

PREA Facility Audit Report: Final

Name of Facility: Roxbury Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 04/13/2020

Date Final Report Submitted: 10/05/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Debra D. Dawson	Date of Signature: 10/05/2020

AUDITOR INFORMATION	
Auditor name:	Dawson, Debra
Email:	dddawsonprofessionalaudits@gmail.com
Start Date of On-Site Audit:	02/26/2020
End Date of On-Site Audit:	02/28/2020

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

Primary Contact	
Name:	Ryan Knorr
Email Address:	ryan.knorr@maryland.gov
Telephone Number:	240-420-3000

Warden/Jail Administrator/Sheriff/Director	
Name:	Casey Campbell
Email Address:	casey.campbell@maryland.gov
Telephone Number:	240-420-3100

Facility PREA Compliance Manager	
Name:	Ryan Knorr
Email Address:	ryan.knorr@maryland.gov
Telephone Number:	M: (240) 420-3000 ext.

Facility Characteristics	
Designed facility capacity:	1798
Current population of facility:	1752
Average daily population for the past 12 months:	1755
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 - 85
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:	333
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	28
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	136

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

Agency Chief Executive Officer Information:	
Name:	Robert Green
Email Address:	robertl.green@maryland.gov
Telephone Number:	(410) 339-5099

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

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Roxbury Correctional Institution (RCI) was conducted on February 26 - 28, 2020. This was the 3rd PREA audit for the facility. The PREA audit was coordinated through the Maryland Department of Public Safety and Correctional Services (DPS) and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor, Debra Dawson was assigned as the Lead Auditor. Mr. Bobby Edwards was assigned as support staff to assist in conducting interviews. DOJ Certified PREA Auditor Ms. Crystal Norment was assigned as a secondary DOJ PREA Auditor to review policies and submitted documentation. A line of communication was developed between the DPS PREA Coordinator Mr. David Wolinski, DPS Assistant PREA Coordinator Mr. Funsho S. Oparinde and the assigned lead auditor Debra Dawson through telephone calls and emails. Due to the inmate count and size of the facility, it was determined the on-site visit would consist of 3 days.

Pre-Audit Process

The auditing team was presented with the Agency's PREA Manual which is a comprehensive 393-page development of the Department Directives that provide policies and guidance for compliance of the PREA standards. The manual was provided by the DPS PREA Coordinator.

A line of communication was also established between the lead PREA Auditor and the RCI PREA Compliance Manager (PCM) Mr. Ryan Knorr through emails and phone calls on January 6, 2020. A discussion regarding the posting of the audit notice, logistics of the audit process, completion of the PREA-Audit Questionnaire (PAQ), and submission of documentation through utilization of the Online Automated System (OAS) was conducted. The PCM confirmed the audit notice posting through an email on January 17, 2020, with photographs of the posting in various areas of the facility. The auditor selected numerous documents developed by the PREA Resource Center that are listed in the PREA Training and Resource Portal for submission to the facility on January 30, 2020. The documents were requested to be completed and returned to the lead auditor not less than 2 weeks prior to the on-site visit. The completed forms were returned on February 18, 2020. Specifically, the PCM was provided with the following: PREA Interviews - Specialized Staff; PREA Audit File Review; New Hires within the 12 months; Agency Contract Administrator; Immediate or Higher Staff; Inmates who report Sexual Abuse/Sexual Harassment; Allegations and investigation overview; Requested rosters of security and non-security staff. The advanced documentation request was made in an effort for the auditor's selection of specialized staff and targeted inmates for interviews and review of staff and inmate files to include investigative files, training, background investigations, personnel files etc. However, the auditing team was not granted access to the OAS upon release from the facility until approximately 2 weeks prior to the on-site visit.

The documentation reviewed consisted of the PAQ and links to DPS Directives facility policies, inmate handbook, training curriculums, organizational charts, and other PREA related material. However, the information presented during the pre-audit was very limited and did not sufficiently support evidence of

practice in determining the facility's compliance with numerous PREA standards. The vast majority of the documentation submitted consisted of DPSCS and facility policy in regards to the PREA standards and not the facility's practice.

The PREA auditors reviewed the DPSCS's website and observed the annual PREA Reports and prior PREA Audit Reports for RCI. The lead auditor contacted the Just Detention International (JDI) regarding PREA allegations reported from the facility. The JDI confirmed receipt of 1 confidential correspondence from an inmate. This inmate was later interviewed during the on-site visit.

On-site visit Day 1

The audit on-site visit began on the morning of February 26, 2020. An entrance meeting was held with Warden Casey Campbell and other management staff that included the following: Acting Assistant Warden Michael Lichtenberg; Agency PREA Coordinator David Wolinski; Assistant Agency PREA Coordinator Funsho S. Oparinde; Psychology Supervisor Amber Ward; Audit Coordinator Karen Hays. PREA Compliance Manager (PCM) for Roxbury Correctional Institution Ryan Knorr; Acting Case Management Manager Luis R. Feliciano; Security Chief Stacey Taylor; and Maryland Correctional Training Center PREA Compliance Manager (PCM) Elizabeth Rice. The PREA audit team was introduced as well as all attending. The auditor explained the audit overview and reviewed the previously delivered audit itinerary outlining the tour, interview schedule for both inmates and staff in addition to file review. At the conclusion of the entrance meeting, the auditing team, RCI PCM, DPSCS PREA Coordinator, DPSCS Assistant PREA Coordinator and MCTC PCM conducted a full tour of the facility.

The auditing team was escorted throughout the facility to all areas that included: administration building, visiting room, receiving and Identification (ID), food service areas, staff dining area, recreation hall, religious services area, social services, segregation unit, medical, mental health, all housing units, correctional officers' yard shacks, correctional officer offices, correctional officers' control room, Maryland Correctional Enterprise (MCE), education, vocational programs (automotive, masonry, barbering, information tech, and warehousing), commissary, clothing and storage.

Three recommendations were made by the auditing team during the tour. The auditor identified a blind spot in the inmate kitchen pot and pan area. A mirror was recommended that would provide staff a full view of the area from a distance while monitoring other areas in the kitchen. The mirror was installed on the second day of the site visit.

The auditing team observed flatten boxes covering all windows from the entry door and hallway of the inmate commissary/inmate clothing/storage area where both staff and inmates are assigned to work. The auditor identified the boxes as presenting a blind spot and a potential safety risk of all assigned to this area to include facility staff, contract Keefe staff, and the inmate population for sexual abuse. All boxes were removed from the area on the second day of the site visit.

A camera had been installed in two dry cells identified for suicide observation in the medical department. Both cameras were angled in a position that allowed a full view of the toilet that would allow staff of the opposite gender to view the inmates' buttocks and genital while using these toilets. Although this area is identified as a male post only during live time, it was discussed with the Warden. The cameras were relocated within the cells without a view of the toilets. This accomplishment was completed on the second day of the site visit. Although the cameras had been installed, they had not yet been connected for video monitoring system.

At the conclusion of the tour, the auditing team was provided with inmate rosters and Post Assignment WorkSheets (PAWS) that notes correctional staff daily work schedule and assigned post. The auditing team elected to begin interviews with specialized staff and on duty security and non-security staff in an effort to accommodate their work schedules and continued late evening interviews with the inmate population.

On-site visit Day 2

Upon arrival to the facility, the auditing team continued with inmate interviews selected from the rosters and non-security and security staff. The PAWS was used to select security staff on duty during the various shifts.

Third day on site:

Staff and inmate interviews continued.

The inmate count on the first day of the on-site visit was reported as 1747. The auditor advised the PCM that based on the inmate count, a minimum of 40 inmates (20 targeted and 20 random) would be interviewed. The selection of inmates was made from a selection of inmates identified within the targeted groups and individuals selected from the various housing units using a present day inmate roster. The auditing team was provided current housing unit assignment inmate roster and PAWS sheets for the day. The auditing team conducted 27 random inmate interviews and 17 targeted group inmate interviews. Targeted inmates interviews included: (2) Transgenders; (3) Gay; (1) Bi-sexual; (4) Inmates who reported sexual abuse at the facility; (3) Inmates who disclosed sexual victimization during risk screening; (1) Hard of hearing; (1) Blind; (1) Cognitive Disabled; (1) Limited English Proficient; (1) Physical disabled. The following target groups were not assigned at RCI during the on-site visit: Youthful inmates; Inmates in Segregated Housing for High Risk of Sexual Victimization. The lead auditor received 1 confidential correspondence from the inmate population prior to the on-site visit. This inmate was included in the interview process. An interview with mailroom staff confirmed all inmate outgoing mail is sealed by the inmate prior to placement in the outgoing mail. Therefore, the inmate outgoing mail is not screened by staff.

