

# PREA Facility Audit Report: Final

**Name of Facility:** Southern Maryland Pre Release unit

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/11/2019

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"/>
<b>Auditor Full Name as Signed:</b> Wendy Jean Hart	<b>Date of Signature:</b> 12/11/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Hart, Wendy
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<b>Start Date of On-Site Audit:</b>	03/11/2019
<b>End Date of On-Site Audit:</b>	03/12/2019

FACILITY INFORMATION	
<b>Facility name:</b>	Southern Maryland Pre Release unit
<b>Facility physical address:</b>	14320 Oaks Road, Charlotte Hall, Maryland - 20622
<b>Facility Phone</b>	301-274-4701
<b>Facility mailing address:</b>	

Primary Contact	
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Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Jama G. Acuff
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<b>Telephone Number:</b>	410-540-6200

Facility PREA Compliance Manager	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	
<b>Name:</b>	Funsho Oparinde
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Facility Health Service Administrator On-site	
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Facility Characteristics	
<b>Designed facility capacity:</b>	180
<b>Current population of facility:</b>	158
<b>Average daily population for the past 12 months:</b>	135
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	55
<b>Facility security levels/inmate custody levels:</b>	Pre-Release Security
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	37
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	42

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	Stephen T. Moyer
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Agency-Wide PREA Coordinator Information			
<b>Name:</b>	David Wolinski	<b>Email Address:</b>	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.

### **INTRODUCTION**

A certified PREA compliance audit was conducted at the Southern Maryland Pre-Release Unit (SMPRU), a facility within the Maryland Department of Public Safety and Correctional Services (DPSCS), on 3/11-12/2019. The audit was conducted by three DOJ-certified auditors; Wendy Hart as the primary auditor and Yvonne Gorton and John Morrell as secondary auditors. The auditors' services were provided as the result of a multi-state consortium agreement to provide certified auditors to conduct PREA compliance audits.

The audit team would like to thank the facility and agency staff for their hospitality and cooperation throughout the audit, and to also recognize the facility PREA Compliance Manager and Audit Compliance staff member for their hard work and assistance they provided prior to and during the onsite portion of the audit. In addition, the auditor would like to acknowledge the efforts of the Facility Administrator, facility PREA Compliance Manager and the agency PREA Coordinator in enhancing training and processes related to PREA Compliance, and to thank them for the continued communication and provision of documentation following the onsite portion of the audit.

Per discussion with the agency PREA Coordinator, it was confirmed that the interview for the "Facility Head" would be conducted with the Facility Administrator.

SMPRU is a Pre-Release security level facility, the lowest security in the Maryland DPSCS, located at 14320 Oaks Road, Charlotte Hall, Maryland. There was no third-party involvement during the process of this PREA Audit. The Maryland Correctional Pre-Release System (MCPRS) is overseen by a warden to whom each Facility Administrator reports. The MCPRS also has a PREA Compliance Manager to support the PREA Compliance Managers at its facilities. The facility has had one previous PREA compliance audit, conducted in November of 2016.

### **COMMUNICATION**

This audit team was assigned to conduct this audit on 8/17/18 and the Maryland PREA Coordinator was notified the following week. In September of 2018, the facility's PREA Compliance Manager (PCM) contacted this auditor to introduce herself and to address whether the audit would be conducted using paper audit instruments or the Online Audit System (OAS). It was determined the Online Audit System would be used. The PCM was in place for the facility's previous PREA audit, so she was familiar with the audit process and the documentation requirements, including auditors' accessibility to staff, inmates and records. Contact was made again in December of 2018, at which time the audit period was identified as January 1, 2018 through December 31, 2018 and it was determined that the Pre-audit Questionnaire (PAQ) would be initiated the first week of January. On January 3, 2019, the agency PREA Coordinator initiated the audit in the OAS. The PAQ was made available for facility staff to complete on January 17th, 2019, once all approvals had been received and processed by OAS Tech Support.

## AUDIT NOTIFICATION

January 18th, the audit team provided the full-page audit notifications in English and Spanish to the PCM, requesting that they be copied on colored paper and posted in housing units and throughout the facility where staff and inmates congregate. It was also requested that staff be made aware of the requirement to treat any letters to the auditor like legal mail, because they are confidential. Since January 28th was the 6-week point prior to the audit, it was requested that the notifications be posted by January 25th.

On January 23, 2019, e-mail confirmation of the posted notifications was received by the auditor, including photographic verification that they were printed on yellow paper and posted in the housing units and various common areas. The auditor requested that a photograph of the notification in the visiting room be provided as well, as that is the location where someone from the public might see the audit notice. That photograph was received the next day.

A copy of a disk of relevant documents as had been provided to audit teams by the agency PREA Coordinator was requested by this auditor on January 22nd and 29th in hopes of getting documentation in advance, in case there was a delay in releasing the PAQ. A documentation CD was not provided.

As of January 28th, the PAQ had not yet been released; however, communication continued between the Facility Administrator, PCM and audit team. As requested, the facility PCM provided contact information for the training sergeant and explained that in-service training is conducted and records kept at Jessup Regional Training Center. The facility employs field training officers that facilitate new staff learning facility-specific processes. It was also explained that the SMPRU transports inmates referred for mental health needs to Brockbridge Correctional Facility for mental health services as those services are not available at SMPRU. Contact information for several other specialized staff was provided, including psychological services, the volunteer coordinator, and the SANE Coordinator at Mercy Hospital in Baltimore.

The PAQ became available to the audit team on February 11, 2018.

## FINAL PREAUDIT COORDINATION

During a telephone conversation on the morning of March 8, 2019, the auditor discussed with the PCM the expected sequence of events to begin the onsite portion of the audit, to include an entrance meeting and onsite review of the facility. The auditor requested a list of all staff who would be working Monday, Tuesday and/or Wednesday of the audit, along with their shifts and positions. A list of all inmates at the facility was also requested and was received the next day.

Through follow-up email discussion, the facility was provided with categories of targeted inmate interviews and the auditor requested that lists of inmates fitting each targeted category be provided to the auditors by the end of the first day of the audit, so that inmates could be selected for interviews.

## INVESTIGATIONS

The facility reported in the PAQ, and DPSCS's Intelligence and Investigative Division (IID) confirmed, that there was one sexual abuse investigation and no sexual harassment investigations conducted at the facility during the audit period. Upon the auditor's request for information regarding additional investigations in previous years, IID staff confirmed that there have been no sexual abuse or sexual harassment investigations since the previous audit in 2016. Staff reported that IID logs the information when a complaint of sexual abuse or sexual harassment is made through any channel, including the

PREA Hotline. IID then assigns the sexual abuse investigations to IID detectives, and generally refers the sexual harassment allegations back to the facility investigator for completion of the investigation. As credentialed law enforcement officers, IID investigators conduct all criminal investigations alleged to have occurred within Maryland correctional institutions.

## BARRIERS TO COMPLETING THE AUDIT

A barrier to completing this audit was the facility's reliance on the Maryland Department of Corrections PREA Manual as a primary resource for the PAQ. The PREA manual is a good resource for helping the auditor index the PREA Standards against agency policies and procedures. However, the facility's repeated notations of "See PREA Manual" as their response for documentation on the OAS rather than uploading a copy or portion of documents, required auditors to spend additional time and effort locating the specific standard in the PREA Manual, and cross-referencing to determine what relevant documents were listed for that standard. Once the list of documents for that standard was located, the auditor then had to locate the specific document and then find the appropriate section of that document. The PREA Manual is an interactive PDF, so there is some search functionality available that the assists with the process, but there are still multiple steps and the audit team found it more burdensome and time-consuming than it would have been if the reference documents or relevant sections of documents had been uploaded directly onto the OAS.

Contact was made with Just Detention International who provides assistance to inmates who were victims of sexual abuse. They stated that while they are available for inmates at Southern Pre-Release Unit, they have no record of any contact from any inmates at SMPRU. Life Crisis Center was also contacted, as they monitor and accept DPSCS's PREA hotline calls and offer victim advocacy at the hospital. A Life Crisis staff member indicated that upon receipt of a report of sexual abuse or harassment, they forward the message directly to the Intelligence and Investigative Division (IID) of DPSCS. If the call is anything non-PREA related, they forward the message to the agency PREA Coordinator for follow-up through proper referrals. The SAFE/SANE coordinator at Mercy hospital was contacted and verified they would provide any assistance needed, including forensic exams for inmate victims of sexual abuse. She also mentioned that if the alleged victim was a high-risk prisoner, a SANE or SAFE practitioner would travel to the facility to offer assistance. No external investigators were contacted before the audit, as the auditor planned an extensive interview on-site with IID, who conducts all sexual abuse/criminal investigations for the Department. Southern Pre-Release does not house juveniles, so children's services were not contacted. No other external contacts were made before the audit.

## ONSITE AUDIT PHASE

### Entrance Meeting

Auditors arrived at the Southern Pre-Release facility to conduct the on-site portion of the PREA audit at 0900 hours on Monday, March 11, 2019. After completing security checks with officers from the facility, the audit team conducted an entrance briefing with the facility administrator and the PREA Compliance Manager. Auditors introduced themselves to facility staff and received all previously requested documentation. At this time, it was discovered that the facility only had one targeted inmate, one that identified as being gay. Auditors then selected 22 inmates for interviews by choosing every 8th name on the inmate roster. If any were out on a work crew or not otherwise available, the audit team's strategy was to select the name on the roster directly above the unavailable inmate. The list of selected inmates was provided to staff following the entrance meeting.

The facility provided a schedule for staff working the days of the audit, along with their shift and job title.

The auditors selected both random and specialized staff to interview and submitted the list to the PREA compliance manager. The anticipated schedule for the audit was discussed. The auditors planned to conduct the onsite review of the facility directly following the entrance meeting and to begin conducting interviews after that, starting with limited availability staff. A review of applicable documentation was also scheduled to begin immediately following the facility review. In addition, the audit process and the planned exit meeting were discussed.

#### Site Review

Southern Pre-Release consists of an administrative building and one containing three open bay dorms that house 60 inmates each. Each dorm consists of 30 bunk beds with each inmate having a standup locker next to their bed. The three dorms share one of two-day rooms and the phones that are down the main hall. Dorms are entered through doors with a small window in it to allow inmates privacy while changing. Outside of the dorms in the main hallway are two bathrooms that have urinals, toilets and sinks. Sinks were located on the front wall just inside the doorway, and, with urinals on the far end of that wall, protected from view from the hallway. Toilet stalls were located along the back wall and visible from the open doorway. They were behind half walls and doors which allowed privacy. In one bathroom, a toilet was not protected from view by a half wall or doorway. Staff explained that the one without the door was used as a urinal, but the auditor expressed concern that if used as any other toilet, would not prevent opposite gender staff in the hallway from viewing someone in a partial state of undress while performing bodily functions. Staff immediately responded by removing the seat so that it would only be used as a urinal, with the prisoner facing away from the doorway so as not to be exposed.

The shower area is farther down the main hallway and is the only shower area in the facility. The shower area is one large open area with multiple shower heads. You must first enter a dayroom then go through a doorway to enter the shower area. This gives the inmates privacy from female staff viewing them from the hallway while showering. There is a small window roughly 12 inches by 12 inches that goes to the shower area, but the bottom half is blocked off and if someone was to look in there, they would only see the inmate's shoulder and head area. Southern Pre-Release does not have any cameras inside the facility, so viewing of inmates in a state of undress while showering, changing or performing bodily functions is not a concern at this facility.

Supervision consists of a minimum of three officers and a shift commander at the facility. Additional staff transport or supervise inmates on work release or health appointments at Brockbridge Correctional Facility, however they will never leave the facility with less than the required minimum. There is only one specific workstation for security officers - the control center, with all areas of the facility having a straight-line view from there. When the inmates are in the dining facility or the recreation area is open, they will be under the supervision of an officer. Due to the focus of SMPRU providing work release for inmates and the short length of stay for inmates at the facility, there are no regularly scheduled classes or programs. Management of staff coverage is accomplished through flexible scheduling of required activities on a day-to-day basis.

The food service area is in the same building as the dorms, and contains a kitchen and dining hall. When inmates are working in the kitchen, they are supervised by a contracted food service staff member and a Lieutenant. The lieutenant's office has windows open to both areas for visibility. There is no inmate bathroom in the kitchen/dining area, inmates must use the hallway bathrooms. The set-up in this area allowed good visibility and no blind spots were noted.

Intake, classification and screening all occur when an inmate arrives at Southern Pre-Release. This



process was described to the audit team during the site review and staff interviews. As soon as an inmate arrives, they are taken to a secure room where a strip search is conducted to prevent the introduction of contraband. Once the strip search is complete the inmates are taken into control center where they wait to be screened by the traffic officer who privately conducts the intake screening and orientation. The traffic officer has a packet of information prepared for each inmate that consists of the intake screening form, facility rules, PREA brochure, how to report a sexual assault or sexual harassment form and contact addresses and phone numbers for rape crisis centers. Once the inmate is in the private room, the traffic officer starts to ask the inmate the questions on the PREA intake screening form. Once the screening is complete the traffic officer totals the yes responses and uses the results of the screen to determine the housing dorm for the inmate. After the housing assignment has been issued the traffic officer reviews the rest of the intake packet with the inmate. The last page of the packet is torn off and signed by both the traffic officer and inmate that the orientation was completed. The inmate is then allowed to keep the rest of their packet and go to their housing assignment.

All screening data and inmate records are kept in a base file that is locked in file cabinets stored in a secured office. Only case managers and administrators have access to the file cabinets that hold the files. The room is also located in close vicinity of the administrative offices. The inmate education process was discussed earlier with the intake-screening-classification process. They conduct prisoner education when they review the packet in the orientation that takes place right after the intake screening. DPSCS does not use a grievance process to accept sexual abuse allegations. All complaints are taken out of the grievance process and forwarded to IID for investigation.

Inmate phones were observed in the dormitories, hallway and near quartermaster. Auditors tested several phones and auditors were able to complete a toll-free call with the PREA Hotline and leave a message to test the process.

Informal interviews of inmates and staff were conducted during the facility walk-thru. Universally, inmates stated they felt safe and have been instructed on how to be safe regarding sexual abuse and sexual safety at Southern Pre-Release.

During the site review, the audit team observed in the control center the contact information for the language line used by Southern Pre-Release. The services can be done via phone, email, or in person. The contact information is placed where it is easily viewed by all staff.

The administration building contains a visiting room, offices for facility administration, case management, health care, audit staff, security staff and a chaplain. It also contains a library and a secure room with locked filing cabinets where the inmate files are kept. The library is a large room with offices on one wall, and a large window the length of the room in the wall to the hallway. The entire library was visible from the hallway. PREA information and victim advocacy brochures were located on a counter. Behind the counter was a station for inmates to take some computerized standardized testing through a large testing company. The chaplain's office was located in the library. Inmates are allowed access to the administration building when scheduled or called out by a staff member.

The medical area is across the hall from the library, near the door through which inmates enter when called out to the administration building. Basic health care at this facility is provided by a full-time nurse. There is also a medical clerk. Both are contracted staff. Inmates are transported to a local hospital for other health needs, including sexual abuse forensic exams, and to Brockbridge Correctional Facility for mental health services.

While there are currently no cameras in the facility, there are a few cameras outside to view the grounds. Due to the low security of the facility, there is no fence around this facility. The dorm building does have a mirror placed in the hallway, just outside of the control center, to aid officers in seeing down the hallway to the dorm that is not in a straight sight line from control center. Staff have mailboxes in control center that inmates can place letters or questions to staff.

Auditors observed PREA posters in every dorm, the visiting room, hallway, and administrative area. The PREA Hotline number is posted on almost every wall of the facility including housing units, hallways near the phones, the dining hall, the administrative area, and dorms. The PREA audit notices were posted on yellow paper in every dorm, dayrooms, healthcare room, administrative area, control center, dining hall and hallway.

## FORMAL INTERVIEWS

The audit team was provided three rooms in which to conduct interviews. All the interview rooms were in the administrative building. They were close enough in proximity to each other to allow for a staff member to maintain contact with the auditors as necessary. The doors to the room were closed to ensure privacy of the conversations, but all had windows to ensure the auditors were not isolated with the inmates.

### Staff Interviews

Southern Pre-Release had 37 staff members employed at the time of the audit.

Staff Interviews consisted of all types of jobs and encompassed all shifts. It was indicated that “everybody does a little bit of everything”.

Facility Head (Facility Administrator) 1

Agency PREA Coordinator 1

PREA Compliance Manager 1

Health Care Contractors 2; 1 Nurse, 1 Administrative Support

Volunteers 3

Intake 2

Risk Screener (LT) – initial 1

Risk screen review (Case Manager) 1

Incident Review Team 1

Facility Head 1

Agency Head (Designee) 1

Human Resources 1

Training Specialist 1

Volunteer Coordinator 1

Intermediate or Higher-Level Supervisor 2

Randomly selected staff (although almost everyone at work those two days was interviewed.) 22

Southern Pre-Release has 41 volunteers authorized to provide services to the facility. There were no volunteer activities scheduled to come to the facility during the on-site portion of the audit as indicated on the facility events calendar. The volunteer coordinator came in on her day off to speak with the auditors and she provided a list of all volunteers with contact information. The volunteers were selected by calling down the list until one was available for interview. Contact was attempted for every volunteer on the list,

and the three volunteers selected were the ones who were available to complete an interview. Southern Pre-Release has one medical practitioner and two contractors.

#### Inmate Interview

There were 176 inmates on count at Southern Pre-Release on the first day of the audit. Twenty-two random inmates were interviewed during the audit. The random inmates were selected by the auditor selecting every eighth inmate on the roster. If an inmate refused to participate, the name above his name on the roster was selected by the audit team. The random selection contained inmates from all three dorms, and varied work assignments, races, ages, and length of stay.

In response to the requested lists of inmates by demographics for targeted interview protocols, staff indicated they were only able to identify one inmate for interview. That inmate identified as gay. There were no other targeted inmates at the facility on the days of the onsite portion of the audit. The audit team was provided with a Field Support Services Information Bulletin that included the minimum criteria for an inmate to be housed in a Pre-Release Unit. It was also explained by staff during an informal interview that inmates must be able to work to come to this prerelease unit, so handicaps could be an aspect that would cause an inmate to be ineligible to be housed in this unit. The team did ask during informal interviews with some inmates and staff whether they knew of any inmates who fit any of the targeted categories. None with physical disabilities were observed during the site review. The one inmate who had alleged sexual abuse since the last audit had long been released from incarceration. Therefore, no additional targeted inmates were identified for interview.

