does the agency document all such notifications or attempted notifications?	yes
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)		
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)		
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)		
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)		
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)		
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)		
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)		
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)		
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)		
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

115.86 (a)		
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)		
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)		
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)		
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)		
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)		
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)		
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)		
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)		
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)		
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)		
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)		
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)		
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

(f)			
	<table><tr><td data-bbox="316 174 1289 568">The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes
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