The RCI PCM reported a staff complement of 366 that included 141 non-security and 225 security. The auditing team conducted 21 random staff interviews and 23 specialized interviews. Those specialized interviews included: (1) Agency Head; (1) Warden; (1) Mental Health Supervisor; (1) Director of Nurses; (1) Contract Education Staff; (2) Investigators; (1) Intake Staff; (1) Staff assigned to conduct risk screening for victimization; (1) Human Resource Manager; (1) PREA Coordinator; (1) PREA Compliance Manager; (1) Staff assigned to supervise segregation; (1) JUST International Representative; (2) Volunteers; (1) Incident Review Team Member; (1) Designated staff member charged with monitoring retaliation; (1) Security who have acted as a first responder; (1) Non-security staff who have acted as a first responder; (1) SANE Staff; (1) Keefe Contract staff (1) Agency Contract Administrator.

Upon the completion of staff and inmate interviews, the lead auditor began to review the OAS with the RCI PCM. The lead auditor attempted to examine investigative files, staff, contract, volunteer and inmate PREA training, inmates risk assessments, DPSCS and RCI policies and documented practices of each standard with RCI PCM in the OAS. It was concluded by the auditing team that the facility was not prepared for the PREA audit. Documentation of practices was not presented by the RCI PCM. The vast majority of documentation presented to the auditing team consisted of policies developed by the DPSCS and RCI. The PCM indicated he had been in the position of the facility PCM less than six months. The lead auditor provided extensive guidance to the RCI PCM in the documentation of practices utilized at the

facility in conjunction with policies was required to demonstrate compliance with each standard. The RCI PCM was informed of specific documentation needed for all identified standards. Available documentation was reviewed by the auditing team upon being requested by the auditor. The PCM was advised the missing documentation was required to be uploaded in the supplemental file in the OAS.

The Intelligence and Investigation Division (IID) is a division within the DPSCS and conducts both administrative and criminal investigations. There were no discrepancies noted in their specialized training to conduct these investigations. A Captain is assigned at the facility to assist the IID investigators upon assignment to conduct non-criminal investigations. Certification of his training was also provided. The identified documentation was later submitted in the OAS supplemental files. The facility reported 26 PREA allegations reported during the 12-month review period. These cases consisted of 15 sexual abuse cases with 8 determined as Unsubstantiated and 7 determined as Unfounded. There were 11 sexual harassment cases reported. Seven was determined to be Unfounded and 4 was determined to be Unsubstantiated. RCI does not conduct retaliation monitoring regarding sexual harassment cases.

Exit Briefing:

The exit briefing was conducted on February 28, 2020. Those in attendance was DOJ Certified PREA auditor Debra Dawson, PREA auditor support staff Bobby Edwards, Warden Casey Campbell, Acting Assistant Warden Michael Lichtenberg, Security Chief Stacey Taylor, and RCI PCM Ryan Knorr. The facility was thanked for the hospitality, assistance and cooperation displayed during the audit. A discussion included the observation and preliminary findings of the audit. Concerns with the pre-audit and on-site visit included the PAQ not being submitted timely, the lack of submission in the facility's documented practices and procedures as supporting evidence for compliance during the pre-audit and on-site visit. The lead auditor explained she would be assisting the PCM by identifying supporting documentation needed. The lead auditor also indicated the identified forms, documents, etc that are available and accessible to the PCM will need to be submitted within three weeks after the on-site visit. This would give the auditing team ample time for review.

Post-audit

The facility was not prepared for the audit. It became obvious that the PCM did not have a clear understanding of the required documentation to support compliance of the standards. The documentation submitted was not sufficient to support compliance of standards 115.13 (d); 115.67 (c); 115.81 (a) and (b); 115.86 (c). Therefore, these listed standards was noted as "Does Not Meet the Standard." RCI was placed in a 90-day corrective action plan phrase to meet compliance for the standards identified as non-compliant. A summary of the evidentiary basis for determining non-compliant and finally full compliance is discussed within the standard that was originally determined as "Does not meet the Standard."

The corrective action plan period was extended from 90-day to 180 -day due to affects of the COVID-19 global pandemic on the facility that resulted staff shortages, limited inmate interaction to include lockdown of the facility, and restricted inmate incoming and outgoing movement limited to as needed in an effort to prevent the spread. The lead auditor maintained a line of communication with the DPSCS PREA Coordinator, DPSCS Assistant PREA Coordinator and RCI PCM for the submission of policies, documentation of practices and procedures that to supported staff practice and procedures as outlined in the PREA standards. The continuous effort existed by the DPSCS PREA Coordinator and DPSCS Assistant PREA Coordinator and was greatly appreciated by the auditing team. Upon completion of the corrective action plan period, RCI was successful in demonstrating full compliance with all 45 PREA Standards.



AUDIT FINDINGS

Facility Characteristics:

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

The Roxbury Correctional Institution (RCI) opened in 1983 and is in the Washington County area of Hagerstown, Maryland. The facility is one of several DPSCS facilities located in a rural setting that encompass 40 acres of land. RCI is within a double fenced enclosure and bar-wire shaker fence in a standalone location from other DPSCS facilities at the complex. The RCI houses male inmates from the age of 18 - 83. The average stay at RCI is one year to life. There were no youthful inmates (under the age of 18) held at RCI during the past 12 months of the audit.

On the first day of the audit, the staffing level consisted of 141 non-security staff and 225 security staff. The Warden explained the facility was currently at 27% vacancy for correctional officers. In the successful effort to maintain a secure environment for both inmates and staff and remain in compliance with the Staffing Plan, volunteer and/or mandatory overtime is utilized daily and during all 3 shifts. The three shifts are 7:00 a.m. - 3:00 p.m.: 3:00 p.m. - 11:00 p.m. and 11:00 p.m. - 7:00 a.m. There was a 27% vacancy rate of correctional officers. Overtime is utilized to cover unassigned post to remain in compliance with the Staffing Plan.

There are 4 separate yard shacks manned by correctional officers to monitor inmate movement throughout the compound. RCI has 5 separate building which hold individual pods on each. Housing Units (HU) 1 through 4 has four tier wings. Housing Unit 5 has 3 tier wings within the housing unit. Each housing unit is unique in the type of services provided to the inmate population. Each B tier in the housing units are designated as Honor Units. HU 1 has the Happy Hounds prison dog rescue program, special needs unit (SNU), and middle age prisoner population. HU 2 and HU 3 are general population units. HU 4 is general population. HU 5 A-tier designated for general population overflow, B- tier designated for administrative segregation cells, and C-tier is designated for disciplinary pending adjustment. There is also an Administrative Segregation Isolation Area (ASIA) is located next to the mental health department. Housing units' cells are either single cell or double occupancy with a toilet and lavatory in cells and one bathroom on each tier wing. The housing unit showers are located on each tier wing with privacy via shower curtains. The housing units have day rooms, unit management offices, officers' desk, and a control booth in all. The facility has one food service area for the inmate population and a smaller kitchen/dining hall for staff, a visiting room, medical, chapel, gym, clothing room, barbershop, recreation hall. The Chaplain shares a building with Social Services. There are 19 groups of religious service organization. The facility has 80 cameras with 14 in visitation. The retention period is 45 days but is also based on the amount of activity loaded.

The facility also operates a Maryland Correction Enterprise (MCE) graphic plant that employees 100 inmates. The plant is 1 of 5 print shops in the State of Maryland. Four staff are assigned to this plant and are assisted by 50 cameras in the prevention of sexual abuse and sexual harassment. The video is stored and be reviewed by supervisory staff.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

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

The Interim PREA Audit Reported dated April 13, 2020 indicated four Standards 115.13; 115.67; 115.81; and 115.86 were determined as "does not meet the standard." Therefore, a required corrective action period of 90 days was established. However, due to the global pandemic of COVID-19 and its effect on the facility's operations, staff absence, and the inmate population, the corrective action period was extended to 180 days. The auditors reviewed all documentation to determine if full compliance was achieved by the facility. A summary of the evidentiary basis for determining full compliance is discussed within the standard that was originally determined does not meet the compliance. Upon completion of the corrective action plan period, RCI has demonstrated full compliance with all 45 Standards.