#### Onsite Documentation Review

DPSCS does not have a grievance system specifically for sexual abuse complaints. If a complaint is made through the Administrative Report Process (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.

The base files for the 24 inmates interviewed were reviewed. Items reviewed in the file was evidence of PREA education and orientation, initial risk screenings, and risk screening reassessments. There has been one PREA-related investigation since the facility's last audit in 2016. Training records for all 37 staff were reviewed to verify all staff have received required training in regards to the PREA standards. No medical records were reviewed as all medical records are maintained off-site. The corroboration strategy of the auditors was to review files of all staff and inmates interviewed to help verify or clarify anything learned in the interviews.

Investigative files were requested from Southern Pre-Release for the first day of the onsite portion of the audit. There was only one PREA-related investigation during the audit period which the facility provided on the PAQ. The agency PREA Coordinator confirmed that there had not been any other sexual abuse or sexual harassment complaints since the facility was last audited in 2016.

#### Exit Briefing

An exit briefing was conducted on March 12, 2019 with Southern Pre-Release leadership. The facility was thanked for their hospitality and all the assistance they provided for the auditors. One strength that was discussed was the efficiency and results from their intake and screening process. Their process prevents any inmate being placed in assignment where they may be at risk.

Another strength discussed was the culture created by leadership where staff truly seemed to care about the safety of the inmates. This showed in inmate interviews with the many affirmations that they would

feel comfortable talking to staff. The time frame when the facility could expect an interim and/or final audit report was discussed.

## 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.

Maryland Department of Public Safety and Correctional Services (DPSCS) maintains correctional facilities housing inmates with the following security levels: Maximum, Medium, Minimum or Pre-Release. DPSCS's Maryland Correctional Pre-Release System (MCPRS) is comprised of an administrative headquarters in Jessup, MD, with a warden who oversees six Pre-Release units, each supervised by a Facility Administrator and located throughout the state. Pre-Release units house the lowest security level inmates in Maryland's correctional system, affording inmates opportunities to find work in the community as they prepare for release. To be eligible for the Pre-Release security level, an inmate must be within five years of an anticipated release date, have no scoreable open charges or detainers, must not have escaped within the last ten years and must not be required to register as a sex offender upon release.

There are additional considerations as they must be physically able to work available jobs at Southern Maryland Pre-Release Unit (SMPRU) and in the community. Field Support Services Bulletin 2017-003, Security Reduction Profile provides information about requirements for the Pre-Release security level. Pre-Release facilities, with the fewest security features of all the state correctional facilities, are for inmates who present the least risk of violence or escape and have established an excellent record of acceptable behavior. Inmates in Pre-Release facilities can participate in approved programs, beyond the grounds of the institution, without escort. All of the Pre-Release units have adult basic education and GED programs, and selected facilities also have occupational education and work readiness programming. Library services are available at each Pre-Release site and, in most cases, there are one or more teachers on site. Pre-Release sites also facilitate educational services that are available through local community services. Additionally, some of the Pre-Release units offer work release and others offer rehabilitative programs for inmates.

Inmates in the Maryland Correctional system are required to work unless they are unable to do so for medical, disciplinary or safety reasons. An inmate's work record is an important part of institutional adjustment and is considered in parole decisions. An inmate who refuses work assignments can be subject to disciplinary action. Inmates who are in Pre-Release security status, and are within twelve (12) months of an anticipated release date, may qualify for work release if they meet the basic requirements of the program and are recommended by a classification team. Inmates assigned to work release must pay a portion of their earnings to the State of Maryland for room and board and, if they are transported to work, they are also required to pay for transportation. Any court-ordered payments to dependent children can be automatically made by the State, or by the inmate himself if he files a request to make his own payments. Additional money earned by inmates goes into their personal accounts.

Most Pre-Release units provide work details and road crews for county and state agencies. Work assignments provide the opportunity to learn new skills, or use already acquired skills, provide an opportunity to gain work experience and earn money, and give each inmate a chance to prove readiness to reenter society as a productive citizen. In addition to screening as Pre-Release security level and being within 12 months of a definite release date, inmates assigned to work release must have completed an

employment readiness program, must possess marketable job skills, must have a work history that includes at least 18 consecutive months of employment, must have completed a skill training or education program during the current incarceration term, must have a high school diploma or GED, and must have completed any required substance abuse programming.

Inmates in the work release program are required to conduct their own job search, with assistance from Case Management staff, and must attend a work release program orientation conducted by staff. Case Management staff monitor inmates in work release programs through the use of onsite and telephone job contacts. Obviously, inmates are highly screened, and have a lot of requirements to meet, before being assigned to a Pre-Release Unit. Once there, though, they have a great opportunity to acquire many of the things they need to become productive members of society upon their release.

The Southern Maryland Pre-Release Unit (SMPRU), opened in 1962, consists of two buildings; one that contains the inmate dorms and an administrative building. Inmates may walk in specified areas of the grounds. There is no fence around the facility; however, cameras are strategically placed to monitor movement outside the buildings.

Immediately upon entering the building containing the dorms, the gate officer ensures everyone who enters provides identification and walks through a metal detector and then is pat searched by a Custody Officer. The Control Center is just to the left of the metal detector, and a doorway just beyond the metal detector leads to the dormitories, bathrooms, shower rooms, a large recreation room and the Food Service area. The Food Service area, including the Dining Room, is at the end of the main hallway. All areas of the Food Service were reviewed. There are no blind spots, the walk-in coolers are kept locked except when being accessed, and there is good visibility throughout the kitchen. The food service area is staffed by contracted food service staff and a Dietary Lieutenant whose office windows allow visibility of the kitchen and dining area.

To the left of the Control Center is an area with a staff break room and a room in which strip searches are conducted for inmates leaving the facility for work crews. Staff ensure that females do not enter that area while strip searches are being conducted. There is a green light, in the dormitory hallway, that is illuminated whenever female staff in the area. In addition, female staff announce their presence each time they enter one of the dorms.

There are three open-bay dormitories, each containing approximately 30 bunks and wall lockers. Inmates are each assigned a bunk and a locker, and strict sanitation and housekeeping requirements are enforced in the dorm areas. Traffic staff explained that inmates whose risk assessment scores identify them as being at risk of potential sexual victimization are all housed in a specific dorm, and inmates identified as being at risk of potential sexual abusiveness are housed in a different specific dorm. It was explained that the facility does not house many in either category, due to the rigorous screening of the inmates assigned to Pre-Release units. Staff also explained that any inmate considered to be more vulnerable than most will be assigned to a bunk at the front of the dorm, near the doors, for greater security. There are two bathrooms, along the hallway, opposite the dorms, and one shower room, off the main hallway. The bathroom stalls have partial doors on them, and there is a partial wall barrier where the urinals are located to afford a measure of privacy without jeopardizing security. Female staff do not go into the shower room. There is a small window above eye level that looks from the hall into the shower rooms, but it is painted black with just a small area at the very top left unpainted, as a security measure.

There are multiple phones for inmate use located in the dormitories and in an area across from the

showers near the quartermaster room. There is a recreation room inside this building. The hallway also has bulletin boards that display PREA information, including hotline numbers, posted on them. Auditors observed that notices of the PREA audit, in both English and Spanish, were posted throughout the facility on yellow paper and in large font.

The administration building contains a visiting room, gym, library, health care unit, and several offices for case managers and facility administrative staff. Staff housed in this building include the Facility Administrator, Case Management staff, and staff involved in overseeing the financial aspects of the facility. Offenders housed at Southern Maryland Pre-Release Unit range in age from 18 to 60+ years, according to the PAQ. This facility does not house inmates who are under the age of 18. The facility is small, with a current population of 158. The facility reports the number of inmates admitted to the facility during the past 12 months and whose length of stay was for 30 days or more, was 269. It also reports that the number of inmates currently at the facility who were admitted to the facility prior to August of 2012, is zero. Inmates who come here are the lowest level security and inmates must be work-ready and within 12 months of a release date to be there.

There are currently 39 staff, many of whom fulfill multiple job functions, and no new staff were hired by the facility in the past 12 months. There are currently 41 volunteers and individual contractors who may have contact with inmates that are authorized to enter the facility to help conduct religious services and various self-help programs, such as Alcoholics Anonymous and Narcotics Anonymous.

The facility has a Health Services office that is staffed by an RN and a Medical Records Clerk. Minimal health care is offered there and inmates needing health care are transported to Brockbridge Correctional Facility in Jessup, MD, or a local hospital for care. Inmates will also be transported for any dental care they might need. No mental health services are provided at the facility but the facility transports inmates daily to Brockbridge, where mental health services are provided through the Psychological Services Department. Both psychologists and social workers are available there to treat inmates in need of those services. No sexual abuse forensic exams are conducted at Southern Pre-Release. That function is provided by a local hospital with a robust contingency of properly trained and credentialed SAFE/SANE staff.

The Facility identifies, as its primary emphasis, preparing offenders for release into the community by providing education, treatment programs, work release opportunities and pre-release programming. Following the audit, a press release was published indicating that the former Deputy Secretary of Operations, Michael Ziegler, was appointed by Governor Larry Hogan on March 26, 2019 to serve as acting Secretary of Maryland's Department of Public Safety and Correctional Services, replacing former Secretary Stephen T. Moyer. As of the writing of the final report, Governor Hogan has appointed Robert Green as the new Secretary.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	45
<b>Number of standards not met:</b>	0

Exceeded - 0

Met - 45

Did not Meet - 0

115.34 Awaiting requested documentation that investigative staff of IID have received and understand regular PREA Training.

#### RECOMMENDED CORRECTIVE ACTION

Provide documentation to the auditor demonstrating that the IID investigators are receiving the general PREA Training received by DPSCS staff each year.

#### CORRECTIVE ACTION

Training documentation was received during the corrective action period that confirms IID Investigators received the most recent general PREA training provided to all department staff.

Facility is found compliant with this standard.

115.41 Unable to verify that the facility is substantially compliant with risk reassessments within 30 days. In interviews, only a few inmates indicated that they remembered being asked the questions again. While the completion on time rate is about 86% based on the information on the PAQ and files reviewed for 21 files for inmates who had been at the facility longer than 30 days, it does not support substantial compliance, especially when only a couple inmates remembered the reassessment.

#### RECOMMENDED CORRECTIVE ACTION

Provide list of arrivals for March and April, and reassessments (within 30 days) for those arrivals.

#### CORRECTIVE ACTION

Dated initial assessment forms with dates and notations of reassessments, as well as inmate signatures, were provided to demonstrate that during the corrective action period case management staff established a process to ensure they are conducting appropriate follow-up screenings within 30 days of arrival, and that the follow-up screenings were conducted face-to-face to ensure the questions were asked of each inmate.



Facility is found compliant with this standard.

115.64

Policy requires that the victim and suspect be advised to not destroy evidence following an incident of sexual abuse. The standards state that the victim should be requested not to destroy evidence and that staff should ensure that the suspect doesn't destroy evidence. The new PREA manual language uses the PREA Standard language and was considered the document to which staff would refer for all things PREA. However, it did not appear that staff understood this requirement or were aware of the existence of the manual or how to use it.

#### RECOMMENDED CORRECTIVE ACTION

Please update your policy to reflect the words used in the PREA manual and should include the response for both the victim and the suspect as the suspect may have evidence on their person as well, and the most likely to want to destroy the evidence. Or you could provide an instructional memo to your staff so that they understand what is expected. Please provide me with a copy of either document.

#### CORRECTIVE ACTION

The Facility PREA compliance manager provided documentation of updated facility training created and delivered to facility staff related to this standard. In addition, the PREA Coordinator provided documentation that information about the PREA Manual to ensure staff are aware of it and how to use it has been included in the general PREA training lesson plan and training presentation. The PREA Coordinator also provided a sample of the reference card being ordered for distribution to all staff to keep to refresh them on appropriate actions in the event an incident of sexual abuse occurs. Additionally, he provided the purchase order demonstrating that the cards had been ordered.

Facility is found compliant with this standard.

115.67

No evidence has been provided that retaliation monitoring was conducted for the one sexual abuse investigation conducted during the audit period. This is mandatory for sexual abuse investigations. The facility updated their facility directive, SMPRU 050.0030.1, based on discussion during the audit which reinforced the requirement to monitor for retaliation.

#### RECOMMENDED CORRECTIVE ACTION

Please provide completed retaliation monitoring form for this case if it exists. If not, please provide an instructional memo to the persons who would be assigned to monitor retaliation and your PREA compliance manager, reminding them that all sexual abuse investigations require retaliation monitoring unless it is unfounded. Please forward a copy to this auditor when complete.

#### CORRECTIVE ACTION

The facility updated SMPRU 050.0030.1 and put out a memo to reinforce retaliation monitoring requirements to the appropriate staff. The PREA Compliance Manager conducted updated facility training with a lesson plan and PowerPoint presentation that included retaliation monitoring requirements to all staff and provided to the auditor copies of the materials and the signature sheets of staff attendance. Staff signatures were also provided that confirmed attendance at the training.

Facility is found compliant with this this standard.

Standards
<b>Auditor Overall Determination Definitions</b>
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<b>Auditor Discussion Instructions</b>
<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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <ol data-bbox="252 327 1401 573" style="list-style-type: none"> <li>1. PREA Audit Manual</li> <li>2. Executive Directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance</li> <li>3. OPS.050.0001 and MCPRS.200.0004.1 Sexual Misconduct - Prohibited</li> <li>4. OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited</li> <li>5. Organizational Chart</li> </ol> <p data-bbox="252 622 432 656">INTERVIEWS</p> <ol data-bbox="252 667 746 745" style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Facility PREA Compliance Manager</li> </ol> <p data-bbox="252 797 1477 1133">(a) The agency provided the audit team with an interactive PREA Audit Manual that is available to all staff on the Department's documentation intranet site. The manual provides direction to staff that mirrors the PREA standards language with very minor variation in terms. The use of the online manual allows staff to hyperlink to the relevant policy directives for each standard. Review of the manual and the above policies confirms that they outline the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment throughout the agency. The manual and directives also mandate zero tolerance for sexual abuse and sexual harassment throughout the agency.</p> <p data-bbox="252 1184 1477 1565">(b) The Agency has employed as a member of the Corrections Executive Staff, an upper-level Special Assistant (PREA Coordinator) with sufficient time and authority to perform his duties as required. This was verified through review of an organizational chart provided with the pre-audit questionnaire (PAQ) showing that he reports to the Deputy Secretary of Operations, who reports to the Secretary, Department of Public Safety and Correctional Services. During an interview with the PREA Coordinator, it was determined that his position is dedicated solely to agency PREA initiatives. This allows him the time necessary to devote to ensuring the agency's compliance with the PREA standards and, therefore, ensuring sexual safety within the facilities.</p> <p data-bbox="252 1617 1477 1908">(c) The PREA Coordinator indicated that he oversees PREA compliance for 23 facilities, each with a dedicated PREA Compliance Manager assigned. During an interview, the SMPRU PREA Compliance Manager explained that facility compliance managers are assigned to ensure compliance with PREA and other corrections standards. It is also their responsibility to prepare the facility for the various audits of those standards. The PREA Compliance Manager indicated he had sufficient time and authority to conduct his duties. The position reports to facility administration.</p> <p data-bbox="252 1960 443 1993">CONCLUSION</p> <p data-bbox="252 2004 1342 2038">Based on the above evidence the facility is found to be compliant with this standard.</p>

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. Contract with Threshold, Inc.</li> <li>2. PREA Audit Report for Threshold, Inc</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. Agency PREA Coordinator</li> </ol> <p>(a)(b) The Maryland Department of Public Safety and Correctional Services has entered into one contract for the confinement of inmates. The contract is with Threshold, Inc., a 32-bed pre-release center. The agency has submitted a copy of the contract signed August 6, 2018, which is a renewal of a previous contract.</p> <p>Review of the contract confirms that it requires Threshold, Inc., be monitored for compliance with the PREA Standards. Also provided to the audit team was a final audit report demonstrating full compliance with PREA Standards dated May 22, 2018. The auditor visited the DPSCS website and verified the posting of the final audit report for Threshold, Inc on the DPSCS website. The agency PREA Coordinator indicated he monitors that facility as he monitors all the facilities for the Maryland DPSCS. He indicated that he stays in contact with Threshold's assigned PREA compliance manager in monitoring for PREA compliance. He also stated mentioned that the Threshold facility has had two PREA audits conducted and verified they are required by contract to stay in compliance.</p> <p>CONCLUSION</p> <p>Based on the above evidence the agency is found to be compliant with this standard.</p>

115.13	<b>Supervision and monitoring</b>
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 507 360">DOCUMENTATION</p> <ol data-bbox="252 371 1406 528" style="list-style-type: none"> <li>1. Facility Staffing Plans</li> <li>2. OPS.050.0001 Sexual Misconduct - Prohibited</li> <li>3. SMPRU.110.0021.1 Program Inspection.pdf</li> <li>4. Example staffing plan forms demonstrating facility and PREA Coordinator coordination</li> </ol> <p data-bbox="252 584 432 618">INTERVIEWS</p> <ol data-bbox="252 629 746 786" style="list-style-type: none"> <li>1. Agency PREA Coordinator</li> <li>2. Facility PREA Compliance Manager</li> <li>3. Intermediate or Higher Level Staff</li> <li>4. Random Staff</li> </ol> <p data-bbox="252 842 1477 1861">(a) Southern Maryland Pre-Release Unit (SMPRU) submitted staffing plan documentation with the preaudit questionnaire, which indicated the average daily number of inmates at SMPRU is 135. The staffing plan is developed with the maximum number of inmates which is 180. Also included with the PAQ were forms completed by the facility in coordination with the PREA Coordinator that list the staffing considerations that are considered at least each fiscal year. The staffing plan takes into account generally accepted detention and correctional practices and/or any judicial findings of any inadequacy. There have been no findings in inadequacy at the facility. The staffing plan also takes into account findings on inadequacy from Federal investigative agencies or internal and external oversight bodies. There also have been no findings of inadequacy by these agencies. The staffing plan considers the facility blind spots and areas where staff may feel isolated. The staffing plan considers the needs of video monitoring; however, due to the layout of the facility and location of windows, in addition to placement of staff, has minimized blind spots. The staffing plan does consider the composition of the population, which is made up of minimum security inmates. The staffing plan lists the number of staff and supervisory staff as well as each position and their roles in the staffing plan. The staffing plan considers programs that occur on shift. The facility only has basic education and GED classes in the library multipurpose room. Classes only take place during business hours where administration and the librarian are there in the room with the inmates. Additionally, the library has large windows to the hallway. Some Inmates do go on a work release with officer supervision so the staffing plan accounts for having staff available to maintain security at the facility in addition to supervising work release inmates. The staffing plan considers all state and local laws and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The PREA compliance manager, in his interview, verified that the staffing plan does consider all the elements listed above.</p> <p data-bbox="252 1917 1469 2029">The Facility Administrator confirmed that the facility does have a staffing plan and that staffing levels are adequate to protect inmates. She related how she has changed the staffing during her tenure at the facility.</p> <p data-bbox="252 2085 1430 2152">(b) SMPRU does take into consideration all required concerns, when setting staffing levels, and they do not have any instances of non-compliance with the staffing plan. They will use</p>

overtime to avoid collapsing posts that are essential. The facility administrator indicated there have been no deviations from the staffing plan during the audit period. If a shortage were to occur, overtime would be used to cover the position as necessary. She related that she has increased staff since she came to SMPRU, to include an additional Traffic Officer on the 6-2 and 2-10 shifts, a transportation officer on all three shifts, and a visitor/activity officer on first and second shifts. She indicated "these positions really help in cases of emergencies when maybe two security staff have to go to the hospital, leaving the facility below the minimum staffing levels. With the staff additions that I've made, that no longer happens. We are never below the minimum staff for the facility that is determined by HQ."