115.11, Zero Tolerance of sexual abuse and sexual harassment: PREA Coordinator

115.12, Contracting with other entities for the confinement of inmates.

115.13, Supervision and monitoring;

115.15, Limits to cross-gender viewing and searches

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

115.17, Hiring and promotion decisions

115.18, Upgrades to facilities and technologies

115.21, Evidence protocol and forensic medical examinations

115.22, Policies to ensure referrals of allegations for investigations

115.31, Employee training

115.32, Volunteer and contractor training

115.33, Inmate education

115.34, Specialized training: Investigations

115.35, Specialized training: Medical and mental health care

115.41, Screening for risk of victimization and abusiveness

115.42, Use of screening information

115.43. Protective Custody

115.51, Resident reporting

115.52, Exhaustion of administrative remedies

115.53, Inmate access to outside confidential support services

115.54, Third-party reporting

115.61, Staff and agency reporting duties

115.62, Agency protection duties

115.63, Reporting to other confinement facilities

115.64, Staff first responder duties

115.65, Coordinated Response

115.66, Preservation of ability to protect resident from contact with abusers

115.67, Agency protection against retaliation;

115.68, Post-allegation protective custody

116.71, Criminal and administrative agency investigations

115.72, Evidentiary standard for administrative investigations

115.73, Reporting to inmates

115.76, Disciplinary sanctions for staff

115.77, Corrective action for contractors and volunteers

115.78, Disciplinary sanctions for inmates

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

115.82, Access to emergency medical and mental health services

115.83, Ongoing medical and mental health care for sexual abuse victims and abuser

115.86, Sexual abuse incident reviews

115.87, Data collection

115.88, Date review for corrective action

115.89, Data storage, publication, and destruction

115.401 Frequency and scope of audits

115.403 Audit contents and findings

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>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Roxbury Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance 4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 5. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 6. DPSCS Executive Directive OEO.050.0024 Sexual Harassment-Prohibited 7. Facility Directive Roxbury 050.0001 Sexual Misconduct-Prohibited 8. Roxbury Organizational Chart and DPSCS Organization Chart 9. Interviews with: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. RCI PREA Compliance Manager <p>115.11(a) The agency and facility have multiple comprehensive written policies and procedures in place to support the Department's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. Executive Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance section .03 states, "The Department does not tolerate sexual abuse or sexual harassment of an inmate." The Directive clearly outlines the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in the Department facilities. Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited section 03. B. states "The Department shall ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual misconduct comply with applicable federal standards (28 CFR Part 115 - August 20, 2012) established under the authority of the Prison Rape Elimination Act (PREA) of 2003 (P.L.108-79). Directive OPS.050.0001 identify sanctions to be imposed on staff who participate in outlined prohibited acts in regard to the zero tolerance consistent with PREA standards include up to termination. The Directive outlines sanctions for those that have participated in prohibited behaviors in the facility. Executive Directive OPS.200.005 contains information on inmate discipline.</p> <p>115.11(b) In accordance with a review of the DPSCS organizational chart, the Department has designated an upper-level Special Assistant who reports directly to the Deputy Secretary of Operations as the DPSCS PREA Coordinator. The auditor interviewed the DPSCS PREA Coordinator who confirmed he has the time and authority to develop, implement and oversee</p>

agency efforts to comply with the PREA standards in all of its facilities. The agency recently hired a DPSCS Assistant PREA Coordinator who is supervised by the DPSCS PREA Coordinator and contribute to the oversight of the Department's facilities, education, policy development, and monitoring of the PREA standards for compliance.

115.11(c) The facility has designated a PREA Compliance Manager, who is assigned these duties along with duties in the facility. The facility's organizational chart was provided for review. The chart identifies the PCM position as a Case Manager who reports directly to the Warden, Assistant Warden and Chief of Security on PREA related issues. The auditor interviewed the PCM and confirmed that in addition to his position as the PCM, he is a Case Manager. He continued in stating although there is not enough time to fulfill all his duties, but he prioritizes his duties to oversee the facility's efforts to comply with the PREA standards.

Based on the review of policies, organization charts, interviews and analysis, the facility has demonstrated compliance with this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Roxbury Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. Contract for Threshold, INC 4. 2015 and 2018 PREA audit reports of Threshold, Inc. 5. Interviews with the following: <ol style="list-style-type: none"> a. PREA Coordinator/ Agency Contract Monitor <p>The DPSCS has entered one contract for the confinement of inmates within the agency. The identified contract is with Threshold, Inc, for pre-release services that provides community-based treatment and work release services for persons incarcerated in the State of Maryland Prison System. Threshold Inc. is a private non-profit agency. A review of the language within the contract comply with the requirements of the Prison Rape Elimination Act. The DPSCS PREA Coordinator identified himself as the contract monitor for Threshold, Inc. He monitors for compliance of all PREA standards throughout the contract period. The Threshold PREA reports for 2015 and 2018 are posted on the DPSCS website and were reviewed by the auditor. RCI does not contract for the confinement of inmates.</p> <p>Based on the review of the contract, audit reports and interview, the facility has demonstrated compliance with the provision of this standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. Roxbury Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Secretary Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management 4. DPSCS Staffing Analysis and Overtime Management Manual 5. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 6. Facility Directive Roxbury.050.0001 Sexual Misconduct-Prohibited 7. Post Assignment Worksheet (PAWS) 8. Log of unannounced rounds 9. Roxbury Staffing Plan 10. Observation while on-site 11. Interviews with: <ol style="list-style-type: none"> a. Warden b. DPSCS PREA Coordinator c. RCI PREA Compliance Manager d. Intermediate or Higher-Level Staff <p>115.13(a) Directive OPS.115.0001 states the requirements of a facility staffing plan and the provisions are noted within the facility' staffing plan. These requirements contain the eleven requirements stated in this provision. At the time of the audit, the facility had 80 cameras strategically located to assist in monitoring, to protect inmates against abuse. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels and requirements and the documentation of any deviations to these requirements. The Roxbury Staffing Plan addresses the eleven enumerated requirements as indicated in this provision. The staffing plan was based on 1744 inmates. Interviews with the PREA Coordinator, Warden and PCM indicated that the facility does develop and comply with a staffing plan as outlined in The Staffing Analysis and Overtime Management Manual. The facility does consider each element of the provision and confirmed upper level administration as well as the DPSCS PREA Coordinator is involved in the review of the staffing plan. An interview with the Warden indicated the facility is currently at 27% vacancy for correctional officers. Staff often volunteer for overtime or they are draft (mandated) to fill the vacate</p>

required correctional posts. Due to the volume of staff's failure to report for their assigned duty, disciplinary sanctions are imposed. The Warden continued in stating he routinely review each daily roster prior to the day of issue. All revised PAWS are also forward to him for review. Monitoring of the daily PAWS is to ensure accurate correctional coverage on each shift.

115.13(b) Directive OPS.115.0001 identify the requirements of a facility staffing plan. These requirements are parallel to the eleven requirements stated in this provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels and requirements for documenting any deviations with the identified requirements. The Staffing Analysis and Overtime Management Manual outlines the minimum requirements for the development of a facility staffing plan and the requirements for documenting any deviations from the staffing plan. The facility staffing plan is developed with these requirements in mind. Additionally, a daily Post Assignment Worksheet (PAWS) is developed for daily correctional staff positions. The PAWS identify positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. Any deviations from the staffing plan are documented on the PAWS with an explanation as to why that position was closed. The Warden reported there has been no instances of non-compliance with the Staffing Plan. Overtime is always initiated to prevent deviations. There were no deviations noted within the past 12 months of the audit. Close monitoring, allowance of overtime and accurate PAWS ensures that staffing levels are maintained at the required level. Throughout the on-site tour, it was noted that staffing was adequate and prevalent throughout the institution. Furthermore, conversation with correctional officers throughout the site visit confirmed overtime is of the normal at the facility to ensure all mandatory post are covered. Staff coverage is increased during shifts where inmate activity is increased. There have been no deviations from the FY19 Staffing Plan.

115.13(c) Directive OPS.115.0001 states, "At least annually, or on an as needed basis, consulting with the Department PREA Coordinator to review, assess, determine, and document if adjustments are necessary to the facility's: (a) Staffing plan based on topics identified under §.05C(2)(d) of this directive; (b) Use and deployment of video monitoring system and other surveillance technology; and (c) Resources available to commit to ensure compliance with the established staffing plan." The staffing plan review is documented on an agency-wide standardized form. RCI provided a copy of the FY19 Staffing Plan Review dated December 16, 2018. The form considers all the criteria required for a staffing plan review as required in this Standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility PCM and DPSCS PREA Coordinator. The DPSCS PREA Coordinator confirmed he is consulted regarding any assessment of, or adjustment to the staffing plan at least annually.

115.13(d) Directive OPS.050.0001 states "Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: (i) Randomly on all shifts; (ii) Except when necessary to prevent prohibited cross gender viewing of an inmate or as part of a legitimate facility operation, unannounced in order to prohibit staff from alerting other staff that the rounds are being conducted; and (iii) At a frequency established by the managing official" regarding the conduct of unannounced rounds. Interviews with intermediate or higher levels supervisory staff indicated unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment

are conducted and documented by the supervisor. The auditor reviewed logs books for documentation of unannounced rounds throughout the facility with emphasis in inmate housing and program areas. An observation of the log entries revealed supervisory staff failed to notate conducting unannounced rounds on each of the three shifts: 7:00 a.m. – 3:00 p.m.; 3:00 p.m. – 11:00 p.m.; 11:00 p.m. – 7:00 a.m., for numerous days and weeks. There was no supporting documentation presented to indicate intermediate or higher levels staff conducted the unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment. Therefore, the facility is determined to not meet compliance with this provision of the standard.

Based on the review of policies, documentation, interviews and analysis, the facility has demonstrated compliance with provisions 115.13 a, b, and c and does not meet compliance with provision 115.13 d. of this standard. Provision 115.13 (d) and will require a corrective action.

Corrective action plan: The PCM will provide the auditor with copies of log entries documenting intermediate or higher-level staff unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment conducted within a 90 day period.

Corrective action completed: Confirmation of the unannounced rounds was supported through the submission and review of Daily Supervisor Security Inspections forms for all weeks beginning April 1, 2020 - July 1, 2020, in addition to the Daily Supervisor Security Inspections forms from January 2019 – December 2019. These rounds were made by intermediate and higher-level supervisory staff for the purpose of identifying and deterring staff sexual abuse and sexual harassment and was documented during each of the three shifts in occupied areas throughout the facility from 7:00 a.m. – 3:00 p.m.; 3:00 p.m. – 11:00 p.m. and 11:00 p.m. – 7:00 a.m. There were no discrepancies noted in the completion of these supervisory unannounced rounds.

Based on the documentation and submission of completed unannounced rounds by supervisory staff during the 12-month review audit period and four months during the corrective action period, RCI meets the mandate of provision 115.13 (d) in addition to all other provisions of this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. RCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. Observation during onsite tour 4. Interviews with the following: <ol style="list-style-type: none"> a. Warden b. PCM <p>Review of the PAQ, policy and interviews, confirmed the facility does not house Youthful Inmates.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. RCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Executive Directive OPS.110.0047 Personal Search protocols-Inmates 5. IIU.110.0008 Strip & Body Cavity Searches 6. Lesson Plan- LGBTI 7. Lesson Plan -Frisk/ Body Searches, Restraints, and Scanning Devices 8. DPSCS Search exception cards 9. Training records 10. Observation while on-site 11. Interviews with: <ol style="list-style-type: none"> a. PCM b. Random staff c. Inmates <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” 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.</p> <p>115.15(b) Directive OPS.110.0047, Section .05E(3)(a) and(c) states, “(a) Except under</p>

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 does 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 a directly toward the toilet and would allow staff of the opposite gender to view the inmate's buttocks and genital area. 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.

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

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. RCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 5. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy 6. DPSCS Executive Directive OEPS.050.0011 American with Disabilities Act of 1990, Titles I and II 7. Translation Services Documentation 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. Agency head b. Random staff c. Inmates <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, 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</p>

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; (1) limited English proficient; (1) cognitive disabled and (1) 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.

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

115.17	Hiring and promotion decisions
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 1358 1245" style="list-style-type: none"> <li data-bbox="252 400 895 434">1. RCI Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 474 647 508">2. DPSCS PREA Audit Manual <li data-bbox="252 548 1358 656">3. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance <li data-bbox="252 696 895 730">4. Code of Maryland COMAR 17.04.14.10 and 20 <li data-bbox="252 770 799 804">5. Code of Maryland COMAR 12.15.01.19 <li data-bbox="252 844 879 878">6. DPSCS PREA Interview/Hiring Process Guide <li data-bbox="252 918 887 952">7. PREA DBM DPSCS JOBAPS Application Form <li data-bbox="252 992 628 1025">8. PREA Interview Questions <li data-bbox="252 1066 488 1099">9. Interviews with: <ol data-bbox="252 1140 708 1245" style="list-style-type: none"> <li data-bbox="252 1140 628 1173">a. DPSCS PREA Coordinator <li data-bbox="252 1214 708 1245">b. RCI PREA Compliance Manager <p data-bbox="252 1285 1485 2002">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="252 2042 1477 2154">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</p>

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 contactors. 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.

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 records 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 Interview form – Correctional Applicant. 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.

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

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. RCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. Observation 4. Interviews with: <ol style="list-style-type: none"> a. Warden <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 had been additions to the video monitoring systems at RCI since the last PREA audit in 2017. An interview with the Warden and PCM indicates that the facility has an on-going project to add cameras. 80 cameras have been added as of February, 2020. There are no cameras in the housing units yet. 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 if 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 if incidents), past problem areas, blind spots and evidence-based practices. Per the Warden, cameras were updated to high definition and additional cameras have been added.</p> <p>Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p>

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 400 1461 1240" style="list-style-type: none"> <li data-bbox="252 400 895 434">1. RCI Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="252 474 1425 508">2. DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing <li data-bbox="252 548 1461 582">3. DPSCS Executive Directive OSPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited <li data-bbox="252 622 1313 656">4. DPSCS Executive Directive IIU.110.0011 Investigation of Sex Related Offenses <li data-bbox="252 696 715 730">5. RCI.020.0026 PREA Compliance <li data-bbox="252 770 1066 804">6. Wexford Health P-314 Procedure in Event of Sexual Assault <li data-bbox="252 844 1209 878">7. DPSCS Executive Directive OSPS.200.0004 Inmate Sexual Misconduct <li data-bbox="252 918 499 952">8. MCASA Website <li data-bbox="252 992 520 1025">9. Investigation Files <li data-bbox="252 1066 504 1099">10. Interviews with: <ol data-bbox="252 1140 799 1240" style="list-style-type: none"> <li data-bbox="252 1140 799 1173">a. IID Investigator and Facility Investigator <li data-bbox="252 1214 387 1247">b. Warden <p data-bbox="252 1281 1485 2134">115.21(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." 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 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</p>

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 OSPS.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) IIU.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 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).

115.21(f) The DPSCS conducts its own administrative and criminal investigations. Therefore this provision is not applicable.

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.

115.21(h) RCI has staff trained as victim advocates. A memo is posted of the names of the assigned staff

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

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. DPSCS Procedure A01.A.09.003.001 Complaint Receipt, Documenting, and Processing
7. 2019 PREA Tracking log
8. Investigation Files
9. Interviews with:
 - a. IID Investigators and Facility Investigator
 - b. Warden

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.

115.22(c) DPSCS IID is responsible for investigations of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

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

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS 030.0001 Pre-Service and In-Service Training
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
5. Comar 12.10.01.16 Correctional Training Commission requires annual training
6. PREA Training Lesson Plans
7. PREA Training records and Rosters
8. Interviews with:
 - a. PCM
 - b. Training Staff
 - c. Random staff

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 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 covers the 10 topics specified in this provision.

A review of 32 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 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.

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.