(c) Southern Pre-Release provided a copy of the annual review of the staffing plan that was signed by the facility administrator on January 22, 2019. The review took into account each post to determine the number of days each post is staffed, the rank of the officer assigned to the post, the operational staffing level for the post, designation as an emergency response post. The following factors were considered: beat practice used by correction facilities, findings of inadequacies from oversight and investigations, physical plant and blind spots, characteristics of the inmate populations, program activity, applicable laws and standards, and the deployment of video monitoring equipment.

The annual review of the facility staffing plan included consultation with the statewide PREA Coordinator Mr. Wolinski. Mr. Wolinski stated in his interview that he reviews and gives input annually to each facility staffing plan.

(d) The facility submitted policy OPS.050.0001 Sexual Misconduct - Prohibited which requires intermediate-level or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and harassment. Intermediate and higher-level staff document their rounds in the command center log book. They log their rounds in red ink. Logbooks samples were provided with the PAQ and logbooks were reviewed for the year 2019. Review of the logbook entries confirmed that unannounced rounds were being conducted on all three shifts by the administrator, the captain, lieutenant, and the sergeants and that the times were staggered so as not to be conducted in a discernable pattern. The rounds observed in the log book were on all three shifts, and at different times during each shift. The rounds reviewed were also on random days of the week. The above policy also prohibits staff from alerting other staff of the conduct of the unannounced rounds, a practice which was confirmed during interviews with random and intermediate or higher level staff.

(d) Two intermediate or high-level supervisors were interviewed. One stated they make daily rounds and the other stated the policy requires them to do it weekly. They stated in the interviews that they log their rounds in the command center logbook and they also log the rounds in the medical room and dietary. The both answered they try to stagger their rounds to make it difficult for staff to know when the rounds may occur. They both also stated that it is a small facility and hard to go too many places without people knowing but would hear communication on the radio if staff were alerting other staff of their rounds.

## CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Southern Pre-Release does not house youthful offenders. It only houses adults 18 and over.

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 507 360">DOCUMENTATION</p> <ol data-bbox="252 371 1142 573" style="list-style-type: none"> <li>1. PREA Manual</li> <li>2. Executive Directive OPS.110.0047 Inmate Searches</li> <li>3. Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited</li> <li>4. Search Related Training Lesson Plans</li> <li>5. Training Records for All SMPRU Staff</li> </ol> <p data-bbox="252 629 432 663">INTERVIEWS</p> <ol data-bbox="252 674 507 752" style="list-style-type: none"> <li>1. Random Staff</li> <li>2. Random Inmates</li> </ol> <p data-bbox="252 797 1458 1088">(a) OPS.110.0047 Inmate Searches, Section F, states that cross-gender strip searches by non-medical staff are prohibited. The policy also states all body cavity searches are to be conducted by medical staff. Southern Pre-Release houses only male inmates and employs a large proportion of male custody staff. Southern Pre-Release stated on the PAQ that there have been zero cross-gender strip or cross-gender visual body cavity searches of inmates. The facility also stated that there have been no instances of medical staff conducting cross-gender strip or cross gender visual body cavity searches of inmates.</p> <p data-bbox="252 1144 1437 1223">(b) Southern Pre-Release only houses male inmates. This standard is not applicable to this facility.</p> <p data-bbox="252 1267 1474 1391">(c) During interviews, all random staff indicated that they are prohibited from conducting those types of searches and would not conduct them. There would be no log of cross-gender strip and cross gender visual body cavity searches due to that search being prohibited by policy.</p> <p data-bbox="252 1447 1477 2074">(d) OPS.050.0001 Sexual Misconduct - Prohibited, requires staff of the opposite gender to announce their presence when entering the housing areas. During the facility site review, the audit team observed staff of the opposite gender announcing their presence when entering the housing and bathroom areas. At Southern Pre-Release, there are three open dorm housing areas with two bathroom areas in the main hall of the facility for use by inmates. The bathrooms consisted of both urinals and toilets. Toilets in both bathrooms have partial stall walls and doors that allowed some privacy from viewing by female staff while performing bodily functions, yet allowed visibility of feet and heads for security purposes. One bathroom had a toilet at the end of the row that was not covered by the privacy wall so was viewable from the hallway. When solutions to solve the cross-gender viewing issue were discussed by the audit team and staff, it was decided the most expedient and efficient way to ensure no one sits on the toilet to use it was to remove the seat, effectively making it a urinal that did not allow cross-gender viewing because to use it a person would be facing away from the doorway, rather than toward it. The seat was removed immediately, satisfying the concern for potential cross-gender viewing.</p> <p data-bbox="252 2130 1445 2163">The audit team observed the shower area off the main hallway. The shower area is entered</p>



through a large utility type room. The showers are not visible unless a staff member enters the large utility room and goes into the entry way of the shower room. This allows inmates to shower without being in view of female staff. A female staff member indicated she does not go in the shower room during showers, and this was also mentioned by other staff during the onsite review. During interviews, all inmates and staff confirmed that inmates are able to shower, change their clothes, use the toilet, etc., without being seen by opposite gender staff.

Twenty two random inmates interviewed said that they do have the opportunity to shower, change clothes and use the toilet without being seen by staff of the opposite gender. All of them said that female staff do announce when they are entering the housing area and that as well as using a verbal announcement, there is a green light in the hallway, near the Control Center, that stays on while a female staff person is in the dormitory area. The green light was observed by the audit team and noted that it was on during the site review of the dorm area. The team also noted that staff consistently announced the presence of female auditors when they were entering a dorm housing area.

(e) OPS.110.0047 Inmate Searches states all staff are prohibited from searching or physically examining a transgender inmate for the sole purpose of determining the inmate's genital status. Staff indicated through the PAQ and confirmed during the entrance meeting that SMPRU has not housed an inmate who identifies as a transgender inmate, so one could not identified to be interviewed. There was no evidence during staff and inmate interviews, file review, or the site review that there was an inmate that identified as transgender at the facility during since the beginning of the audit period or at the time of the onsite portion of the audit. All of the random staff interviewed said they were very familiar with the prohibition against searching a transgender or intersex inmate solely to determine an inmate's genital status. Review of lesson plans included with the PAQ demonstrated that this information is included in training that is mandatory for all department staff. Review of training records with training staff verified that SMPRU staff had received the training.

(f) All staff interviewed stated they have been trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner consistent with security needs. Staff stated they received this training in their in-service training approximately two years ago or at the academy if they had started their employment since the initial training occurred. Search training lesson plans were reviewed by the auditor to ensure discussion of conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner was included. Training records for SMPRU staff were reviewed showing they were present and received credit for the training.

## CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 507 360">DOCUMENTATION</p> <ol data-bbox="252 371 1145 573" style="list-style-type: none"> <li>1. OEO.020.0032 Limited English Proficiency (LEP) Policy</li> <li>2. OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited</li> <li>3. OPS.050.0001 Sexual Misconduct Prohibited</li> <li>4. OPS.050.0011 American’s with Disabilities Act of 1990, Titles I &amp; II</li> <li>5. Contract with Interpreter Services</li> </ol> <p data-bbox="252 629 427 663">INTERVIEWS</p> <ol data-bbox="252 674 603 752" style="list-style-type: none"> <li>1. Agency Head Designee</li> <li>2. Random Sample of Staff</li> </ol> <p data-bbox="252 797 427 831">DISCUSSION</p> <p data-bbox="252 842 1481 1267">(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. The Maryland Department of Public Safety and Correctional Services 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.</p> <p data-bbox="252 1312 1485 1951">The agency head designee was asked if the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and harassment. She stated that procedures are established such as agency documents available in Spanish and translation services through the agency’s contract for translation services with Ad Astra. She also stated the department has directives requiring facilities to provide services to inmates with disabilities and staff are trained to handle these special needs. She also confirmed Ad Astra provides services for sign language interpretation for the facilities that house deaf inmates. Southern Pre-Release does not house deaf inmates and it was also reported that they have not had any inmates that have disabilities or limited English. During the site review, auditors observed Spanish PREA material posted and available throughout the facility. Interviews with staff and inmates, both formally and informally, and review of inmate files provided further confirmation to the audit team that Southern Pre-Release did not house any inmates with disabilities or who are limited English proficient during the onsite portion of the audit. Therefore, there were none available for interview.</p> <p data-bbox="252 1995 1465 2152">(c) Staff were interviewed and asked if inmate interpreters were ever used in response to an inmate’s safety for inmates that are limited English proficient. All interviewed stated they have never had an inmate that was at risk for their safety and not been English proficient. There was some confusion during four random staff interviews over when or whether an other</p>

inmate would be allowed to interpret if they had a prisoner with their safety at risk and in need of an interpreter. Two indicated they did not believe persons with limited English proficiency would be screened for placement at SMPRU. Eight indicated interpreters would be provided from the outside agency with which DPSCS contracts for interpreter services. The phone number was observed to be available in control center so interpreters are immediately available by phone.

#### CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

115.17	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 507 360">DOCUMENTATION</p> <ol data-bbox="252 371 1477 999" style="list-style-type: none"> <li>1. DPSCS.020.0026 Prison Rape Elimination Act - Federal Standards Compliance.</li> <li>2. ADM.050.0041 Criminal History Checks – Nonmandated Employees</li> <li>3. General Provisions Article, Section 4-311, Annotated Code of Maryland, COMAR 17.04.14.10 and 17.04.14.20.</li> <li>4. COMAR 17.04.03.10, Title 17-Department of Budget and Management, 04-Personnel Services and Benefits, Chapter 03-Recruitment, Examinations, Selection and Employment, dated August 2013.</li> <li>5. COMAR 12.15.01.19 State Rap Back Program and 12.10.01.05, Correctional Training Commission.</li> <li>6. Blank Forms, including Questions for nonmandated employees, questions for polygraph (all mandated Employees), DBM DPS JOBAPS Application Form (for employment), DPSCS Personal Interview Form, effective 4/21/2014, Employment Reference Check form.</li> <li>7. DPSCS Hiring Guidelines, March 28, 2014.</li> <li>8. Sample of pre-hire request from another agency and response by DPSCS regarding the individual.</li> </ol> <p data-bbox="252 1055 432 1088">INTERVIEWS</p> <ol data-bbox="252 1099 596 1178" style="list-style-type: none"> <li>1. Human Resources Staff</li> <li>2. PREA Coordinator</li> </ol> <p data-bbox="252 1234 1461 1391">Maryland has codified PREA requirements for this standard in COMAR 17.04.03.10 (Title 17, Department of Budget and Management; 04 Personnel Services and Benefits; Chapter 03, Recruitment, Examinations, Selections and Employment). This was reviewed along with further evidence as described below to determine compliance.</p> <p data-bbox="252 1447 1477 1693">(a) DPSCS does not hire or promote anyone nor enlist the services of any contractor who may have contact with inmates if they (1) have engaged in sexual abuse in an institution, (2) been convicted of engaging or attempting to engage in sexual activity in the community using force, coercion, threats, or if the victim did not consent or was unable to consent, or (3) if they have been civilly or administratively adjudicated to have engaged in the activity described in (2) above.</p> <p data-bbox="252 1749 1445 1906">(b) DPSCS.020.0026 states that incidents of sexual harassment will be considered when determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with inmates. This was confirmed during the interview with the Human Resources staff member.</p> <p data-bbox="252 1962 1469 2163">(c)(d) Agency policy, including ADM.050.0041 for non-mandated employees, and DPSCS.020.0026 for mandated employees, requires that criminal background checks be conducted for all staff who may have contact with inmates. During an interview, the personnel staff member confirmed that all pre-employment background checks are completed through the DPSCS Human Resources Office and consist of State, Local, National, CJIS and FBI</p>

criminal record systems, as well as submission of fingerprints. She indicated background checks for all promotions are completed by DPSCS's Investigation and Intelligence Division (IID). The PAQ contained various forms that are completed with each new hire. These include the three questions specific to this standard that are asked on the application, at the interview and during the polygraph (required for mandated employees).

The facility reported there were no new staff member hired at this facility in the last twelve months. The Human Resources staff member indicated that background checks as described above are conducted prior to hiring staff or enlisting services of contractors who may have contact with inmates. There were two full-time contractors who had been hired through a previous contract with the agency and who were hired through the new contract to maintain employment with the agency. The agency provide documentation of the process of their hiring with the previous contract, for which E-verify and criminal background checks were conducted.

(e) Per DPSCS Secretary's Directive DPSCS.020.0026, Section F(5)I, a background check will be conducted every five years for every contract service provider and subordinate employee of an appointing authority who may have contact with a service provider. COMAR 12.15.01.19, State Rap Back Program, enables agency staff to be notified when criminal information regarding a staff member is entered so that the information will be received prior to discovery during a five-year background check. Human resource staff indicated that background checks are conducted every five years.

(f) Forms were provided to demonstrate that the hiring and promotion processes include asking the applicant directly about conduct as indicated in 115.17a. It was explained by the HR staff that applicants are asked in writing on the application and then in person during the background check. DPSCS.020.0026, Section .05F(4) requires direct inquiry regarding such conduct for employment, promotions or during an interview or written self-evaluation as part of a review of a current employee.

(g) The HR staff further explained that material omissions or false information regarding such misconduct would result in termination and violates the Code of Conduct. DPSCS.02.0026 states that termination of employment will result if a staff member provides false information or material omission regarding conduct as described in 115.17a.

(h) During interviews, specialized staff indicated that upon request from another agency for information related to a former DPSCS employee, information would be provided if the employee has signed a release for the specified information. A sample of a request from another agency and follow-up response by HR was included with the PAQ.

#### CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

115.18	<b>Upgrades to facilities and technologies</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 507 360">DOCUMENTATION</p> <p data-bbox="252 416 459 450">Facility Diagram</p> <p data-bbox="252 506 427 539">INTERVIEWS</p> <p data-bbox="252 584 625 663">1. Agency Head or Designee 2. Facility Administrator</p> <p data-bbox="252 719 427 752">DISCUSSION</p> <p data-bbox="252 763 1471 1223">(a) - 1 Southern Pre-Release answered in the PAQ that there has been no substantial expansion or modification to the existing facility since the last PREA Audit. The Agency Head designee was asked if the agency considers how changes to a facility might effect its ability to protect inmates from sexual abuse, when designing and planning modifications. She responded by stating that they consider best field practices, work with architects for safety features, and look for visibility options such as direct sight lines and windows. They also consider technology and the placement of cameras to best eliminate areas that inmates may be victim to sexual abuse. The facility administrator also verified during an interview, that Southern Pre-Release has not made any substantial expansion or modifications since the last PREA audit. During the facility site review there was no evidence of any modification or expansion.</p> <p data-bbox="252 1267 1481 1346">(b) - 1 The facility also answered in the PAQ that they have not had any electronic surveillance system or mentoring technology installed or updated since their last PREA audit.</p> <p data-bbox="252 1402 1481 1984">The agency head designee was asked how the agency uses monitoring technology. She answered they will use video monitoring as a way to help support staff supervision of identified areas. She also stated that they consider all substantiated and unsubstantiated cases in the decision making progress. The facility administrator in her interview indicated they have video monitoring outside the facility, with the main purpose being to keep contraband from being dropped off. She identified a couple areas where cameras might be useful, but indicated that, being such a small facility and housing inmates with the lowest security level, it was unlikely SMPRU would be getting more anytime soon. The facility is set up so that there are really no blind spots. She also indicated that because the building is one main hallway where you can see straight through. The audit team observed this, and also that there were mirrors in the hallways that allowed staff to see to the sides where the dorms were located. The team could also see to the back of the open-bay dorms from the doorway. Full-time staff were stationed in the control center on one end of the building, and kitchen dining area in the other, with windows allowing visibility throughout the facility.</p> <p data-bbox="252 2040 1481 2119">On the first day of the audit, the facility provided the auditor a diagram of the two buildings and pointed out the range of the outside camera coverage.</p>

## CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DOCUMENTATION</p> <ol style="list-style-type: none"> <li>1. IIU.110.0011 Investigating Sex Related Offenses</li> <li>2. OSPS.050.0030 Sexual Misconduct – Prohibited</li> <li>3. National Protocol for Sexual Assault Medical Forensic Examinations</li> <li>4. PREA EVENT GUIDELINE – What to say and what to document</li> <li>5. Sexual Assault Forensic Examiner/Nurse Examiner (SAFE/SANE) Regional Maryland Resource List</li> <li>6. Maryland SAFE/SANE Programs List by County</li> <li>7. COMAR 10.12.02.03 MD Dept of Health, Adult Health, Rape and Sexual Offenses-physician and Hospital Charges, Patient Care</li> <li>8. COMAR 10.27.21.04, MD Dept of Health, Board of Nursing, Registered Nurse – Forensic Nurse Examiner</li> </ol> <p>INTERVIEWS</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. Health Care Staff</li> <li>3. Random Staff</li> <li>4. Mercy Medical Center SAFE/SANE provider</li> </ol> <p>DISCUSSION</p> <p>It was reported by staff during various interviews and verified through contact with IID staff that there was one allegation of sexual abuse or sexual harassment at the facility during the audit period. It was also reported and the audit team verified with IID that this was the only one since the facility was last audited in November of 2016.</p> <p>(a) MD DPSCS has its own credentialed law enforcement unit, the Intelligence and Investigative Division (IID), which appears to have formerly been known as the Internal Investigation Unit (IIU) as various combinations of these two titles exist throughout the documentation and DPSCS website. In addition to its other functions, IID is the central clearinghouse for processing investigation of all allegations of sexual abuse and sexual harassment of inmates. IID reviews all allegations and primarily conducts criminal investigations and forwards administrative investigations to be investigated at the facility. Each facility has a staff member assigned as a primary investigator, and that person assists IID investigators with arranging interviews, and other facility-related actions as necessary. The facility investigator may be assigned to investigate sexual harassment allegations as well.</p> <p>(b) IID is separate from the Division of Corrections within DPSCS and is the law enforcement entity that conducts all criminal investigations within the Maryland state correctional facilities. Review of a document provided by the PREA Coordinator, demonstrates that DPSCS's evidence protocol as documented is comparable to the National Evidence Protocol as</p>



recommended in the standard. While appropriate for youth, only adults 18 and over are housed in this facility.

(c) COMAR 10.12.02.03 MD Dept of Health, Adult Health, Rape and Sexual Offenses-Physician and Hospital Charges, Patient Care, indicates that sexual abuse forensic exams be conducted up to 120 hours after the incident in the event some evidence may still be available. It also prescribes the use of specific sexual assault kits be used in gathering evidence. The facility staff indicated they would transport inmate victims of sexual abuse to Mercy Hospital in Baltimore for SAFE/SANE exams. Facility staff do not conduct them.

Per facility staff interviews and agency documentation, inmates would be transported to Mercy Hospital in Baltimore for SAFE/SANE examinations. In confirming details of this process with a SANE professional on staff at Mercy Hospital, this auditor learned that Mercy Hospital maintains a staff with SAFE/SANE credentials approximately 70 hours/week, with a total of 37 forensic nurses available, allowing for them to have two to three on call 24/7/365. She indicated forensic exams and accompanying prophylaxis are provided free of charge to the patient. In addition, they have been involved in research in developing innovative practices, such as perfecting how to take pictures during exams. They were the first in the world to utilize an alternative light source to detect bruising that is not visible to the eye, even up to 30 days following the injury. They are not only a primary location to serve Maryland inmate victims of sexual assault, but also provide examinations from other area facilities, such as cruise ships in Baltimore Harbor, and military members from a local or overseas bases. The hospital SANE staff member confirmed their services are free to all victims, and they do offer pregnancy and STI testing and prophylaxis at no cost to the victim.

(d)(e) The SANE representative related that when a facility contacts the charge nurse in the emergency room and indicates an estimated time of arrival and other details of the situation, the hospital will call in a SANE to start fresh with that case. The hospital also calls an advocate from a rape crisis center in the community, whose services the inmate can accept or decline.

(f) The agency is responsible for investigating allegations of sexual abuse and follows the requirements of these and other standards as required by the standards and department policy.

(g) Auditor is not required to audit this section.

(h) Forensic exams are conducted at the hospital by nurses and doctors with SANE/SAFE credentials as required by COMAR 10.27.21.04, MD Dept of Health, Board of Nursing, Registered Nurse – Forensic Nurse Examiner spells out requirements for SANE/SAFE credentialing. The hospital SANE representative indicated that victim advocates are provided from community resources. Per discussion with the PREA Coordinator, agency mental health staff are trained to provide advocacy services if necessary.

## CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

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## **115.22 Policies to ensure referrals of allegations for investigations**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. OPS.050.001 Sexual Misconduct – Prohibited
2. OPS.0200.0005 Inmate on Inmate Sexual Conduct – Prohibited
3. IIU.110.0011 Investigating Sex Related Offenses

#### **INTERVIEWS**

1. Agency Head or Designee

#### **FILE REVIEW**

There was one investigative file reviewed as it was the only sexual abuse or sexual harassment investigation during the audit period or since the last PREA audit at this facility as determined through staff interviews and a screenshot of the query results of the Intelligence and Investigative Division (IID) investigation database.

#### **DISCUSSION**

(a)-(d) IIU.110.0011, Investigating Sex-Related Offenses, describes the response and investigative requirements for all allegations of sex-related offenses, which it defines as any behavior or act of a sexual nature by an employee directed toward an inmate, or an inmate's personal contact or associate who believes the employee exercises influence or authority over the inmate, or that is of a derogatory or offensive nature by an inmate directed toward another inmate. The policy includes the requirement to investigate allegations of sexual abuse, sexual harassment and retaliation. This requirement is also included in OPS.050.001 Sexual Misconduct – Prohibited and OPS.0200.0005 Inmate on Inmate Sexual Conduct – Prohibited.

During a formal interview, the Agency Head's designee indicated that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment, with no exceptions. Staff are required to respond according to policy in a specific manner. Reports of any criminal or administrative violation at MD facilities are filed and tracked through DPSCS's law enforcement arm, IID. While initiated and tracked by IID, sexual harassment investigations are usually referred to the facility investigators for completion of the investigation. IID investigators are sworn law enforcement officers in the State of Maryland and, per policy and as confirmed through interviews with specialized staff, conduct criminal investigations, including sexual abuse investigations.

A review of the DPSCS website revealed that these policies are available on the DPSCS website.

#### **CONCLUSION**

Based on the above evidence, the facility is found to be compliant with this standard.

## 115.31 Employee training

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. COMAR 12.10.01 DPSCS Correctional Training Commission - General Regulations
2. Lesson plans for PREA Training for Academy, In-service and Supervisor training
3. Lesson plans for Sexual Harassment, Managing Female and Youthful Offenders, and Special Management Offenders
4. Training Documentation for all facility staff training

#### INTERVIEWS

1. Training Specialist for Maryland Correctional Pre-Release System
2. Random Staff

#### FILE REVIEW<sup>5</sup>

Annual training records for four randomly-selected staff

#### DISCUSSION

(a) Training requirements are determined by the Maryland Correctional Training Commission in accordance with Code of Maryland Regulations (COMAR). A review of the lesson plans provided in the Pre-audit Questionnaire demonstrates that the academy and in-service training cover the ten required elements specified in this section. The Commission requires that training is delivered to staff by certified instructors who have participated in a Train-the-Trainer in the course they are instructing. The training is delivered in a classroom with a PowerPoint presentation and opportunities for questions. When interviewed, random staff related understanding of these elements as well. During an interview, the training sergeant explained how training completion is tracked in the "Skills Manager" database. It was explained that due to the low number of staff at the Pre-Release Units, staff often are not able to complete all 40 hours of training in the same week so portions of their annual training is staggered throughout the year. Examples of two staff completing make-up training was requested by the auditor. The training sergeant provided the requested information and her in-service training tracking system via printouts from the Skills Manager.

(b) Lesson plans provided with the Pre-audit Questionnaire demonstrate that all staff receive training related to managing male, female, transgender or intersex inmates, as well as special management populations, including those with disabilities.

(c) Randomly interviewed staff indicated that mandatory PREA training is conducted annually, which was also confirmed with the Training Specialist and verified by review of the Correctional Training Commission – General Regulations (COMAR 12.10.01).

(d) Understanding of the training is demonstrated through a passing score on an exam. The Commission requires that staff must score at least 75% on each section and this was reiterated by the training specialist. She confirmed that any failed courses must be rescheduled and retested and both test scores are maintained. The auditor requested samples of completed exams and training records for four randomly-selected staff for training conducted during the audit period. Training documentation for all four individuals demonstrated that training had been successfully completed during the audit period.

## CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

## 115.32 Volunteer and contractor training

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. Executive Directive OPS.050.0030 Sexual Misconduct – Prohibited
2. Wexford training materials for health care contractors
3. Volunteer Program Orientation Manual and orientation records.

#### INTERVIEWS

1. PREA Compliance Manager
2. Volunteer Coordinator
3. Volunteer and Contracted Employees

#### DISCUSSION

Throughout agency policy, a volunteer is included in the definition of “employee”. The volunteer coordinator related that 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 provided with the PAQ was published in 2013. The edition on the DPSCS website was published in 2016.

It should also be noted that as of January 1, 2019, the DPSCS changed health care contracts from Wexford Health to Corizon, following the audit period for this facility audit, therefore the Wexford training information is provided. Both contracted health staff indicated they had been employed at the facility during the previous contract and received the annual PREA training. They indicated they currently receive PREA training through both DPSCS and Corizon.

(a)(b) The Volunteer Orientation Manual is provided to each volunteer and includes a signed and dated agreement by the volunteer and witnessed by the trainer, to 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. In addition to the volunteer manual, they are provided the policies DPSCS.020.0026 PREA – Federal Standards Compliance, POS.050.0001 Sexual Misconduct – Prohibited, and OPS 200.0005 Inmate on Inmate Sexual Conduct – Prohibited. The volunteer coordinator came in on her day off to speak with the audit team, which was very much appreciated. 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. Three volunteers were formally interviewed. Two were very well-informed and understood requirements related to PREA. The other remembered having training with the volunteer coordinator, but seemed somewhat unfamiliar with PREA requirements, including not recalling being told about a zero-tolerance policy for sexual abuse and sexual harassment, or being informed how to report it. The facility administrator indicated the facility conducted a refresher training for all volunteers in approximately 2018.

(c) When interviewed, the volunteer coordinator provided access to records relating to the volunteers' applications and orientation. A sample of a completed application and orientation file was provided upon request for a random volunteer. Five samples of completed orientation files were provided with the PAQ and included signatures that the volunteers received and understood the information provided, including PREA policies.

Two contracted staff were interviewed, and both indicated they receive annual training that includes the agency's zero tolerance of sexual abuse and sexual harassment of inmates, and their responsibilities related to PREA. They were able to discuss the PREA training received annually. Understanding of PREA requirements is measured using an exam and certificates were provided to the auditors.

It was noted during review of the PAQ that some of the Maryland Correctional Pre-Release System (MCPRS) documents provided that support this standard predate PREA and do not specifically mention zero tolerance of sexual abuse and sexual harassment specifically. However, documents signed by volunteers in 2018 appeared to be updated, and DPSCS documents are updated. The current volunteer guidebook is on the DPSCS website which is also where the volunteers currently apply.

It should be noted that the agency's PREA Auditor Manual contains an outdated version of the volunteer orientation manual in its appendices.

While the audit team believes the evidence demonstrates that thorough training is conducted with volunteers who have more recently begun to provide services, there is concern that those providing services for many years may need to receive updated training. The facility has recognized that need and has held a refresher training for the volunteers. While the auditor finds substantial compliance with this standard, it is recommended that the facility ensure it is using the most up-to-date training materials for volunteers, and that refresher training be conducted related to PREA for those who did not attend the last one.

It is recommended that the agency update the PREA Auditor Manual appendices to include current documentation as stated above.

Based on the above evidence, the facility is found to be compliant with this standard.

## 115.33 Inmate education

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. OPS.050.001 Sexual Misconduct – Prohibited, Section 05C(3)
2. OPS.0200.0005 Inmate on Inmate Sexual Conduct – Prohibited, Section 05C(3)
3. OPS.001.0008 Inmate Handbook
4. Inmate Orientation Packet, including PREA brochure and MCASA information
5. Inmate Handbook

#### INTERVIEWS

1. Staff Responsible for Intake
2. Staff Responsible for Inmate Orientation
3. Random Inmates

#### FILE REVIEW

Reviewed base files of all inmates randomly selected for interview during onsite portion of audit to determine arrival dates and verify PREA education.

#### DISCUSSION

(a) Staff who have been involved with providing prisoner education at intake or orientation verified that inmates do get information on the zero tolerance policy and how to report at the time of intake. It was stated during a staff interview that comprehensive information is provided in a packet at intake and that they also get some of this information in Orientation. The process was described that during the night shift on the day of arrival, inmates are provided the opportunity to review a packet of information as they wait to receive their property. The staff member reviews the information with the inmate and has the inmate sign for receipt of the PREA information, and lets the inmate know that the handbook and other information they reviewed is available in the library. The random inmates interviewed verified that they had received PREA information at intake. Two staff interviewed related that the orientation mainly provides facility specific information about basic rules/regulations at the facility, what inmates should and shouldn't do there, and information about facility processes. They indicated there was not much PREA information as inmates get that packet the first day. It was also related that inmates coming to a pre-release facility already know about PREA – this isn't their first facility. One indicated the facility provides preliminary info in brochures, then are informed again at orientation which occurs once per week. He said orientation consists of a review of the packet and a lot of the review is specific to the facility, visiting lists, etc.

(b) The facility indicated on the PAQ that 312 inmates had gone through intake at the facility during the audit period and that all 312 had received information about the agency's zero tolerance and reporting processes for PREA at intake and comprehensive education within 30 days. Inmates at the facility get the comprehensive information at intake. All but two inmates randomly selected for interview recalled receiving the packet with PREA information the first night they arrived at the facility.

(c) All but two inmates interviewed said they remembered receiving the PREA information at Intake. Random inmates interviewed said they had received the information at Intake, the first night of their arrival and had participated in Orientation where they also received information that they identified as hotline numbers and how to report sexual abuse and sexual harassment. They also said they were told about their rights, were told how to report, and said they had seen the hotline number on the wall. Many indicated they had gotten the same information at other facilities where they had been housed to prior to being sent here.

(d) Materials provided are in English and Spanish, and the agency head (designee) and random staff interviewed reported the department uses an interpreter service as appropriate for inmates with limited English proficiency or who are hearing impaired.

(e) It was verified through a review of inmate files that the agency maintains documentation of inmate PREA education. The audit team reviewed the files of all 22 inmates who were randomly selected to be interviewed onsite and all the files had paperwork showing they had received the comprehensive PREA information at intake. Information received at intake is also available in the library for inmates' continuing information.

(f) The PREA information, and hotline numbers for reporting, are well displayed throughout the facility, in the Housing Units, classroom/library, dining room, front lobby. What's missing is any information regarding victim advocacy and confidential outside emotional support, as noted earlier, randomly selected inmates, in their interviews, were not aware of any such service. Copies of the MCASA brochure were available in the library, which one inmate noted having seen. While several inmates did recognize that they had seen the MCASA brochure when shown to them by the auditor, comments included that either they didn't know what it was about, or that they didn't think the subject was relevant for them.

## CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.



## 115.34 Specialized training: Investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. OPS.050.001 Sexual Misconduct – Prohibited, Section 05C(3)
2. OPS.0200.0005 Inmate on Inmate Sexual Conduct – Prohibited, Section 05C(3)
3. IIU.110.0011 Investigating Sex-Related Offenses
4. Lesson Plan for Specialized Investigator Training
5. Training Record for IID Investigators

#### INTERVIEWS

1. Investigative Staff
2. Discussion with PREA Coordinator

#### DISCUSSION

(a) All three policies listed above require that sexual abuse investigations must be conducted by investigators who have received specialized training for investigators of sexual abuse in confinement. A training report was requested and was received with the names, course hours and dates of those who had received the training. It showed 28 IID staff have satisfactorily completed the training. However, it was dated January, 2018, and did not contain the name of the investigator for the one investigation for this facility since the last audit. The audit team requested an updated training report for IID and received one dated 4/9/19 that included this investigator. The PREA Coordinator indicated there are 32 investigators assigned to IID and only those trained will be assigned to a sexual abuse investigation.

During the corrective action period, it was clarified by the agency PREA Coordinator that while IID is a separate division from Correctional Services, it is part of the agency - Department of Public Safety and Correctional Services, and the investigators subject to the requirement to complete the general PREA training for all agency staff with inmate contact. Therefore, this auditor requested documentation that the IID investigators also receive the general PREA training at least biannually. Review of the specialized investigator training confirmed that the training the investigators receive contains the majority of information in the general training, but not all of it. Per the request, the audit team has received documentation that the agency has provided the general PREA training to all but two IID investigators during the corrective action period. One of those is on extended leave. As a result of providing this documentation, the agency is found in substantial compliance with this standard.

(b) Lesson plans and a sample certificate were also provided with the PAQ. Review of the lesson plan shows that this training does include techniques for interviewing victims, Miranda and Garrity warnings, sexual abuse evidence collection and criteria to substantiate a case for administrative action or prosecution referral. This was also confirmed during an interview with investigative staff.

(c) Understanding of course material is measured by successful completion of a quiz using a digital system that records successful completion of the training and provides a certificate.

## CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

## Recommended Corrective Action

Provide documentation of general PREA Training

## **115.35 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. Executive Directive OPS.020.0026 PREA-Federal Standards Compliance01 PREA Overview Trainer Outline 2018.doc
2. PREA Overview Handout 2018.doc
3. PREA Overview Post Test Evaluation 2018.doc
4. PREA Overview Post Test Answer Key 2018.doc
5. PREA Sensitivity Training Trainer Outline 2018.doc
6. PREA Sensitivity Training Handout 2018.doc
7. PREA Sensitivity Training Post Test Evaluation 2018.doc
8. PREA Sensitivity Training Test Answer Key 2018.doc

#### **INTERVIEWS**

1. Health Care Staff
2. Mental Health Staff
3. Training Staff

#### **FILE REVIEW**

Certificates of Training for Health Care and Mental Health Care Staff

#### **DISCUSSION**

(a) The above policy was cited in the PREA Audit Manual as supporting this standard. However, it does not appear to this auditor that relevant information for this standard was provided by this policy. Many supporting documents were provided in this section of the PAQ, including a lesson plan that includes a requirement for Health Care or Mental Health Staff to receive specialized training as required by this standard. Interviews with health care and mental health staff supported that they have completed the required general and specialized PREA training. Certificates of completion were provided for the medical staff formally interviewed onsite and the psychological staff at Brockbridge Correctional Facility because they provide mental health services for inmates at this facility. A telephone interview with a mental health staff also supported that this training is being conducted and that staff are completing it. Staff mentioned that they complete a week-long in-service each year that includes the general PREA training, and also specialized training through an NIC curriculum.