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. Executive Directive OPSP.050.0001 Sexual Misconduct
3. RCI.170.0001 Security Briefing for Volunteers
4. DPSCS Volunteer Services Orientation Manual
5. Corizon PREA Training Lesson Plans
7. PREA Training records and Rosters
8. Interviews with:
 - a. PCM
 - b. Contractors and volunteers

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 163 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. It should also be noted that as of January 1, 2019, the DPSCS changed health care contracts from Wexford Health to Corizon Health Services, and

Psychiatrist Services are provided by Centurion. Regular mental health is provided by State Employees. Per interviews, medical staff indicated they receive PREA training through both DPSCS and Corizon and one contractor from the Community College also indicated they received the training and orientation.

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.

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.

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. RCI.020.0026 PREA Compliance
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
4. DPSCS Executive Directive OPS.020.0032 LEP Policy
5. DCD.200-1 Inmate Rights
6. PREA Hotline signs (English and Spanish)
7. RCI Inmate handbook
8. PREA Sexual Assault Awareness Brochure (English and Spanish)
9. Inmate PREA Orientation Receipt
10. PREA video
11. Observation on site
12. Interviews with:
 - a. PCM
 - b. Intake Staff
 - c. Case Managers
 - d. Random inmates

115.33(a)(b) 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 789 newly arriving inmates at RCI within the past months of the audit. The auditor randomly selected 30 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 27 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.

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 hand book, 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(c) The Directives listed above also meet the requirements of this provision.

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) 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.

115.33(e) The Directives listed above also meet the requirements of this provision.

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 institution. Signage was observed to be available in English and Spanish. Inmates are provided with personal

copies of PREA brochures and the inmate handbook.

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

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
4. RCI.020.0026 PREA Compliance
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. Lesson Plan – Specialized Training: Investigations
7. Interviews with:
 - a. Facility Investigator
 - b. IID Investigator

115.34(a) Directive OPS.050.0001 and RCI.020.0026 states in part, “To the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations.” Directive IIU.110.0011, section .03B 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.” IID has jurisdiction over both administrative and criminal investigations. IID handles all allegations of sexual abuse and sexual harassment. IID investigators are required to meet training standards in order to maintain law enforcement certification and are sworn officers. All investigations of sexual abuse and sexual harassment, criminal and administrative, are initially forwarded to the IID unit. IID will subsequently determine if the allegation will be investigated locally by facility staff or investigated by an IID investigator. The Maryland Police and Correctional Training Commission Lesson Plan – Specialized Training: Investigations which is required of all IID detectives before conducting sexual abuse and sexual harassment investigations was reviewed and covers the requirements of this standard. Upon completion of training IID detectives are issued a certificate of completion indicating that the detective has successfully completed training in conducting PREA investigations. Facility investigators also complete the Specialized Investigations training provided by National Institute of Corrections (NIC).

RCI has a facility investigator and 5 IID Investigators assigned to the Region are assigned to conduct PREA investigations. During an interview the facility investigator indicated that field investigator training had been completed. Information covered during investigator training included but was not limited to evidence collection, interviews, documentation, and evidentiary standards. He indicated that all investigations completed in the past 12 months were conducted by an IID Investigator. One IID Investigator was also interviewed and indicated that

sexual abuse investigation training is covered during PREA in-service training and at the policy academy. Topics discussed during specialized investigator training include how to process a scene, interviewing techniques, witness interviews, video forensic examinations, how to take statements, and how to develop a conclusion to the investigation. Training records indicate that all IID Investigators who completed an investigation for RCI have been trained.

115.34(b) The Lesson Plan – Specialized Training: Investigations is the curriculum utilized to train staff in the conduct of sexual abuse and sexual harassment investigations. In the “General Comments” section on page 2 states, “This lesson plan is intended for use with Department personnel assigned to conduct an investigation of an allegation of misconduct that involves a sex related offense. This lesson will give participants the information they will need to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act.” This includes the definition, purpose and history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations. The specialized training for investigators is a 4-hour training program including a slide presentation, video presentation, role play activities, handouts and a comprehensive knowledge test. Staff must score 75% or better in order to complete the training.

115.34(c) The PREA Audit Manual states, “The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.” The auditor reviewed training records of agency IID investigators and confirmed 26 investigators assigned to the IID had successfully completed course P22010 or P40106 which is identified as PREA: Specialized Training for Investigators. Those in attendance received credit of either 7 or 8 hours at the successfully completion of the course.

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.

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive DPSCS.020.0026 PREA Federal Standards Compliance
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
5. Corizon Training Certificates
6. Training records
7. Medical and Mental Health Training Presentation
8. Interviews with:
 - a. Medical and Mental health staff

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 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 or Centurion). 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 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.

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.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Reviewed (documents, Evidence interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. RCI Post Order 110-1-29a PREA Screening
3. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
4. Facility Directive RCI.050.0001 Sexual Misconduct-Prohibited
5. PREA Intake Screening Instrument
6. Inmate Screening Files
7. Interviews with:
 - a. Agency head Designee
 - b. PCM
 - c. Intake staff
 - d. Case Managers
 - e. Random inmates

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.

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. 780 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.

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. 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 re-assess each inmate within 30 days of the inmate's arrival at the facility. One hundred eighty-nine arrived at the facility whom 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. 100% of the PREA Intake Screening forms reviewed were compliant with a within 30 day re-assessment. A Case Manager who conducts risk screening reassessments stated she conducts them between 21-30 days after the inmates' arrival at the facility. Most inmates interviewed recall being asked questions associated with the PREA Intake Screening form a second time.

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 abused, harassed, or something has changed regarding the initial assessment.

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.

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.

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

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
4. Facility Directive RCI.020.0026 PREA Compliance
5. PREA Intake Screening Instrument
6. Inmate Screening Files
7. Interviews with:
 - a. Agency head Designee
 - b. PREA Compliance Manager
 - c. Intake staff
 - d. Case Manager
 - e. Transgender inmate

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 utilizes the information obtained during the risk screening in an effort to ensure safety for each inmate, but he also follows 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 reassessed 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 re-assessments, 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.

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

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
4. Facility Directive RCI.020.0026 PREA Compliance
5. DOC.100.002 Case Management Manual
6. Inmate Files
7. Interviews with:
 - a. Agency head Designee
 - b. PREA Compliance Manager
 - c. Intake Staff
 - d. Case Managers

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.

115.43(b) The DOC-Case Management Manual section .18F(1)-(17) states in part that 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.

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

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
5. Facility Directive RCI.020.002601 PREA Compliance
6. DPSCS Website
8. PREA Hotline Posters
9. PREA Posters
10. Inmate Handbook
11. Interviews with:
 - a. Random staff
 - b. PCM
 - c. Random Inmates

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.

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. 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

115.51(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, interviews and analysis, the facility has

demonstrated compliance with all the provisions of this Standard.

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. COMAR 12.02.28 DPSCS Administrative Remedy Procedures to Resolve Inmate Complaints
4. Interviews with:
 - a. PREA Coordinator

Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title 12-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.

DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this standard.

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct- Prohibited
5. Maryland Coalition Against Sexual Assault (MCASA) Agreement
8. DPSCS PREA and Sexual Assault Awareness Brochure
9. PREA Posters
10. Interviews with:
 - a. Random staff
 - b. PREA Coordinator

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 reporting and response. Inmates are provided comprehensive education about PREA during the Inmate PREA Orientation.

115.53(c) DPSCS has an agreement with the Maryland Coalition Against Sexual Abuse (MCASA). RCI has staff assigned as victim advocates and the auditor verified their training.

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

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
5. RCI Inmate Handbook
6. DPSCS website
7. Interviews with:
 - a. PCM
 - b. Random Inmates

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.

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.

Interview with inmates revealed that most were aware a 3rd party could report a sexual assault allegation.

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

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents
7. Interviews with:
 - a. Warden
 - b. PREA Coordinator
 - c. PREA Compliance Manager
 - d. Medical Staff
 - e. Random staff
 - d. IID Investigator

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 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 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 who 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.

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

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. Division of Correction Manual: DOC.100.0002, Case Management Manual
6. Interviews with:
 - a. Agency head
 - b. Warden
 - c. PREA Compliance Manager
 - d. Random staff

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, 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.

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 Special Assistant to the Deputy Secretary of Operations 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.

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

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. RCI Facility Directive RCI.020.0026 PREA Compliance
6. PREA allegation logs and files
7. Interviews with:
 - a. Agency head
 - b. Warden

115.63 (a – d) OPS.050.0001 identify if an incident of sexual abuse or sexual 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.

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

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct- Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. Interviews with:
 - a. Security staff who served as a first responder
 - c. Non-security staff who served as a first responder
 - b. Inmates who reported sexual abuse
 - d. Random security and non-security staff

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.

In the past 12 months, there were 7 allegations that an inmate was sexually abused. Of these allegations, there were three allegations where the first security staff member to respond to the report separated the alleged victim and abuser. A security staff and a non-security staff was interviewed on their responsibilities as a first responder. In these instances, the report of sexual abuse was not provided to staff within a time period of 72 hours and/or allow for the collection of physical evidence.

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”.

In the past 12 months there were two allegations that an inmate was sexually abused that were reported directly to non-security staff. The nursing staff followed the steps in the directive and documented in medical notes. Of these allegations, there were none within the timeframe to collect evidence. Twenty-one random staff was interviewed to include non-custody staff. 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.

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

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. RCI.020.0026 PREA Compliance
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Random staff

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.

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 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.

Based on a review of the policy, interviews and analysis, the facility has demonstrated compliance with this standard.

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland
4. AFSCMET MOU
5. Interviews with:
 - a. Agency Head designee
 - b. Union Official

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 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.”

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.

Based on a review of the code, MOU, interviews and analysis, the facility has demonstrated compliance with this Standard.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. RCI Facility Directive RCI.020.0026 PREA Compliance
5. Retaliation Monitoring forms
6. Investigative Sexual Abuse Case Files
7. Interviews with:
 - a. Agency Head
 - b. Warden
 - c. PREA Compliance Manager
 - d. Staff charged with monitoring retaliation

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 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 initiate 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 he review 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 15 reported allegations of sexual abuse, during review period, 8 were determined as Unsubstantiated and 7 was determined as Unfounded. Upon review of the 8 Unsubstantiated sexual abuse cases, the auditor requested the completed retaliation monitoring for the alleged victims of these cases. Retaliation monitoring was completed and properly documented for two Unsubstantiated sexual abuse cases while noting the within 2 weeks monitoring, 30-day monitoring 60 - day monitoring and 90-day monitoring. However, the PCM failed to fulfill the auditor's request in providing the retaliation monitoring for 6 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 6 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 8 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. Therefore, RCI meets the mandate of provision (e) in this standard.

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. RIC meets the mandate of this provision.

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).

Corrective action: The facility failed to meet the standard provisions of c, and d, due to the non-submission of the retaliation forms for the victims of the 6 Unsubstantiated sexual abuse cases. A determination of compliance cannot be made without the review of the required retaliation forms as supporting documentation. The auditor will receive a tracking form of PREA allegations reported during the corrective action period and the retaliation monitoring for each case.

Corrective Action Completed: The facility was originally placed on a 90-day corrective action period. However, the corrective action was later extended to 180-days due to the global

pandemic COVID-19. The facility was affected in various manners to include restricted inmate on inmate interaction, staff absences, facility lockdown, restricted inmate incoming and outgoing traffic to as needed. The restricted movement was facilitated as an effort to prevent the spread of the global virus to other inmates, staff and the local community.

During the corrective action phrase, the auditor received the documentation of 8 inmates being monitored for retaliation. Each of the inmates were monitored in accordance with DPSCS policy and the provisions of 115.67 (c) and (d). One inmate was transferred outside DPSCS custody and his transfer was documented. Another inmate was released on home detention during the retaliation monitoring which was documented. A third inmate was transported to a local hospital during the monitoring phrase. The inmate's movement was documented, and monitoring continued his return to the facility. The remaining 5 inmates were noted as monitored within 2 weeks of the reported incident, followed by 30 days, 60 days and 90 days. There were no inmates who required retaliation monitoring beyond 90 days. There were no discrepancies noted in the documented retaliation monitoring during the corrective action phrase.

RCI demonstrated a practice and procedure to complete and document the required retaliation monitoring as noted in the provision of this standard during the 180-day corrective action phrase. A continuous line of communication was maintained with the lead auditor, the RCI PCM, DPSCS PREA Coordinator and DPSCS Assistant PREA Coordinator during the corrective action period ensuring proper retaliation monitoring became the norm for staff assigned to conduct such. Training was provided to the PCM that provided guidance in the assure of retaliation monitoring in accordance to DPSCS and the provisions of this standard. Based on the review of PREA tracking sheet, documented retaliation monitoring policies, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DOC 100.0002 Case Management Manual
4. RCI.020.0026 PREA Compliance
5. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Staff who supervise inmates in segregated housing

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 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.

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 PCM.

Per the PAQ, interview with the PCM, 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.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with this standard.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Reviewed documents, site observation, interviews:

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manuel
3. DPSCS Executive Directive OPS. 050.0001 Sexual Misconduct-Prohibited
4. IID Position Function
5. DPSCS OPS. 200.0005 Inmate on Inmate Sexual Conduct-Prohibited
6. DPSCS OPS. IIU.110.0011 Investigating Sex Related Offenses
7. DPSCS OPS.020.0003 Reporting Serious Incidents

Interviews:

- a. IID Investigator
- b. Warden
- c. DPSCS PREA Coordinator
- d. Medical and Mental Health Staff
- e. Random Staff
- f. RCI PREA Compliance Manager

115.71(a) The DPSCS PREA Manuel indicates when the Department conducts its own investigations into allegations of sexual abuse and sexual haarassments, 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 investiagate each allegation of employee or inmate misconduct involving a sex related offense according to a unirform protocol based on recognized investigative practices and maximize evidence collected to support effective administrative dispositions and, if appropriate, criminal prosecution of the identiiied prepetrator. 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 26 allegations of sexual abuse/harassment reported within the past 12 months of the audit review. One was reported by third period (Free State Justice), one was reported anonymously, two were reported by notes to staff, and the remaining 20 was reported verbal by the alleged victim. 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 prepertrators; 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 to 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 mirranda 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 twenty-six 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 administrative action and, if appropriate, referral for criminal prosecution; include in the report a determination indicating the complaint of alleged sexual misconduct to be: Sustained, Unsustained, and/or Unfounded.

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 Sustained during the past 12 months of the audit process. Therefore, there were 0 Sustained allegations of misconduct that appeared to be criminal and referred for prosecution.

115.71(i) OPS.050.0001 and OPS.200.0005 requires the investigative files be filed and maintained in accordance with an established retention schedule. The Department retention schedule requires 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.

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.

115.71(k) Interviews with the Warden, DPSCS PREA Coordinator, RCI PCM, 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.

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.

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence reviewed: documents, interviews and site observation

1. RCI Completed PAQ
2. DPSCS PREA Manual
3. DPSCS OPS. 050.0001 Sexual Misconduct-Prohibited
4. DPSCS IIU.110.0011 Investigating Sex Related Offenses
5. Investigative Files

Interviews

- a) Warden
- b) IID Investigator

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 26 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.

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.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: documents, interviews site visit

1. RCI Completed PAQ
2. DPSCS PREA Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. Documented Notifications to Inmates

Interviews with :

- a. Warden
- b. IID Investigator
- c. PCM

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 26 reported PREA allegations during the 12 month review period. The auditing team reviewed 20 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. Four inmates were interviewed who reported a sexual abuse allegation. All inmates acknowledged being informed of the investigative findings from the IID investigator and/or PCM.

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 were 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 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.

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.

Based on a review of policies, interviews, investigative case files and analysis, the facility has demonstrated compliance with the applicable provisions of this standard.

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. DPSCS Executive Directive OPS.505.0001 Sexual Misconduct - Prohibited
2. RCI Completed Pre-Audit Questionnaire (PAQ)
3. DPSCS Executive Directive IIU.110.0011 investigating Sex Related Offenses
4. RCI 020.0026 PREA Implementation
5. Review of investigative files alleged staff on inmate sexual abuse cases
6. Interviews
 - a. IID Investigator
 - b. Warden

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.

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/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.

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.

Based on the review of policies, interviews, the facility meets the mandate of all standard provisions for compliance.

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. DPSCS Executive Directive OPS. 200.0005 Inmate on Inmate Sexual Conduct - Prohibited
2. DPSCS Executive Directive OPS. 050.0001 Sexual Misconduct - Prohibited
3. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
4. DSPSC Volunteer Orientation Manual
5. RCI.020.0026 PREA Compliance
6. RCI Completed Pre-Audit Questionnaire (PAQ)

Interview:

- a. Warden

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.