(b) Through interviews with staff and the SANE/SAFE unit representative at Mercy Hospital, it was verified that forensic exams are conducted at Mercy Hospital. Agency staff do not conduct them, therefore, they do not receive such training. This is also mentioned in the lesson plan the auditor reviewed.

(c)(d) The auditor reviewed documents maintained by the agency demonstrating it maintains documentation of completion of specialized PREA Health Care training and the general training received by all other facility staff. This was confirmed in discussion with training staff.

## CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

## 115.41 Screening for risk of victimization and abusiveness

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
2. PREA Intake Screening Form and Instructions

#### INTERVIEWS

1. Staff Responsible for Risk Screening
2. Random Inmates
3. PREA Coordinator
4. PREA Compliance Manager

#### FILE REVIEW

Prisoner intake records and assessments

#### DISCUSSION

(a) Agency policy, OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness, effective 4/4/2019, requires that all inmates shall be screened for risk of sexual abusiveness and sexual victimization when entering the correctional system and when transferring between facilities. It prescribes a standard screening instrument to be used by all DPSCS facilities as part of intake and the facility transfer process. Southern Pre-Release has a lieutenant and a sergeant assigned to conduct the intake screening which is conducted the day of arrival at the facility. The intake process was described by the PREA compliance manager and the lieutenant responsible for providing the information at intake, who both indicated that risk assessments are conducted the day of arrival, at the time the prisoners get their property.

(b) Agency policy requires all facilities to assess each inmate for risk of sexual victimization or for potential abusiveness within 72 hours of arrival to that facility. Southern Pre-Release stated 307 inmates have arrived within the past 12 months whose length of stay was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility (100%). Of twenty-four inmate files randomly reviewed, all were assessed on the day of their arrival to Southern Pre-Release exceeding the requirement of 72 hours. Twenty-two inmates were interviewed and asked if they remember being asked questions regarding their sexual safety, history of abuse, age, and whether they identify as gay or transgender and how long after arriving were they asked these questions. Nineteen of them answered they remember being asked these types of questions as soon as they arrived at the facility; most said the first night, and three answered they don't remember.

(c) The current PREA Intake Screening form was provided with the PAQ and reviewed by the auditor. The risk screening form is comprised of 18 questions. All of the questions are asked of the inmate during the screening. Information from twelve of the responses can be verified based on facts and information in an inmate's file, the other six are questions about the

prisoner's identity, past experience, and perception of safety. The design of the assessment helps objectively assess each inmate for risk of sexual victimization or risk of being sexually abusive. The response to each question on the assessment is a "yes" or "no" and assigns a point value for every "yes" response. If an inmate answers "yes" to a designated number of questions used to assess potential victimization, they would be considered at risk for sexual victimization. If an inmate answers "yes" to a designated number of questions used to assess potential abusiveness, they will be considered at risk of being sexually abusive. An instruction form for completing the risk screening form was included on the PAQ which is very specific and provides consistent instructions to the person completing the assessment as well assisting the inmate to understand the purpose and the process for the risk screening. The form is available in English or Spanish.

(d)(e) The assessment includes all of the considerations required in these standards, except the consideration regarding inmates detained solely for civil immigration. The State of Maryland does not house civil immigration detainees in DPSCS facilities, so this consideration is not applicable to this facility.

The assessment form asks about criminal, incarceration and violence history; history of sexual victimization or abusiveness, within and outside of incarceration; age; physical stature; physical, mental or developmental disabilities; sexual orientation and gender identity; and fearfulness about the incarceration. The age and physical stature instructions provide an age range or height/weight range for which a "yes" or "no" answer would be appropriate. The instructions and policy do provide for the screener to enter an answer for a couple of questions based on their observation - specifically related to mental disabilities or gender identity. All the responses to questions regarding risk of abusiveness provide information that can be verified or answered by the assessor to ensure accuracy and sexual safety of prisoners. Questions related to sexual abuse or victimization while incarcerated have a higher point value as they suggest a higher risk.

(f) OPS.200.0006, Section .05B(2) requires the case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential for abusiveness based upon additional, relevant information received by the facility since the initial screening. Southern Pre-Release indicated that 233 of 269 inmates who were at the facility longer than 30 days were reassessed for the risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional relevant information received from intake. The PAQ calculated that just over 13% of the inmates whose stay was longer than 30 days did not have a re-assessment completed within 30 days. The remaining 36 were reassessed within 45 days, for a total of 100%.

At Southern Pre-Release the traffic officer conducts the initial screening and a case manager conducts a reassessment within 30 days of each inmate's arrival. During a case manager's interview, she described that she shows the initial screening form to each inmate and asks if there have been any changes to the information provided upon arrival. The case manager also stated they review any new information that may be relevant to the inmate's sexual safety.

Twenty-two random inmates were asked if they remember being asked any of the questions again at some point since they did the original assessment. All but one stated they do not

remember being asked the questions again. Of those, three inmates had been there less than a month, and three just over a month, with the rest from about 2 months to a year and a half. It is possible this is due to the way the case manager was conducting the reassessment. She demonstrated that she shows them the initial form and asks them to review it for changes. It appears likely that is why the inmates didn't consider they were being asked the questions again. The audit team discussed with the case manager the importance of affirmatively asking the questions during the assessment and reassessment that are related to sexual orientation/gender identity, previous sexual victimization or abusiveness, fearfulness and developmental disabilities.

Review of the base files of all 24 inmates interviewed during the onsite portion of the audit was conducted to determine whether they were reassessed within 30 days of arrival. Three had not been there 30 days. Of the other 21 in the sample, three were late, so 3/21, or 1 in 7 were not completed timely, for a percentage of about 14%, in which case the sample is consistent with the reported rate of completion of timely reassessments.

(g) OPS.200.0006, Section .05B(4) requires that an inmate's risk level be re-assessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. It was indicated during a staff interview that all reassessments are done by the case manager. However, there was no evidence that an additional reassessment had been conducted during the audit period. There were no reports of sexual abuse that warranted a reassessment. During an interview, a staff member indicated it may be due to the short amount of time inmates stay at the facility, the average length of stay is around 40 days, and the strict guidelines and rigorous screening conducted by the Maryland DPSCS for a prisoner to be placed in a Pre-Release Unit. The Maryland DPSCS guidelines for a Pre-Release facility require that an inmate have no CSC charge or guilty findings for a sexual assault while incarcerated. Southern Pre-Release houses a max of 180 prisoners with an average length of stay of approximately 40 days, according to the PAQ.

(h) OPS.200.0006, Section .05B(5) addresses that an inmate will not be disciplined for refusing to answer or not disclosing complete information in response to screening questions relating to: the presence of a mental, physical, or developmental disability; the inmate being perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; previous sexual victimization; or the inmate's own perception of vulnerability. The instructions for the assessment form indicate that the inmate may refuse to answer questions. The staff who perform risk screening stated that no inmate would be disciplined for not answering those specific questions in this standard or any question on the assessment. They also stated that all assessments are done in private and has not experienced any inmate refusing to answer the questions.

(I) The above agency policy requires that controls be in place for appropriate dissemination of information collected during screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. The PREA coordinator was asked if the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. He responded, "Yes, they do, the agency only allows access to administrative staff and case managers to the base file." In addition, the instructions for the risk assessment form remind staff that responses to the

assessment questions are to be kept confidential and only disseminated to those individuals with a need to know.

During the audit the base file room was observed, the room was locked and had locked file cabinets in which the base files for the inmates were securely stored.

#### CORRECTIVE ACTION

Corrective action was coordinated between the auditor, PREA Coordinator, and the Facility Administrator and PREA Compliance Manager. The process for conducting the risk screening reviews was discussed and the facility provided 20 samples of completed risk screening reviews and signatures of those reviewed as of mid-October. All were completed within 30 days of arrival. Staff indicated the questions are being asked during the rescreening, and some changes were noted on the forms based on the questions asked.

Based on the above evidence, the facility is found to be compliant with this standard.



## 115.42 Use of screening information

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
2. Facility Administrator Memo regarding placement of inmates screened at risk of sexual victimization or abusiveness

#### INTERVIEWS

1. PREA Compliance Manager
2. Staff Responsible for Risk Screening
3. PREA Coordinator
4. Inmate that Identifies as Gay

(a) The above agency executive directive requires that the PREA coordinator shall ensure that the information obtained during screening required by executive directive shall be considered when making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive. The PREA compliance manager was asked how Southern Pre-Release uses information from risk screening during intake to keep inmates from being sexually victimized or being sexually abusive. He reiterated the information provided by the staff who conduct risk assessments that anyone who scores as a risk for victimization or abusiveness will be housed in one of two specific dorms, and they will not be housed together and be placed near the front where they can be closely monitored. This is also documented per a 2016 instructional memorandum by the Facility Administrator regarding the placement process for inmates screened at risk of sexual victimization or abusiveness. The case manager who conducts the 30 day reassessment also places inmates in job and community work assignments stated that she uses to assessment to ensure she does not place inmates who are at risk for sexual victimization on the same assignments at the facility or in the community as inmates who are at risk of being sexually abusive.

The dorm assignment sheet in control center is used to ensure prisoners that identified for being at risk of victimization and prisoners that are at risk for being sexually abusive. All inmates were separated, as all inmates at risk for sexual victimization are in one dorm and the inmates at risk of being sexually abusive are in another dorm with clear sight lines for the officer in control center. Also, community job assignments are reviewed to ensure inmates who are at risk for sexual victimization are on different work assignments than those inmates at risk of being sexually abusive. Staff reported and the assignment sheet documented that there were no inmates identified at risk of abusiveness or victimization at the facility during the onsite portion of the audit.

(b) Agency executive directive requires staff to make individualized determination as how to

ensure the safety of each inmate. The traffic officer who is responsible for risk screening stated they use the information to ensure they place inmates who are at risk for sexual victimization from those inmates who are at risk of being sexually abusive in separate dorms. The case manager who conducts the 30-day reassessment also places inmates in job and community work assignments stated that she uses to assessment to ensure she does not place inmates who are at risk for sexual victimization on the same assignments as inmates who are at risk of being sexually abusive. Staff also stated that they look at each inmate's score upon arrival to the facility and may determine that they will need a housing assignment closest to control center to help ensure the inmate's safety.

(c) Agency executive directive requires facilities to use the screening assessment information 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 ensures the inmate's health and safety and if the placement presents management or security problems. There were no transgender or intersex inmates at the facility at the time of the audit.

(d) OPS.200.0006 requires facilities to re-assess placement and programming assignments for each transgender or intersex inmate at least twice each year to review threats to safety experienced by the inmate. He also stated that this is required by executive directive. The case manager is responsible for all reassessments of inmates after the initial assessment is completed by the traffic officer. The case manager was also asked if placement and programming assignments for each transgender or intersex inmate are reassessed at least twice a year. There were no transgender or intersex inmates at SMPRU during the audit.

(e) The policy requires facilities to seriously consider a transgender or intersex inmate's own view with respect to personal safety.

(f) Agency executive policy requires facilities to give transgender and intersex inmates the opportunity to shower separately from other inmates. The PREA compliance manager was asked if transgender or intersex inmates would be given the opportunity to shower separately from other inmates. He responded that they would be given the opportunity to shower separately as it is stated in executive directive. He was also asked how they would give a transgender or intersex inmate that opportunity in which he replied that since they have just one open shower area, but they would close the shower and give the inmate the opportunity to shower alone. The staff member responsible for risk screening was asked if transgender and intersex inmates would be given the opportunity to shower separately from other inmates. He responded yes, the prisoner could shower during formal count. A targeted inmate indicated he had that choice but really just wanted to shower when it was convenient.

(g) Agency executive policy prohibits facilities from placing lesbian, gay, bisexual, transgender or intersex inmates 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 judgement for the purpose of protecting inmates. The 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 that 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. He also stated that the State of Maryland does not have a consent decree. There was one inmate that identified as gay during the on-site portion of the audit. He was asked if he was placed in a housing area for only prisoners who identify as gay. He stated that has not ever happened to him during his incarceration.

## CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

## **115.43 Protective Custody**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. Division of Correction Manual: DOC.100.0002 Special Confinement Housing

#### **INTERVIEWS**

1. Facility Head- Facility Administrator

(a) DOC.100.0002 requires facilities to use protective custody housing only when required for protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective housing. Southern Pre-Release does not have a segregation unit or cell. They have one temporary holding cell in the control center where an inmate for will be held before an immediate transfer if the facility found them to be at risk for safety or a prisoner that violated a major rule and transferred to be managed in a higher security level. The facility administrator stated in an interview that the agency does have a policy that prohibits inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas. He also stated there is no segregated housing at Southern Pre-Release. Housing records for inmates that are considered high risk for sexual victimization were reviewed. All inmates considered high risk are in an open dorm general population. The auditor was able to verify that there is no segregated housing area during the facility onsite review.

(b)(c)(d)(e) Agency executive directive requires facilities to use protective custody housing only when required for protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective housing. Southern Pre-Release does not have a segregation unit or cell. The auditor was able to verify that there is no segregated housing area during the facility walk-thru portion of the audit. There is no other evidence available for this standard sub-section as Southern Pre-Release does not have segregated housing. Any inmate in the holding cell would be there less than 12 hours before transfer which would not restrict any program, privilege, education or work opportunity. Additionally, the requirement for periodic reviews of placement in segregation is not applicable for this facility.

#### **CONCLUSION**

Based on the above evidence, the facility is found compliant with this standard.

## 115.51 Inmate reporting

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
3. Inmate Handbook

#### INTERVIEWS

1. Random Sample of Staff
2. Random Sample of inmates
3. PREA Compliance Manager

(a) Both policies listed above duplicate each other almost word-for-word. They state that a complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals: the victim; an inmate with knowledge of an incident of alleged inmate on inmate sexual conduct or; a “third party” or other individual who has knowledge of the alleged inmate on inmate sexual conduct. These procedures are established for reporting any sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and any staff neglect or violation of responsibilities that may have contributed to such incidents. The agency policy outlines that a complaint may be in writing (including electronic documents) or verbally and the complainant may remain anonymous. Methods for an individual to file a complaint of sexual abuse or sexual harassment within the department include: tell an employee; a supervisor, manager or shift command; the head of a unit; the Intelligence and Investigative Division (IID); the inmate grievance office. As stated earlier reports may be made verbally, in writing and anonymously.

Twelve random staff were asked how inmates could privately report sexual abuse, sexual harassment, and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. All staff mention that the hotline is available for inmates to use and the number is posted everywhere. Nine staff stated in addition to the hotline inmates can write the complaint to a staff member or report in person. Twenty-two inmates were asked how they would report any sexual abuse or sexual harassment that happen to them or someone else. All stated they could use the hotline as the number is posted everywhere and a easy way to report. Many mentioned they could also tell a staff member, either in person or in writing, and several inmates also stated that they received information about how to report in the paperwork they were given at orientation. During the onsite review of the facility, the auditors observed the PREA hotline number posted on every wall in the facility and posters also located near the phones. Also, during the onsite review, random inmates were asked if they felt they could report a sexual abuse or sexual harassment to a staff member at Southern Pre-Release. They all stated they feel they could report to a staff member and it would be investigated and kept private. The documents given to each inmate at orientation were reviewed to determine the packet mentions all reporting options available to inmates as discussed in this standard.

(b) These policies outline that a complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals: the victim; an inmate with knowledge of an incident of alleged inmate on inmate sexual conduct or; a "third party" or other individual who has knowledge of the alleged inmate on inmate sexual conduct. These procedures are established for reporting any sexual abuse or sexual harassment, or retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, as well as any staff neglect or violation of responsibilities that may have contributed to such incidents. The agency policy outlines that a complaint may be in writing (including electronic documents) or verbally and the complainant may remain anonymous. Methods for an individual to file a complaint of sexual abuse or sexual harassment outside of the department include contacting the office of the attorney general or other private or public office able to receive and immediately forward the complaint of alleged inmate on inmate sexual conduct to the department. The State of Maryland uses the Life Crisis Center to accept and report all hotline calls. The Life Crisis Center agreement was reviewed and found accurate and up to date. The Department of Public Safety and Correctional Services does not detain inmates solely for civil immigration purposes.

The PREA compliance manager was asked how inmates can privately report sexual abuse and sexual harassment, or retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. He stated that the hotline is the most well know method; however, inmates and staff are also instructed that they can report in writing or in person, as well as through a family member or friend. He was also asked if an inmate can do so verbally, in writing, anonymously, and from third parties. He response was all these methods are acceptable and trained to staff at Inservice training as well as instructed to inmates at orientation and in their documentations given to them regarding their sexual safety. He also stated all verbal reports are document immediately or as soon as possible. Twenty inmates were asked how they would report any sexual abuse or sexual harassment that happen to you or someone else. All 20 stated they can use the hotline as the number is posted everywhere and a easy way to report. Fifteen mentioned they could also tell a staff member either in person or in writing. Randomly-interviewed inmates also stated that how to report is in the paperwork they were given in orientation. During the on-site walk thru of the audit the PREA hotline number was observed by the auditor to be posted on every wall in the facility as well as three times by the phones. The facility also had PREA posters throughout the facility that post the hotline number to call to make a report of sexual abuse or sexual harassment. The inmates were also asked if there was anyone who does not work at the facility who you could report a sexual abuse or sexual harassment to. They all stated they believe the hotline goes to an agency that is not part of the department. Inmates interviewed were also asked if they knew if they were allowed to give a report without giving their name. Of the 22 inmates interviewed most knew they knew they did not have to give their names, some said they were not sure but assumed they would not have to, and a couple said they don't know but would give their name because they have no problem with that.

During the onsite review of the facility, the PREA hotline number was observed by the auditor to be posted on every wall in the facility as well as three times by the phones. The facility also had PREA posters throughout the facility that post the hotline number to call to make a report of sexual abuse or sexual harassment. Also, during the walk-through random inmates were asked if they knew a way to report a sexual abuse or harassment to someone outside of the agency, they all answered that is what the hotline is for. The documents given to each inmate

at orientation was reviewed. The packet contains all reporting options available to inmates which include all discussed in this standard as well as the inmates right to keep them anonymously.

(c) The above policies require staff receiving a complaint of alleged inmate on inmate sexual abuse and harassment shall immediately notify a supervisor, manager, shift commander or the head of the unit of the complaint. Agency policy also requires a complaint of alleged sexual conduct received anonymously shall be accepted and processed the same as a complaint from an identified source. Agency policy also requires that all allegations of sexual conduct be administratively documented and process the complaint thru the inmate disciplinary process. Staff are required to document verbal reports immediately or if they have to respond to the incident first as soon as they are able to document it.

Twelve random staff were asked if an inmate reports sexual abuse or sexual harassment, can he do so verbally, in writing, anonymously and from third parties. All staff members stated yes, they can report an allegation of sexual abuse or sexual harassment using any and all of the methods asked. Information about methods of reporting is part of the in-service training required for staff. All staff interviewed were asked if and when they would document a verbal report. All staff interviewed answered they would document it immediately and some mentioned there is a form on which to document the verbal report. Twenty-two random inmates were asked if they could make a report of sexual abuse or sexual harassment either in person or in writing. All interviewed stated they could report in person and writing, and that information was provided in their orientation packet. All interviewed inmates were also asked if someone else could make a report for them if they didn't want to be named. All inmates understood that a family or friend could make a third-party report on their behalf.

(d) Agency policy requires an employee receiving a complaint of or who otherwise has knowledge of inmate on inmate sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit. The State of Maryland has an employee hotline can use to report any issue or concern they have. This staff hotline is private, and staff can make allegations of sexual abuse and sexual harassment. Staff at Southern Pre-Release also have a supervisor or shift command available to speak with in private to report any issues. It was observed during the walk-thru that the administrative office including the captain's office is separated down a long hallway and out of view from staff. This allows staff an opportunity to speak in private on all matters. All twelve random staff indicated they could privately report to their supervisor or the Facility Administrator and six added they could also call the hotline if they wanted to.

## CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

## **115.52 Exhaustion of administrative remedies**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. COMAR 12.02.28 Department of Public Safety and Correctional Services, Administrative Remedy Procedures to Resolve Inmate Complaints

#### **DISCUSSION**

(a) According to Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title 12-DPSCS, Subtitle 02-Division of Correction, Chapter 28-Administrative Remedy Procedures 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. MD DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this standard.

Agency policy for administrative remedy procedures to resolve inmate complaints intentionally excludes inmate grievances of sexual abuse. The agency requires all inmate complaint and reports of sexual abuse to be reported and investigated through the Intelligence and Investigation Division (IID). All allegations are investigated no matter how they are received. Staff indicated that even if a complaint is received on a grievance form, it is immediately removed from the grievance system and the inmate notified that the incident is being investigated outside of the grievance process.

#### **CONCLUSION**

Based on the above evidence, the facility is found compliant with this standard.



## **115.53 Inmate access to outside confidential support services**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. Maryland Coalition Against Sexual Assault (MCASA) brochure
2. PREA Brochure DPSCS 3.9.17.pdf
3. Information Packet.pdf
4. Purchase Order 12.22.16.pdf
5. Purchase Order.pdf
6. Facility MOU Development

#### **INTERVIEWS**

1. Random Inmates
2. Life Crisis Contact

#### **DISCUSSION**

(a) The facility provided the packet given to all inmates at orientation to the facility. In the packet is a brochure for the Maryland Coalition Against Sexual Assault (MCASA) listing all resources available to inmates regarding counseling, reporting and legal services. The brochure provided names of the organizations, their addresses and toll-free phone numbers available to inmates. All information about these services provided are for crisis centers and emotional support services. The state of Maryland does not detain inmates solely for civil immigration purposes so naturally no contact information can be obtained for this requirement of the substandard. To make a call to these services a inmate must use their personal pin to access the outside line. However, the agency that receive the calls are trained to keep confidentiality unless required by law when talking to an inmate.

Twenty-two random inmates were asked if they know what services available outside of the facility for dealing with sexual abuse if needed. Most responded that they did know there was as there was information in their orientation packet and they still have that information with their property. Some stated they are not sure but that is not something they worry about so they wouldn't pay attention if it was talked about. Most state they don't know what kind of services there was since it is something they have never been concern with. They also stated that the address and numbers or the services are in the packet, so the facility did provide them. Lastly, they stated they are not sure about the confidentiality of the services. It was evident to the auditor that the information was given to the inmates, but inmates interviewed had no interest in the services and knew little detail about them by their own choice. The database on reports of sexual abuse complaints for Southern Pre-Release and the only complaint of sexual abuse was in 2015. Southern Pre-Release does not house any inmates who have reported a sexual abuse. This was verified thru interviews with inmates and staff as well as a file review of base file.

(b) All services available to inmates from MCASA informs the inmates of the extent to which their communications will be monitored. MCASA services also inform inmates immediately upon the phone call taking place. Information regarding these services that are given to inmates at orientation inform the inmate that they will be informed to what extent their

communications will be monitored and the mandatory reporting rules governing privacy, confidentiality and privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law. Inmates are also informed on the documentation on the packet given at orientation that support through written correspondence will be marked as confidential mail and will be treated by state prisons in the same way the treat letters from attorneys. The fifteen inmates interviewed that stated they knew emotional crisis centers were available 12 answered they have no idea the level of confidentiality with these services but that they have never reviewed the information provided. Three inmates answered they felt everything would remain confidential.

(c) The state of Maryland DPSCS maintains a memorandum of understanding (MOU) with the Maryland Coalition Against Sexual Assault (MCASA) to provide inmates with emotional support services related to sexual abuse. The Maryland DPSCS thru the PREA Coordinator maintain copies of the agreements. The MOU was reviewed and found to be up to date and accurate.

## CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

## **115.54 Third-party reporting**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
2. Executive Directive OPS 050.0001 Sexual Misconduct- Prohibited
3. Maryland Coalition Against Sexual Assault (MCASA)
4. Maryland DPSCS Website

#### **INTERVIEWS**

Random Inmates

(a) Agency policy requires that all reports of sexual abuse and sexual harassment must be reported to the Intelligence and Investigative Division (IID) for investigation, including third party complaints. Inmates are provided this information during orientation and through the information packet they receive at orientation. The MCASA brochures are available to inmates and visitors. Review of the MDPSCS website revealed that it provides a phone number to IID that the public may use to make a complaint, as well as an address and phone number for the agency PREA Coordinator. During the site review and formal interviews, inmates were asked if they thought a complaint would be investigated if a family member was to make a report of sexual abuse. Twenty of 22 indicated they felt someone else could make a complaint on their behalf and it would be investigated.

#### **CONCLUSION**

Based on the above evidence, the facility is found compliant with this standard.

## 115.61 Staff and agency reporting duties

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. Executive Directive IIU.110.001 Investigating Sex Related Offenses
2. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
3. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
4. Executive Directive OPS.020.0003 Reporting Serious Incidents

#### INTERVIEWS

1. Random Staff
2. Facility Administrator
3. PREA Coordinator

(a) Agency executive directive requires an employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle should 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. Agency executive directive also defines contractors and volunteers as employees in regard to reporting a sex related offense. The agency executive directive also defines sex related offenses as: sexual act; sexual abuse; indecent exposure; voyeurism; sexual harassment; request for sexual favor; solicitation or attempt to commit act; action or the lack of action on the part of the employee that contributed to an incident involving a sex related offense; and retaliation against inmate or staff who reported such an incident.

Random staff were asked if the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse and sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff answered the agency has a zero-tolerance policy regarding sexual abuse and sexual harassment all require all staff to report any related including retaliation or neglect. More than half mention this information is discussed during in-service training as required reporting.

(b) Agency executive directive requires the information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have established a role in the reporting process, investigation, and resolution of the alleged inmate on inmate sexual conduct and immediate continued care of the victim.

All random staff were asked what the agency policy or procedure for reporting any information related to an inmate sexual abuse. They all stated they are required to report all information to either IID or their supervisor. Most also stated that they are not to share the information with any other staff unless it is investigating staff. ,

(c) Mental health was asked that at initiation of services to an inmate, do you disclose the limitations of confidentiality and duty to report. He stated yes, they have a form to have the

inmate sign and he goes over it with them explaining what it says, explaining their rights and his responsibilities. He said he uses examples to describe what types of things he is obligated to report, and he has them sign to verify that they understood what he told them. He also stated that he is required to report any knowledge, suspicion, or information regarding a sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. He also stated he has never been the first person to report an incident but has, at other facilities, worked with inmates who had reported sexual abuse. He said he has 31 years in at Brockbridge and doesn't recall ever working with a prisoner who had alleged sexual abuse while incarcerated at SMPRU.

(d) Southern Pre-Release does not housing juvenile inmates, or someone considered a vulnerable adult under state or local law. Interviews with inmate, staff and file review give the auditor evidence this is true making this sub-standard non-applicable.

(e) Agency executive directive requires an employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle should 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.

All random staff interviewed stated they would accept reports of sexual abuse and sexual harassment in writing, verbally, third-party or anonymous. The facility administrator was asked if all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) reported directly to designated facility investigators. It was stated that Southern Pre-Release has not received any allegations, but they would direct any and all allegations to IID.

## CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

## 115.62 Agency protection duties

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited

#### INTERVIEWS

1. Agency Head Designee
2. Facility Administrator
3. Random Staff

(a) -1 Agency executive directive requires an employee, supervisor, manager, or shift commander receiving this complain shall immediately take action if an inmate on inmate sexual conduct is actively taking place. Action includes; stop the alleged incident; safeguard the victim from further harm; arrange emergency medical services; detain the alleged perpetrator' and preserve evidence and the alleged scene of the alleged incident.

(a) -2,3,4 Southern Pre-Release has not had any incidents where an inmate was a substantial risk of imminent sexual abuse. Review of documents, investigations and interviews gave the auditor evidence there were no incidents.

The agency head designee was asked that when they learn an inmate is subject to substantial risk of imminent sexual abuse, what immediate protective actions does the facility take. She responded they take immediate action, separate the inmate, and if necessary, transfer the inmate. The facility administrator was asked the same questions in which he responded separate the inmate and contacted IID. Random staff were also asked the same question. All responded that they would immediately separate the victim and call for help. Most staff added to that statement and said they would secure the alleged abuser, protect the scene and evidence.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

## **115.63 Reporting to other confinement facilities**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited

#### **INTERVIEWS**

1. Agency Head Designee
2. Facility Administrator

#### **DISCUSSION**

(a)-1 Agency executive policy states if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint shall notify first IID than either the managing official were the incident occurred if it is in the Maryland DPSCS or the facility head where the incident occurred if that facility is not part of the Maryland DPSCS.

(a) -2,3 Southern Pre-Release has not has any allegations in the past 12 months where a inmate was abused while confined at another facility.

(b) Agency executive policy states if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall: notify first IID than either the managing official were the incident occurred if it is in the Maryland DPSCS or the facility head where the incident occurred if that facility is not part of the Maryland DPSCS.

(c) Agency executive policy states if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall: notify first IID than either the managing official were the incident occurred if it is in the Maryland Department of Corrections or the facility head where the incident occurred if that facility is not part of the Maryland DPSCS. All notifications made to another facility or department is required to be recorded.

(d) Agency executive policy requires An IID representative that is notified and the facility where the alleged sexual misconduct occurred, shall follow up with the managing official responsible for the Department facility where the alleged sexual misconduct occurred to ensure that the complaint is addressed.

The agency head designee was asked if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact. They try to have facility head speak with facility head and let the agency head know about the incident. They would also inform IID and ensure that everyone has been informed. She also stated that the head of the facility where the inmate currently resides will be notified for investigation. She was also asked if there are examples of any such allegations in which she responded there has not been any. The facility administrator was asked what happens when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility. She related an incident where she notified another facility of an allegation. She also stated they would notify IID and start the investigation.

There is no evidence that Southern Pre-Release has ever received notification that an inmate alleged sexual abuse or sexual harassment from another facility while the inmate was confined at SMPRU.

## CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.



## **115.64 Staff first responder duties**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
3. Executive Directive IIU.110.0011 Investigating Sex Related Offenses
4. Updated Agency and Facility Lesson Plans.
5. Signature Sheets Documenting receipt of Updated Facility Training
6. Sample of New Information Card for all Agency Staff

#### **INTERVIEWS**

1. Security Staff and Non-Security Staff First Responders
2. Random Staff
3. Communication with PREA Coordinator and PREA Compliance Manager

#### **DISCUSSION**

(a) The above-listed sexual misconduct directives state that the first security staff responding to an incident of inmate on inmate sexual conduct shall: ensure the safety of the victim by immediately stopping an incident in progress, and if necessary, arrange for separation of the victim from the abuser. They also direct that the first security responder to either provide medical attention or arrange for appropriate medical attention and if the circumstances are such that there is evidence, preserve the scene of the incident, ensure the victim is advised to not do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and ensure the alleged abuser does not do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. SMPRU reported in the PAQ that there have been no incidents of sexual abuse since the last PREA audit.

(b) These policies require if the first employee responding to an incident of inmate on inmate sexual conduct is not a correctional officer, that employee shall: immediately request that a correctional officer respond to the scene; and perform duties for which the employee is officially qualified or authorized to perform. During interviews, two nonsecurity staff indicated that they would immediately report the incident to security staff and would request the victim to not take any action that could destroy physical evidence.

Twelve random staff were asked what would be their responsibility if they were the first person to be alerted that an inmate has allegedly been the victim of sexual abuse. All staff state they would report it to a supervisor. The custody staff interviewed provided a variety of answers that covered parts of the requirements of this standard. Only one was able to provide comprehensive answers that included comprehensive responses that included considerations for protective evidence on both the victim and the suspect. Most related the importance of responses related to the victim. Most stated they would protect the victim/separate the victim from the abuser and get medical help. Policy requires that the victim and suspect be advised to not destroy evidence. The standards say that the victim should be requested not to

and that staff should ensure that the suspect doesn't. The agency provided a PREA Audit Manual that is composed of each PREA standard with minimal language customized to the agency. For example, "agency" changed to "department". Related agency directives for each standard are listed with each standard, and there are hyperlinks to agency documentation that supports each standard. The PREA Audit Manual was published on the department's intranet for all staff to access and requires staff to request the Staff indicated in informal discussions that they were unaware of the PREA Manual. The PREA Manual requires appropriate action for the suspect and victim and the lesson plan provided does, as well. Due to the rarity of sexual abuse investigations at SMPRU, it appears staff need more reinforcement regarding the appropriate response related to providing usable physical evidence from the alleged victim AND perpetrator.

(b) During interviews, two nonsecurity staff indicated they would report an incident to custody staff and advised they would keep the inmate safe.

**CORRECTIVE ACTION:** Because the inadequate responses during interviews seemed to indicate additional training should be conducted, additional training was requested by the auditor and provided during the corrective action period. The facility PREA Compliance Manager conducted additional training for all staff. Following the training, he provided the audit with the powerpoint and lesson plan that provided refresher training in several areas related to PREA practices at the facility. Signature sheets were provided documenting that the facility staff received the training. In addition, the PREA Coordinator provided the audit team with an updated lesson plan that included information to introduce or reintroduce department staff to the PREA Audit Manual in subsequent annual PREA training. He also provided a sample reference card for staff and purchase order for cards with helpful information related to staff responses to sexual abuse. Upon receipt, the cards will be distributed to all facilities to be distributed to staff for reference for responding to incidents of sexual abuse. In addition, the PREA Coordinator provided comprehensive lesson plans and PowerPoint presentations he has used for two seminars for facility PREA compliance staff and others as prescribed by facility heads, that also includes the PREA Audit Manual in the curriculum. The auditor is satisfied that, in the absence of practical experience with responding to sexual abuse at the facility, staff have received and will receive appropriate information and reminder tools to ensure appropriate response to both victims and perpetrators of any sexual abuse that would occur at SMPRU.

## CONCLUSION

Based on the above evidence, the agency is found to be compliant with this standard.

## 115.65 Coordinated response

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### Documentation

1. Executive Directive OPD.050.0001 Sexual Misconduct – Prohibited
2. SMPRU.050.0030.1 Sexual Misconduct - Prohibited

#### Interviews

1. Facility Administrator

(a) Executive agency directive requires staff to stop the alleged incident; safeguard the victim; arrange for medical services; detain the alleged perpetrator; and preserve evidence at the scene. Also, staff are required to refer the victim for appropriate medical and mental health follow up services. This standard requires a facility specific plan to coordinate actions. Southern Pre-Release provided a facility-specific plan for coordination of action for first responders and other staff in their facility directive.

The facility administrator was asked if the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. She indicated they would follow policy and that staff also carry reference cards to remind them of appropriate actions. She also provided a copy of SMPRU's facility directive which includes a section directing first responders and other facility staff in the event of an incident of sexual abuse.

#### Conclusion

Based on the above evidence, the facility is found to be compliant with this standard.

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## **115.66 Preservation of ability to protect inmates from contact with abusers**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. AFSCME AFL-CIO Teamsters MOU with State of Maryland

#### **INTERVIEWS**

1. Agency Head Designee

(a) AFSCME AFL-CIO Teamsters MOU with the State of Maryland. Article 3, Management Rights states the Employer retains the sole and exclusive authority for the management of its operations and may exercise all rights, powers, duties, authority and responsibilities conferred upon and invested to it by all laws including, but not limited to, the Collective Bargaining Law (Title 3, State Personnel and Pensions Article).

It is agreed by the parties that any section of this MOU that conflicts with current law, in particular the Collective Bargaining Law (Title 3, State Personnel and Pensions Article), can be changed by management after negotiations with the Union, to the extent required by Article 32 (Mid Contract Negotiations).

It is understood and agreed by the parties that the Employer possesses all other power, duty and right to operate and manage its departments, agencies and programs and carry out constitutional, statutory and administrative policy mandates and goals.