115.77(b) The Volunteer Orientation Manual states, The Department has a ZERO 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.

An interview with the Warden confirmed he would take redmedial 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 criminal in nature. According to the RCI PAQ, and review of investigative files there was no PRA allegations allegations reported regarding contract and/or volunteer staff against of the inmate population during the 12 month audit review period.

Based on the review of policies, review of investigative files and interviews with Warden and

IIU, the facility meets the mandate of all provisions within this standard for compliance.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews and site visit)

1. RCI Completed PAQ
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS. 050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive OPS. 200.0005. Inmate on Inmate Sexual Conduct-Prohibited
5. COMAR 12.03.01
6. RCI 020.0026 PREA Implementation

Interviews:

- a. Warden
- b. PREA Compliance Manager

115.78(a) RCI.020.0026 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. 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 were 4 inmate-on-inmate reported allegations of sexual abuse. There was 0 substantiated administrative and/or criminal findings of inmate-on-inmate sexual abuse allegations. Each of the four cases was determined to Unsubstantiated 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 is 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.

Based on the review of policies, documents and interviews, RCI meets the provisions of the standard for a finding of compliance.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
4. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness
5. RCI Post Order 11-1-29a Receiving and ID
6. Risk Screening forms
7. Informed Consent forms
8. PREA Follow-up log
9. Interviews with:
 - a. RCI PREA Compliance Manager
 - b. Medical and Mental Health staff
 - c. Intake staff

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 6 inmates who elected to have PREA follow-up services with mental health. The auditing team discovered that referrals were not consistently made to a mental health practitioner (social worker) timely. The review of the 6 referrals revealed only two inmates were seen by mental health (social worker) within 14 days of being referred as stated in the provision of this standard. Specifically, although the screening staff noted the inmate's referral for mental health on the day of the screening, in three cases, the referral forms were noted as being received by

mental health (social worker) in an access of 14 days. Examples are as the following: inmate referred on February 12, 2019, mental health noting receiving the referral on April 15, 2019 and inmate seen on April 22, 2019. An inmate was referred to mental health on March 25, 2019, in which mental health noted receiving the referral on April 8, 2019 and the inmate was seen on April 23, 2019. An inmate was referred to mental health on February 26, 2019, mental health noted receiving the referral on April 15, 2019 and noted seeing the inmate on April 16, 2019. In one instance while the inmate was noted as referred to mental health on November 20, 2019, mental health noted receiving the referral on November 21, 2019 but did not see the inmate until December 11, 2019. Therefore, it was determined by the auditing team that RCI does not meet the mandate of this provision due to the failure to conduct a follow-up with mental health within 14 days of the requested referrals for four of six inmates. RCI does not meet compliance with provision 115.81 (a).

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. The PAQ indicated that 100% of inmates who previously perpetrated sexual abuse, as indicated during the initial screening were offered a follow-up meeting with a mental health provider. However, as referenced in the provision (a) of this standard, the facility has discrepancies in conducting mental health referrals in accordance with the PREA standard and OPS.505.0001 that identify follow-up mental health referrals will be conducted within 14 days. Therefore, the auditor determined the facility does not meet compliance with the provision of this standard 115.81 (b).

115.81(c) RCI is not a jail.

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.

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.

Based on a review of policies, interviews, the failure to conduct a follow-up with mental health

within 14 days of the referrals for 4 of 6 referrals reviewed, RCI does not meet the provisions of standard 115.81 (a) and (b).

Corrective action plan: The PCM will forward a list of incoming inmates and their PREA follow-up for the 90-day corrective action period for review. Additionally, a memorandum providing training will be forwarded to staff who conduct screening and the mental health (social workers) on routing procedures and refresher training on the 14-day requirement for the follow-up.

Corrective action plan completed: Due to the global pandemic of COVID-19 and the effects on the local community, and facility operations, the corrective action period was extended from 90-days to 180-days. In an effort to prevent the spread of COVID-19 throughout the DPSCS, incoming inmate movement was restricted to as needed and inmate interaction throughout the facility was limited. During various times, the facility was placed on lockdown status.

The auditor received a copy of the training memorandum forwarded to staff on the requirement of timely routing screening forms and the completion of PREA follow-ups within 14-days of the referral. Five inmates were screened during intake. Three inmates declined the PREA follow-up services to include inmates identified to have a previous history of an abuser and inmates who were identified as prior victimization of sexual abuse. Two inmates did accept the opportunity for PREA follow-up services with mental health (social workers). Documentation note the inmate's referral date as August 4, 2020, and the inmate was noted as meeting with mental health (social worker) on August 11, 2020. The second inmate was referred to mental health (social worker) on August 18, 2020 and seen on August 25, 2020. RCI completed the 180-day corrective action plan phrase and are now in compliance with the provisions standards of 115.81 (a) and (b).

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
4. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness
5. Contract Provider P314 Procedures in Event of Sexual Assault
6. Medical/Mental Health Follow-up log
7. Interviews with:
 - a. PCM
 - b. Medical staff/ Mental Health Staff
 - c. Security/ 1st Responders
 - d. Inmates who disclosed during risk screening

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 receive 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 care for sexually transmitted or other communicable diseases."

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.

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
4. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness
5. DPSCS Clinical Services and Inmate Health Medical Evaluation Operations Manual
6. Contract Provider P314 Procedures in Event of Sexual Assault
7. Medical/Mental Health Follow-up log
8. Interviews with:
 - a. RCI PREA Compliance Manager
 - b. Medical staff and Mental Health Staff
 - c. Inmates who reported sexual assault/abuse

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 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.

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

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. RCI Reduction in Violence/PREA Meeting Minutes
4. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
5. PREA Incident Reviews
6. Incident Review Team Signature Sheets
7. Interviews with:
 - a. Warden
 - b. PCM
 - c. Incident Review Team Member

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 PCM 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 7 Unsubstantiated sexual abuse cases was submitted to the auditor for review. Each of the 7 Incident Reviews were conducted within 30 days of the investigation closure and was noted as thorough.

115.86 (c) The facility did not submit any documentation of those staff attending the Incident Review Meeting. 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.

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 PCM that identifies problem areas, necessary corrective action, and recommendation for improvement.

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 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 install cameras in the inmate housing units. This recommendation was approved, and the facility is in the process of acquiring and installing the cameras.

Based on the review of policies, incident reviews, interviews, and analysis, the facility has demonstrated complaint in provisions (a) (b) (d) and (e). However, the facility was found to be non-complaint in provision (c) of this standard. The facility failed to provide sufficient evidence that identified the Incident Review Team consisting of upper-level management officials, with input from the supervisors, investigators, medical and/or mental health practitioners. Various staff was noted as attending a Reduction in Violence/PREA Meeting, but this meeting did not identify the inclusion a Sexual Assault Incident Review Meeting nor was an attendance sheet identified for such. The facility was placed in a 90-day corrective action plan phrase.

Corrective action plan: The PCM 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.

Corrective action plan completed: RCI was originally placed on a 90-day corrective action period. However, due to the global pandemic of COVID-19 and its effect in the local communities, staff, inmate population and facility operations, the corrective action period was extended to 180 days. There were two sexual abuse allegations with a determined finding of Unsubstantiated during the 180-day corrective action period. The auditor received copies of the Sexual Assault Reviews 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. Those staff serving as members of the Incident Review Team was identified as the Chief of Security, mental health staff, investigative staff, the RCI PCM, and supervisors. RCI demonstrated compliance with the submission of documented members of the Incident Review Members that meets the provision of 115.86 (c).

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
4. 2019 SSV Report
5. 2019 Annual PREA Report
6. Interviews with:
 - a. PREA Coordinator
 - b. PCM

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 contain aggregated incident sexual abuse data and is located on the Department's website at <http://dpscs.maryland.gov/prea/prea-audits.shtml>.

Based on the review of policies, incident reviews, interviews and analysis, the facility meets compliance with all provisions of this standard.

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
4. Agency website
5. 2019 Annual PREA Report
6. Interviews with:
 - a. PREA Coordinator
 - b. Agency Head

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.