Md Code, section 3-302, Md Personnel and Pensions reserves State rights for hiring, supervising, discharging, etc.

The agency head designee was asked if the agency, or governmental entity responsible for collective bargaining on your behalf, entered into or renewed collective bargaining agreements or other agreements since August 20, 2012. She responded they have and that all the State of Maryland Department of Corrections agreements preserve management rights.

#### **CONCLUSION**

Based on the above evidence, the facility is found compliant with this standard.

## 115.67 Agency protection against retaliation

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited
3. Retaliation Monitoring Form
4. Facility Retaliation Monitoring Instructions
5. Facility Policy 050.0030.1 SMPRU Sexual Misconduct - Prohibited
6. Agency Investigation Checklist

#### INTERVIEWS

1. Agency Head Designee
2. Facility Administrator
3. Designated Staff Member Charged with Monitoring Retaliation
4. Follow-up discussion with PREA Coordinator and PREA Compliance Manager

(a) Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited, and Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited are two nearly identical policies that address sexual abuse of inmates in MD DPSCS facilities. Both outline protections to be put in place from retaliation by staff and other inmates toward an individual (staff or inmate) who reports sexual abuse, participates in the sexual abuse investigation, or who is the victim of alleged sexual misconduct. They require that a staff be designated to monitor individuals for retaliatory treatment.

(b) These directives also require that the agency employ multiple measures to protect an individual from retaliation. The agency head designee was asked how inmates and staff are protected from retaliation for participating with an investigation of sexual abuse and sexual harassment. She stated that they consider each situation individually and do as they need to for that situation. She also stated some things they do are changing housing units, remove the alleged abuser, provide emotional support services, and monitor the individual. The facility administrator was asked the same thing in which she responded, she could move the individual, change housing assignments, and issue disciplinary sanctions on someone who is attempting retaliation.

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.

(c) The agency has developed a form to be used for all retaliation monitoring of anyone who is the victim or participates in a sexual abuse investigation.

The form is used for consistent monitoring throughout the agency for at least 90 days as

required by the above executive directives. The form provides instruction related to potential evidence of retaliation such as disciplinary reports, job assignment changes, etc. to guide the person monitoring for retaliation at a facility.

Policy requires that an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation. Agency policy also requires continued monitoring as deemed appropriate if the initial monitoring indicates a continuing need.

(c)(d) Agency policy requires the monitoring be a minimum of 90 days but also requires continued monitoring as deemed appropriate if the initial monitoring indicates a continuing need. Additionally, the agency has created a monitoring form to be completed to track and document monitoring treatment of the individual. Monitoring is to include, including periodic status checks and monitoring of treatment of individuals. It is required that an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take prompt 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.

Agency executive directive requires the monitoring be a minimum of 90 days but also requires continued monitoring as deemed appropriate if the initial monitoring indicates a continuing need. The facility administrator was asked what measures they take when they suspect retaliation. She responded that the person would be disciplined according to policy and that there would be moves.

(d) Agency executive directive requires that an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include; 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. Review of the retaliation monitoring form used by the Maryland DPSCS requires staff to check periodically every two weeks with a person who is being monitored.

During the audit period, there was one allegation of sexual misconduct at SMPRU investigated at the facility as sexual harassment which the facility closed as unfounded and retaliation monitoring was not conducted. However, IID documentation recorded the investigation as sexual abuse with a finding of unsubstantiated.

(e) Agency executive directive requires that an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to the

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.

(e) The agency head designee was asked if an individual who cooperates with an investigation expresses fear of retaliation, how does the agency take measures to protect that individual against retaliation. She stated each facility has a staff member responsible for monitoring possible retaliation. She also mentioned the monitoring is a minimum of 90 days but can be extended longer.

(f) According to the auditor compliance tool this sub-section is now non-applicable.

**CORRECTIVE ACTION:** The facility was found noncompliant with this standard due to there being no retaliation monitoring for the one sexual abuse case that occurred during the audit period and since the last audit. It should be noted there was inconsistent information between the facility and IID whether the allegation was sexual abuse or sexual harassment. Following the onsite review, the facility immediately updated their directive SMPRU 050.0030.1 to reinforce the retaliation monitoring requirement in agency policy as of the writing of the interim report. During the corrective action period, the PREA Coordinator developed and provided an agency-wide investigation checklist for all staff at all DPSCS facilities to ensure consistent completion of all required elements of a sexual abuse investigations and follow-up requirements.

The facility PREA Compliance Manager conducted additional training for all staff that included additional training regarding the use of the retaliation monitoring form and actions required by agency policy. Following the training, he provided the auditor with the powerpoint and lesson plan that provided refresher training in several areas related to PREA practices at the facility. Signature sheets were provided documenting that the facility staff received the training.

There was an additional allegation of sexual abuse during the corrective action period, for which an investigation was initiated immediately by IID that was determined to be unfounded within two days based on interviews with the inmates involved, so no retaliation monitoring was conducted. However, the facility was prepared to conduct the retaliation monitoring as appropriate.

The auditor finds the facility meets the standard due to the facility practices that were put in place, the additional training provided during the corrective action period, and understanding of the process as demonstrated by staff during the investigation that occurred during the corrective action period.

## CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

## **115.68 Post-allegation protective custody**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. Division of Correction Manual: DOC.100.0002 Special Confinement Housing

#### **INTERVIEWS**

1. Facility Administrator

(a) Agency policy prohibits the placement of inmates who alleged to have suffered sexual abuse 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. Southern Pre-Release does not have a segregation. It has very short-term temporary holding cells where they will keep inmates for transfer to a new facility.

Staff indicated that while there is an agency policy to prohibit placing of inmate victim of sexual abuse in involuntary segregation, SMPRU would not anyway since they don't have segregation. Inmates might be held in a holding cell for a very short time (possibly a few hours) and transferred immediately. The facility walk-thru, staff interviews, and inmate interviews gave the auditor enough evidence that SMPRU does not have a segregation cell. This makes the rest of this standard non-applicable. This standard is not applicable to this facility.

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#### **CONCLUSION**

Based on the above evidence, the facility is found compliant with this standard.



## 115.71 Criminal and administrative agency investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. IIU.110.0011
2. Investigator Training Curriculum
3. Investigator Training Completion Records
4. DPSCS Memorandum from IIU Director, Mark J. Carter, RE: Electronic Retention of PREA Investigations

#### INTERVIEWS

1. Facility PREA Compliance Manager -
2. Investigative Staff
3. Random Staff

(a)-1 IIU.110.0011 Investigating Sex Related Offenses, is the Agency policy relating to criminal and administrative investigations. In Maryland, the Intelligence and Investigative Division (IID), of the Maryland Department of Public Safety and Correctional Services, falls under the public safety side and employs sworn law enforcement investigators. They are tasked with conducting all criminal investigations for the State's correctional facilities. All allegations of sexual abuse and sexual harassment are referred to IID, where they are reviewed and assigned to an investigator. The case may be referred back to the facility for investigation, or it may be kept in the IID and investigated there. All allegations that may involve potentially criminal behavior are investigated by specially trained investigators in the IID. This policy requires that all allegations of sexual harassment and sexual abuse, regardless of how they are reported, be investigated promptly, thoroughly, and objectively. Agency policy requires that all allegations, including third party and anonymous reports, be investigated. An IID Detective,, when asked how long it takes to initiate an investigation following an allegation of sexual abuse or sexual harassment, said, "it's almost immediate, and we start an investigation the same day."

Random staff, employed in a variety of different positions in the facility, were interviewed, and all were very familiar with this policy and its requirements. All of them were well aware of their reporting requirements and, when asked how long they might wait to report any knowledge, suspicion, or information they have regarding an incident of sexual abuse or sexual harassment that occurred in the facility, they all, without hesitation, said that they had a responsibility to report any of that type of information immediately.

(b) A review of agency policy, IIU.100.0011, verifies that Department personnel assigned to conduct an investigation relating to a sex related offense will be trained in techniques specifically related to conducting such investigations in correctional settings.

A printout from a Departmental computerized database identified the investigators, employed by the Maryland DPSCS IID, who have received this training. However, I interviewed a Detective assigned to the IID, and he said he has not had any investigative training that was conducted by the Agency. He came to the State Agency in October of 2018, from Baltimore

City Police Department, where he had had a 31 year career, and received a great deal of training over those 31 years. He is undoubtedly, a highly trained investigator but he may not have completed training for investigation of sexual abuse incidents in confinement settings. A printout provided with the PAQ from the Agency's computerized database of IID Investigators who were trained to conduct investigations of sexual abuse in confinement settings, did not include the name of the Detective interviewed. Subsequent to the interview, updated documentation was received that did document that the detective had received the required training.

(c) Agency policy requires that investigators preserve the scene of an incident and items that may be used as evidence, collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceeding, and document descriptions of all physical, testimonial, and documentary evidence. They are also responsible for coordinating with facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE or SANE, or, if a SAFE or SANE is unavailable, a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. Investigators are required to initiate action to identify an alleged perpetrator, conduct investigative actions to complete a comprehensive investigation, determine if employee action or lack of action contributed to the occurrence, and document all aspects of the investigation. Investigators verify that they have reviewed any prior reports and complaints of sexual abuse, involving the suspected perpetrator, with the use of a check box on the investigative packet cover sheet.

(d) All allegations are referred to IID for investigation. The Investigator Training lesson plan, submitted by the Facility, covered the use of Miranda and Garrity warnings, as well as the use of compelled interviews, and the Detective interviewed said, "we are in close contact with the Prosecutor's office and always contact them for advice, because we want a winnable case, so we need their advice and suggestions."

(e) Agency policy, Ilu.110.0011, requires that credibility of a victim, witness, or suspect be determined on an individual basis, regardless of the individual's status. The same policy forbids requiring a victim to take a polygraph or other truth-telling test as a condition of proceeding with the investigation. The detective who was interviewed, when asked if he would, under any circumstances, require an inmate who alleged sexual abuse to submit to a polygraph, or other truth-telling device as a condition for proceeding with an investigation, replied, "never."

(f) (g) (h) The facility has not had any allegations of sexual abuse or sexual harassment reported in the past 12 months.

(i) The agency will retain all written reports of investigations conducted by themselves and by the State of Maryland's Intelligence and Investigative Division. A Memorandum from the IIU Director to all IIU staff, dated July 9, 2014, instructs that all PREA Investigations will be electronically retained, "for as long as the alleged abuser is incarcerated or employed by the agency, plus five years." The facility has not had any allegations of sexual abuse or sexual harassment, thus no such investigations.

(j) Agency policy stipulates that an investigation subject to directive IIU.110.0011 may not be

terminated based on victim or suspect departure from Department employment or custody.

(k) Auditor is not required to audit this provision.

(l) Investigative staff and PREA Compliance manager indicated that when the local law enforcement agency conducts the facility's criminal allegations, staff ask the criminal investigators to keep the facility informed of progress. They indicated that facility staff cooperate with the investigation and provide assistance as requested by the investigators. The Facility Administrator said, in an interview, that IID will keep him apprised of any investigations they are conducting through the use of e-mail and telephone communication.

## CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

## 115.72 Evidentiary standard for administrative investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

#### Documentation Reviewed

1. IIU.110.0011
2. COMAR 12.02.27.14 Inmate Discipline - Evidence Standard.pdf
3. COMAR 12.07.01.08 Inmate Grievance - Evidence Standard.pdf
4. COMAR 12.11.04.09 Office of the Secretary - Evidence Standards.pdf

#### INTERVIEWS

1. Investigative Staff

(a) Agency policy, IIU.100.0011 identifies that Investigative staff shall determine the outcome of an investigation based on a preponderance of evidence. Investigative staff, in an interview, confirmed that Investigators use the preponderance of evidence standard to determine outcomes of their investigations of sexual abuse or sexual harassment allegations.

## CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

## 115.73 Reporting to inmates

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

1. Executive Directive IIU.110.0011 Investigating Sex Related Offenses

#### INTERVIEWS

1. Investigative Staff
2. Facility Administrator

#### DISCUSSION

(a) Agency policy, IIU.100.0011 Investigating Sex Related Offenses, stipulates that at the conclusion of an investigation involving an inmate as a victim of a sex related offense, the investigator is responsible for advising the inmate victim of the final outcome of the investigation, specifically whether it has been determined to be substantiated, unsubstantiated, or unfounded.

The facility reports that the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months, and the number of notifications that were made, as 1. During the corrective action period, another investigation was conducted and documentation was provided that the investigator notified the alleged inmate victims of the outcome.

(b) Agency policy, IIU.110.0011, identifies that all allegations of sexual abuse, in a Maryland Correctional Facility, will be referred to the Maryland DPSCS Intelligence and Investigation Division for investigation. The facility reports that the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months, and the number of notifications that were made, was 1, with a subsequent being referred to IID during the corrective action period.

(c) Agency policy, IIU.110.0011, requires that 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 inmate's facility, when, if known, that the employee was indicted or charged with a sex related offense occurring at the facility, or if known, that the employee was convicted of a charge related to a sex related offense occurring at the facility.

(d) Agency Policy, IIU.110.001, requires that 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.

(e) Agency policy, IIU.110.001, requires that all notifications to inmates described under this standard be documented and that the documentation 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. The facility indicates that notification was made to the alleged victim of the sexual abuse investigation during the audit cycle.

Interviews conducted with Investigative staff and the Facility Administrator indicated that both were aware of the agency requirement for notifications to be made by Investigative staff. The IID Investigator who was interviewed said, "we notify both the PREA Compliance Manager and the victim."

#### CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

### 115.76 Disciplinary sanctions for staff

**Auditor Overall Determination:** Meets Standard

#### Auditor Discussion

#### DOCUMENTATION

1. Executive Directive Number OPS.050.0001 Sexual Misconduct - Prohibited

#### DISCUSSION

(a) Executive Directive Number OPS.050.0001 Sexual Misconduct - Prohibited identifies that an employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee did not perform responsibilities established under this directive, neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct, or is determined to have committed sexual misconduct. An employee determined to have committed sexual misconduct is also subject to a penalty under the Standards of Conduct, up to and including termination of employment, criminal prosecution and notification of a relevant licensing agency.

(b) The facility identifies that, in the past 12 months, no staff were found to have violated agency sexual abuse or sexual harassment policies, thus, no staff have been terminated for violating agency sexual abuse or sexual harassment policies.

(c) In the past 12 months, there were no staff who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

(d) The facility identifies that, in the past 12 months, no staff were found to have violated agency sexual abuse or sexual harassment policies.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

## **115.77 Corrective action for contractors and volunteers**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited

#### **INTERVIEWS**

1. Facility Manager

(a)-1,2, 3, 4 Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited gives a definition of Employee that includes volunteers and contractors. This Directive outlines that employees, which in this case includes contractors and volunteers, determined to have committed sexual misconduct in violation of the Department Standards of Conduct are subject to a penalty under the Standards of Conduct, up to and including termination, criminal prosecution, and notification of any applicable licensing authority. It does not, however, specifically prohibit any contractor or volunteer who engages in sexual abuse from contact with inmates.

The facility reports that, in the last 12 months, there have been no allegations of sexual abuse or sexual harassment involving contractors or volunteers, no contractors or volunteers reported to law enforcement agencies or any relevant licensing bodies.

(b)-1 Agency policy does not address taking any appropriate remedial measures and considering whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. However, the Facility Administrator, when asked in an interview what remedial measures or sanctions might be imposed in this type of situation, replied, "they would be gone, relieved of their duties."

#### **CONCLUSION**

Based on the above evidence, the facility is found compliant with this standard.

## 115.78 Disciplinary sanctions for inmates

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited
2. COMAR 12.02.27 Inmate Discipline

#### INTERVIEWS

1. Facility Administrator
2. Medical and Mental Health Staff - Psychologist

(a)-1, 2,3 4 Executive Directive OPS.200.0005 identifies that an inmate determined to have committed sexual conduct is subject to a penalty established under the Inmate Disciplinary Process and, if applicable, criminal prosecution. The Facility Administrator said, in an interview, "IID would charge them with Sexual Misconduct and we would be forced to transfer them to a higher level facility."

The Facility reports that, in the last 12 months, there were no administrative findings of inmate-on-inmate sexual abuse that occurred at the facility and no criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.

(b)-1, (c) Agency policy COMAR 12.02.27 does call for any such sanctions to be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories, and for the disciplinary process to consider whether a perpetrating offender's mental disabilities or mental illness may have contributed to his or her behavior when determining what type of sanction should be imposed. No such sanctions were imposed in the last 12 months.

(d)-1, 2 The facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and does consider requiring perpetrating offenders to participate in these interventions to address and correct underlying reasons or motivations for the abuse. This is identified in both Executive Directive OPS.200.0005 and in COMAR 12.02.17.

A Psychologist who was interviewed said that requiring an abuser to participate in therapy, counseling or other interventions to correct abusive behavior would be considered. He said that he would offer at least the same access to services to an abuser as he would to an offender.

(e)-1 Executive Directive OPS.200.0005 says that an offender, "may be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct."

(f)-1 Per Executive Directive OPS.200.0005, "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 allegation of inmate on inmate sexual conduct."

(g)-1, 2 Executive Directive OPS.200.0005 states that, "the Department does not tolerate inmate on inmate sexual conduct," and defines sexual abuse of an inmate, by an inmate, as specific acts, "if the victim inmate does not consent, is coerced into the act by over or implied threats of violence or is unable to consent or refuse."

## CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.



## **115.81 Medical and mental health screenings; history of sexual abuse**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. Intake Screening Form

#### **INTERVIEWS**

1. Medical and Mental Health Staff
2. Staff Responsible for Risk Screening

#### **DISCUSSION**

(a)-1, 2, 3, 4 The Agency provided a sample screening form, PREA Intake Screening, that demonstrates that Question No. 7 asks the offender if they, "were ever sexually assaulted or abused as a child or adult," and gives instructions to the person conducting the interview to offer a mental health referral to any inmate who answers yes to that question. Question No. 12, on the same form, asks the offender if they have ever been sexually assaulted while incarcerated, and instructs the interviewer to offer a mental health referral to any inmate who answers in the affirmative. Questions No. 17 and 18, on the same Intake Screening form, ask the inmate being interviewed if he has a criminal history of sex offenses with adults, and if he has ever sexually assaulted another inmate while incarcerated, and gives instructions to the interviewer to offer a mental health referral to any inmate who says yes to either, or both, questions.