Interviews were conducted with the PCM, DPSCS PREA Coordinator and Special Assistant to the Deputy Secretary of Operations. The PCM indicated the facility data 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

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 report is posted on the Department's public website. A review of the Department's website revealed annual reports are available for viewing for 2013 – 2018. Each report appears to be appropriately submitted.

Based on the review of policy, interviews, review of the DPSCS' website and analysis, RCI meet compliance with all provisions of this standard.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. RCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
4. Agency website
5. 2018 Annual PREA Report
6. Interviews with:
 - a. PREA Coordinator
 - b. PCM

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.

Based on the review of policy, interviews, review of the Departments' website and analysis, the facility meets compliance with all provisions of this standard.

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.401(a,b). DPSCS. 2020.0026 PREA Federal Standards Compliance documents the PREA Coordinator is responsible for ensuring Department PREA-related activities comply with federal PREA standards in areas to include Audits and Auditing and corrective actions. This was the third PREA audit for RCI and the first year of the third audit cycle for the agency. A review of the agency's website revealed the agency oversees 24 correctional facilities and a PREA audit was posted for each during the past audit cycle. However, one facility failed to conduct a PREA audit during the first audit cycle.

115.401(.h,i,m,n) The auditor and support staff was provided access to all areas of the facility with an opportunity to observe staff functions and practices within various departments. The auditing team was provided with extensive files and documentation during the pre-audit, on-site visit and post-audit process without hesitation. The auditing team was staff was provided with offices to conduct private interviews with both inmates and staff. The Auditor received one correspondence from the inmate population. This inmate was selected for interview. An interview with mail-room staff acknowledged that the inmates' mail is sealed by the inmate prior to placement in the outgoing mail. This arrangement allows the inmate population confidentiality in communicating with the auditor.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.403 In accordance with DPSCS directives and a review of the Department's website, PREA Audit Reports for the 24 correctional facilities overseen by the Department was posted on the website for the past three years preceding this audit. The most recent PREA Audit Report posted on the website at the time of this report was dated May 4, 2020, and was posted on the DPSCS website within 30 days of the final report submission to the agency.

Based on supporting evidence through the review of policy and the DPSCS's website, the facility meets the mandate of the standard provision for compliance.

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	yes

adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? yes

115.13 (b)	Supervision and monitoring	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
		In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
		In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
		Is this policy and practice implemented for night shifts as well as day shifts?	yes
		Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d) Limits to cross-gender viewing and searches

Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? yes

Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? yes

Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? yes

115.15 (e) Limits to cross-gender viewing and searches

Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? yes

If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? yes

115.15 (f) Limits to cross-gender viewing and searches

Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

115.16 (a) Inmates with disabilities and inmates who are limited English proficient

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual

abuse and sexual harassment, including: inmates who are blind or have low vision?

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) yes

Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? yes

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? yes

115.16 (b) Inmates with disabilities and inmates who are limited English proficient

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? yes

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

115.16 (c) Inmates with disabilities and inmates who are limited English proficient

Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? yes

115.17 (a) Hiring and promotion decisions

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?

yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?

yes

115.17 (b) Hiring and promotion decisions

Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?

yes

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

115.17 (c)	Hiring and promotion decisions	<p>Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? yes</p>
		<p>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</p>
115.17 (d)	Hiring and promotion decisions	<p>Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? yes</p>
115.17 (e)	Hiring and promotion decisions	<p>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</p>
115.17 (f)	Hiring and promotion decisions	<p>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</p> <p>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</p> <p>Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? yes</p>
115.17 (g)	Hiring and promotion decisions	<p>Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? yes</p>

115.17 (h) Hiring and promotion decisions

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

115.18 (a) Upgrades to facilities and technologies

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

115.18 (b) Upgrades to facilities and technologies

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

115.21 (a) Evidence protocol and forensic medical examinations

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

115.21 (b) Evidence protocol and forensic medical examinations

Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) na

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.) na

115.21 (c) Evidence protocol and forensic medical examinations

Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? yes

Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? yes

If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? yes

Has the agency documented its efforts to provide SAFEs or SANEs? yes

115.21 (d) Evidence protocol and forensic medical examinations

Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? yes

If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c) Policies to ensure referrals of allegations for investigations

If a separate entity is responsible for conducting criminal investigations, does 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

115.31 (a) Employee training

Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? yes

Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? yes

Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? yes

Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? yes

Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? yes

Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? yes

Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? yes

Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? yes

Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? yes

Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? yes

115.31 (b)	Employee training	Is such training tailored to the gender of the inmates at the employee's facility?	yes
		Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	Have all current employees who may have contact with inmates received such training?	yes
		Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
		In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received 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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a) Specialized training: Medical and mental health care

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

115.35 (b) Specialized training: Medical and mental health care

If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)

na

115.35 (c) Specialized training: Medical and mental health care

Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (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
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d) Screening for risk of victimization and abusiveness

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

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

115.42 (a) Use of screening information

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? yes

115.42 (b) Use of screening information

Does the agency make individualized determinations about how to ensure the safety of each inmate? yes

115.42 (c) Use of screening information

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

When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? yes

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

115.43 (a) Protective Custody

Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? yes

If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? yes

115.43 (b) Protective Custody

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? yes

If the facility restricts 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

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

115.51 (b)	Inmate reporting	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
		Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
		Does that private entity or office allow the inmate to remain anonymous upon request?	yes
		Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
		Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.52 (b) Exhaustion of administrative remedies

Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) na

Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) na

115.52 (c) Exhaustion of administrative remedies

Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) na

Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) na

115.52 (d) Exhaustion of administrative remedies

Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) na

If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) na

At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) na

115.52 (e) Exhaustion of administrative remedies

Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) na

Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) na

If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) na

115.52 (f) Exhaustion of administrative remedies

Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) na

After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). na

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) na

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) na

Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) na

Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) na

Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) na

115.52 (g) Exhaustion of administrative remedies

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

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	<p>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?</p>	yes
		<p>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?</p>	yes
		<p>Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?</p>	yes
115.61 (b)	Staff and agency reporting duties	<p>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?</p>	yes
115.61 (c)	Staff and agency reporting duties	<p>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?</p>	yes
		<p>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?</p>	yes
115.61 (d)	Staff and agency reporting duties	<p>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?</p>	yes
115.61 (e)	Staff and agency reporting duties	<p>Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?</p>	yes

115.62 (a) Agency protection duties

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

115.63 (a) Reporting to other confinement facilities

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? yes

115.63 (b) Reporting to other confinement facilities

Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? yes

115.63 (c) Reporting to other confinement facilities

Does the agency document that it has provided such notification? yes

115.63 (d) Reporting to other confinement facilities

Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? yes

115.64 (a) Staff first responder duties

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? yes

115.64 (b) Staff first responder duties

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

115.65 (a) Coordinated response

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

115.66 (a) Preservation of ability to protect inmates from contact with abusers

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

115.67 (a) Agency protection against retaliation

Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? yes

Has the agency designated which staff members or departments are charged with monitoring retaliation? yes

115.67 (b) Agency protection against retaliation

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

115.67 (c) Agency protection against retaliation

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

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

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

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

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

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

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

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

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

115.67 (d) Agency protection against retaliation

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

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

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

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	no
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

- 115.81 (e) Medical and mental health screenings; history of sexual abuse**
- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? yes
- 115.82 (a) Access to emergency medical and mental health services**
- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? yes
- 115.82 (b) Access to emergency medical and mental health services**
- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? yes
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? yes
- 115.82 (c) Access to emergency medical and mental health services**
- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? yes
- 115.82 (d) Access to emergency medical and mental health services**
- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? yes
- 115.83 (a) Ongoing medical and mental health care for sexual abuse victims and abusers**
- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. 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)	Ongoing medical and mental health care for sexual abuse victims and abusers	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. 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)	Ongoing medical and mental health care for sexual abuse victims and abusers	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h) Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.86 (a) Sexual abuse incident reviews

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

115.86 (b) Sexual abuse incident reviews

Does such review ordinarily occur within 30 days of the conclusion of the investigation? yes

115.86 (c) Sexual abuse incident reviews

Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
		Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
		Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b) Frequency and scope of audits

Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)

yes

If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)

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) Frequency and scope of audits

Did the auditor have access to, and the ability to observe, all areas of the audited facility?

yes

115.401 (i) Frequency and scope of audits

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?

yes

115.401 (m) Frequency and scope of audits

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?

yes

115.401 (n) Frequency and scope of audits

Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?

yes

115.403 (f) Audit contents and findings

The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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