The facility reports that, in the last 12 months, two inmates disclosed prior victimization during screening and referrals were made during that period. Auditor reviewed screening forms for all inmates who were randomly chosen for interview and discovered that some of those inmates had come to the facility more than 12 months previously and some of them had disclosed prior victimization during risk screening. In each case, a proper referral to mental health was made and documented in the base file. In each case, the inmate refused the referral, but Auditor did observe a form, in the base file, that Mental Health staff would fill out, and return to the Case Manager, to verify that the evaluation did take place. Staff who conduct risk screening also verified that any inmate who discloses prior sexual victimization, or abusiveness, during the screening, are offered a mental health referral.

(b)-1, 2, (c) The facility is an adult male facility, and all inmates who indicate, during intake screening, that they have previously perpetrated sexual abuse, or that they experienced sexual victimization either in an institutional setting or in the community, are offered a follow-up meeting with a mental health practitioner, to be conducted within 14 days of the screening. The facility reports that, within the last 12 months, no inmates have disclosed during intake screening that they previously perpetrated sexual abuse. A review of base files indicated that all inmates who disclose prior sexual victimization, or prior abusive behavior, are given the opportunity to meet with medical and/or mental health staff. None of the screenings I reviewed showed an inmate taking advantage of that offer.

(d)-1, 2 Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners, and to other

staff who need this information to perform their jobs. The information is stored in the base file to which access is strictly limited.

(e)-1 Medical and Mental Health practitioners do obtain informed consent from inmates before reporting any information about prior sexual victimization that did not occur in an institutional setting and document that information on Medical Limits of Confidentiality forms that were offered for review.

In an interview, a psychologist said he explains the limits of confidentiality, and obtains informed consent, at the beginning of his interview with an inmate. He said that he lets them know that there are certain topics, that if they come up, he would be obligated to report, and he uses examples to ensure that inmates understand what he means.

## CONCLUSION

Based on the above evidence, the facility is found compliant with the standard

## 115.82 Access to emergency medical and mental health services

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. Executive Directive OPS.050.0001 Sexual Misconduct Prohibited
2. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct Prohibited
3. Executive Directive IIU.110.001 Investigating Sex Related Offenses
4. Maryland DPSCS Medical Evaluations Manual
5. Medical Services Form
6. PREA Event Guideline
7. Wexford Health Sexual Assault Procedure - Medical

#### INTERVIEWS

1. Medical and Mental Health Staff
2. Security Staff and Non-Security Staff First Responders

(a)-1, (a)-2 Agency policies OPS.050.001, OPS.200.0005 and IIU.110.001 outline the process for ensuring health care is provided promptly and appropriate health care interventions are used in response to reported incidents of sexual abuse. These policies hold all staff responsible for ensuring that appropriate medical attention is provided immediately when an incident of sexual abuse is alleged. The Nursing Supervisor verified, in an interview, that she would provide medical services to an alleged inmate victim as soon as they reached the clinic and said that if they needed to go out for a SANE exam, she would coordinate that immediately.

There are no mental health staff at this facility. Inmates needing mental health services are taken to the Brockbridge facility where mental health staff is available to them. In an interview, a psychologist at the Brockbridge facility verified that Southern Pre-Release Unit makes daily morning runs to Brockbridge and will, if an emergency occurs, make additional trips, as needed, during the day. He verified that facilities are very prompt in bringing inmates for any mental health care needs. He and the Nursing Supervisor both said that the nature and scope of services provided are determined by medical and mental health professional judgment.

(a)-3 Documentation of all treatment provided by Medical and Mental Health staff is documented in a departmental computerized database that houses offender medical records. The facility had one allegation of sexual abuse, in the last 12 months, but Health Care staff demonstrated the records where all contact with offenders, and all treatment provided, is recorded.

(b) Agency policies require that the first correctional officer to respond to an incident of sexual abuse ensure the safety of the victim, stop any incident in progress, provide, or arrange for the provision of, medical attention, preserve the scene of the incident, and advise the victim not to do anything that might contaminate or destroy physical evidence such as bathing, brushing teeth, or changing clothes. If there is no medical staff on-site at the time, the Security Supervisor is responsible for notifying the on-call medical staff. Interviews with all first responder staff indicated that they were familiar with the requirements of agency policies and

were easily able to articulate them.

(c)-1 Agency policies outline the services that are offered to inmate victims of sexual abuse. They include timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There are no female offenders at Southern Pre-Release Unit so emergency contraception is not needed. In an interview, the Director of Nursing verified the treatment that would be provided immediately in any instance of sexual abuse of an inmate offender.

(d)-1 Agency policies provide that all medical and mental health treatment services shall be provided to the victim, and to abusers if known, without financial cost, in any instance of sexual abuse of an inmate. Medical staff who were interviewed confirmed that neither inmate victims, nor abusers if known, would be charged for any medical care arising from any incident of sexual abuse. Agency policy also verifies that treatment will be provided at no cost whether a victim names the abuser or participates in an investigation of the incident.

## CONCLUSION

Based on the above evidence, the facility is found compliant with the standard.

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

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. Maryland DPSCS Office of Clinical Services/Inmate Health Administrative Manual, Chapter 9, Continuity of Care

#### **INTERVIEWS**

1. Medical and Mental Health Care Staff

#### **DISCUSSION**

(a)-1, (b) The Maryland DPSCS Office of Clinical Services Inmate Health Administrative Manual, in Chapter 9, entitled Continuity of Care, says that inmates leaving the DPSCS facilities will be provided with information and access to systems that will enable them to continue care for medical and mental health care conditions. The care offered is to include any follow-up services needed, treatment plans and referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. The care also includes a 30 day supply of chronic care medications as well as the remaining doses of any short term antibiotics or drugs. Health care staff are responsible for interviewing inmates who are releasing to ensure that the Continuity of Care form, details of ongoing treatment, medications, diet and general guidelines for continued care are discussed with the discharging inmate. This service is available to all inmates who need it, not just to inmates who have been victimized by sexual abuse while incarcerated. Most offenders who screen Pre-Release security level are work ready and do not have disabilities or serious health needs, so there have been no instances of inmates needing follow up care arrangements in the last 12 months. But health care staff did provide a Continuity of Care form that they would use for that purpose, and a list of health care providers, in the community, that they would refer releasing offenders to for follow-up care.

(c) All medical health care staff interviewed affirmed that the services provided at the facility are consistent with the community level of care. Staff are required to submit documentation demonstrating their credentials prior to being hired and are required to meet the same educational and training requirements as health care staff who are employed in the local community.

(d)-1, (e) -1 There are no females incarcerated at this facility.

(f) The Maryland DPSCS Office of Clinical Services Inmate Health Administrative Manual verifies that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as appropriate.

(g) Agency policy also requires that any treatment services provided to an inmate victim of sexual abuse will be provided at no charge regardless of whether the victim names the abuser or cooperates with any investigation of the incident and that facilities will attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and will offer treatment when deemed appropriate by mental health

practitioners.

## CONCLUSION

Based on the above evidence, facility is found compliant with the standard.

## 115.86 Sexual abuse incident reviews

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. Sexual Abuse Incident Review Form
2. OSPS.020.0027 Section .05D

#### INTERVIEWS

1. Facility Administrator

#### DISCUSSION

(a) (b) The Facility had one allegation of sexual abuse in the audit period as reported by staff and confirmed by IID. Staff there said they did not find this unusual since offenders housed at Pre-Release Security are well screened, are low security risk offenders, have release dates in the foreseeable future and are there, primarily, to obtain employment and prepare for their release. The investigation was officially closed just prior to the onsite audit, and the incident review was completed timely, using the agency's review form that captures all the required considerations. The facility administrator indicated that these reviews are definitely important to be able to know how to better prevent and respond when an allegation of sexual abuse is received. Again, this facility has few incidents of any type of violence, but they are engaged in regular review of the facility, and the offenders housed there, specifically from a safety and security aspect.

(c) This facility has conducted one Sexual Abuse Incident Review. The State of Maryland does require all its facilities to conduct monthly Reduction in Violence meetings. These meetings, as described, do cover all of the topics that would be covered in a Sexual Abuse Incident Review and the prescribed agency form would be completed as a result. This team is made up of the Facility Administrator, a Security Shift Commander, Case Management Staff and a Health Care staff.

(d) (e) OSPS.020.0027 Section .05D requires that each facility conduct incident reviews within 30 days of completing sexual misconduct investigations, unless they are unfounded. The facility provided a reporting form is used by all agency facilities for conducting Sexual Abuse Incident Reviews. The form includes a section for a description of the incident and an area that asks the team to consider the motivation, i.e., race, ethnicity, gender identity, gang affiliation, or any other potential motivation. It also requires the team to review the location of any such incident, the staffing levels in that area, any physical barriers in the area and the need for additional or augmented monitoring technology in the area where the incident occurred. Lastly, the form asks for recommended changes to policy or practice, as well as a date of completion for recommended changes or an explanation of why those changes weren't implemented.

#### CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.





## 115.87 Data collection

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. OSPS.020.0027 PREA Investigations - Tracking and Review
2. MD DPSCS Website

#### INTERVIEW

1. PREA Coordinator

(a) (c)(e) The above agency policy states the Department's Intelligence and Investigative Division (IID) is the primary investigative body for all PREA related allegations and shall collect and maintain data regarding PREA related criminal and administrative investigations, which are required to be reported to IID. It also requires IID to collect and maintain uniform data for each reported allegation of sexual abuse at correctional facility under the authority of the Department that, at a minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice.

(b) Agency executive directive requires the PREA Coordinator shall aggregate the incident-based sexual abuse data annually. A search of the Maryland Department of Corrections Website does have a PREA annual report for every year since 2013. 2017 report was reviewed that contains all the data for that year.

(d) Policy requires the PREA Coordinator shall maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. The PREA Coordinator indicated that he meets regularly with IID to review and track information related to investigations.

(f) The policy also requires the PREA Coordinator to securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information.

#### CONCLUSION

Based on the above evidence, the facility is found compliant with this standard.

## 115.88 Data review for corrective action

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### DOCUMENTATION

1. OSPS.020.0027 PREA Investigations - Tracking and Review
2. MD DPSCS Website

#### INTERVIEWS

1. PREA Coordinator
2. PREA Compliance Manager

(a) Agency policy requires the PREA Coordinator shall ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area or problems within specific correctional facilities; is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available from previous years; assesses the Department's progress in addressing sexual abuse; and is approved by the Secretary and made available to the public through the Department's public website, it also redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publications indicating the nature of the redacted information.

The PREA Coordinator was asked if the agency reviews 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 and training. He responded yes all data is reviewed and collected. He was also asked how does the agency ensure all data is securely retained. His response was all data is retained in Central Office and only select staff have access to it. He also stated that if the data shows a trend the agency would take corrective action on an ongoing basis. Lastly, he was asked if the agency prepares an annual report of it's findings from its data review and any corrective actions for each facility, as well as the agency as a whole. He responded that yes, all the facilities have their data on the website. The PREA Compliance Manager was asked if the facility reviews 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 and training. He stated the facilities does use the data to help provide safety for inmates.

The Annual report was reviewed and found on the Maryland Department of Correction website.

(b) Agency policy requires the PREA Coordinator shall ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area or problems within specific correctional facilities; is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available from previous years;

assesses the Department's progress in addressing sexual abuse; and is approved by the Secretary,

The annual report for 2017 was reviewed. Included in that report was the comparison of 2017's data to previous years. Also included in the report was an assessment of the Maryland DPSCS progress in addressing sexual abuse.

(c) Agency policy requires the PREA Coordinator shall ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area or problems within specific correctional facilities; is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available from previous years; assesses the Department's progress in addressing sexual abuse; and is approved by the Secretary and made available to the public through the Department's public website annually.

The agency head designee was asked if the agency head approves annual written reports pursuant to this standard. She responded that the Secretary signs them and then they are posted to the website.

The Maryland DPSCS website displays annual reports available from 2013-2017.

(d) Agency policy requires the PREA Coordinator to ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area or problems within specific correctional facilities; is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available from previous years; assesses the Department's progress in addressing sexual abuse; and is approved by the Secretary and made available to the public through the Department's public website, it also redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publications indicating the nature of the redacted information.

The PREA Coordinator was asked what kind of information would be redacted from the annual report. He stated they have never had information in the report that needed redacting. He also stated the State of Maryland does not redact information on the annual reports.

## CONCLUSION

Based on the above evidence, the facility is found to be compliant with this standard.

## **115.89 Data storage, publication, and destruction**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **DOCUMENTATION**

1. OSPS.020.0027 PREA Investigations - Tracking and Review

#### **INTERVIEWS**

1. PREA Coordinator

(a) Agency policy requires the PREA Coordinator responsible to securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information. The PREA Coordinator was asked how the agency ensures all data is securely retained. He stated all data is retained in Central Office and only select staff have access to it.

(b) Agency policy also requires the PREA Coordinator to ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area or problems within specific correctional facilities; is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available from previous years; assesses the Department's progress in addressing sexual abuse; and is approved by the Secretary and made available to the public through the Department's public website annually. A review of the Maryland DPSCS website showed that there are annual PREA reports available from 2013-2017 posted on the website.

(c) The policy also requires the PREA Coordinator to ensure that all aggregate sexual abuse data is included in an annual report that includes: an assessment of the Department's sexual abuse prevention, detention and response, policies, practices and training; if applicable, identifies Department-wide problem area or problems within specific correctional facilities; is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available from previous years; assesses the Department's progress in addressing sexual abuse; and is approved by the Secretary and made available to the public through the Department's public website, it also redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publications indicating the nature of the redacted information. Policy also requires that all personal identifiers be removed.

The PREA Coordinator was asked what kind of information would be redacted from the annual report. He stated they have never had information in the report that needed redacting. He also stated the State of Maryland does not redact information on the annual reports and would never include a personal identifier.

(d) The Maryland Department of Corrections has been maintaining and collecting data pursuant to standard 115.87 since August 20, 2012. They have posted this data annually every since and every year is available on the Maryland Department of Corrections website. It also stored and maintained in a secure area at their Central Office.

## **115.401 Frequency and scope of audits**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

- a. Not all of DPSCS's facilities were audited in the first audit cycle.
- b. Review of the MD DPSCS website demonstrated that at least 15 of 23 facilities were audited in the first two audit years of this audit cycle.
- h.&l. The audit team was allowed to go anywhere in the facility and request and receive any documents.
- m. Three offices with windows to the hallway were provided for private interviews.
- n. This auditor did receive correspondence from an inmate at SMPRU.

## **115.403 Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Review of the DPSCS website demonstrated posting of all the final reports for audits since 2014. This included two audit reports dated January 15, 2019 which were the most recent, and within 90 days of this audit.

Website is [dpscs.maryland.gov/prea/prea-audits.html](https://dpscs.maryland.gov/prea/prea-audits.html)

## Appendix: Provision Findings

### 115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? yes

Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? yes

### 115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator? yes

Is the PREA Coordinator position in the upper-level of the agency hierarchy? yes

Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? yes

### 115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) yes

Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) yes

### 115.12 (a) Contracting with other entities for the confinement of inmates

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

**115.12 (b) Contracting with other entities for the confinement of inmates**

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

yes

**115.13 (a) Supervision and monitoring**

Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

yes

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	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
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**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)? no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**115.17 (a) Hiring and promotion decisions**

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

**115.17 (b) Hiring and promotion decisions**

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

yes

**115.17 (c) Hiring and promotion decisions**

Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? yes

Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? yes

**115.17 (d) Hiring and promotion decisions**

Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? yes

**115.17 (e) Hiring and promotion decisions**

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

**115.17 (f) Hiring and promotion decisions**

Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? yes

Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? yes

Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? yes

**115.17 (g) Hiring and promotion decisions**

Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? yes

**115.17 (h) Hiring and promotion decisions**

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

**115.18 (a) Upgrades to facilities and technologies**

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

**115.18 (b) Upgrades to facilities and technologies**

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



**115.21 (a) Evidence protocol and forensic medical examinations**

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

**115.21 (b) Evidence protocol and forensic medical examinations**

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

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

**115.21 (c) Evidence protocol and forensic medical examinations**

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

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

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

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

<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.31 (b)</b>	<b>Employee training</b>	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
<b>115.31 (c)</b>	<b>Employee training</b>	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
<b>115.31 (d)</b>	<b>Employee training</b>	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	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

<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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.) yes

**115.51 (c) Inmate reporting**

Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? yes

Does staff promptly document any verbal reports of sexual abuse and sexual harassment? yes

**115.51 (d) Inmate reporting**

Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? yes

**115.52 (a) Exhaustion of administrative remedies**

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

**115.52 (b) Exhaustion of administrative remedies**

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

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

**115.52 (c) Exhaustion of administrative remedies**

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

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

**115.52 (d) Exhaustion of administrative remedies**

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

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

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

**115.52 (e) Exhaustion of administrative remedies**

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

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

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

**115.52 (f) Exhaustion of administrative remedies**

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

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

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

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

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

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

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

**115.52 (g) Exhaustion of administrative remedies**

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

**115.53 (a) Inmate access to outside confidential support services**

Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? yes

Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (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**

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? yes

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? yes

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? yes

**115.61 (b) Staff and agency reporting duties**

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

**115.61 (c) Staff and agency reporting duties**

Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? yes

Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? yes

**115.61 (d) Staff and agency reporting duties**

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

<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	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

<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	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?	no
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	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

<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	no
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes



**115.77 (a) Corrective action for contractors and volunteers**

Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? yes

Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? yes

Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? yes

**115.77 (b) Corrective action for contractors and volunteers**

In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? yes

**115.78 (a) Disciplinary sanctions for inmates**

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

**115.78 (b) Disciplinary sanctions for inmates**

Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? yes

**115.78 (c) Disciplinary sanctions for inmates**

When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? yes

**115.78 (d) Disciplinary sanctions for inmates**

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

**115.78 (e) Disciplinary sanctions for inmates**

Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? yes

**115.78 (f) Disciplinary sanctions for inmates**

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

**115.78 (g) Disciplinary sanctions for inmates**

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? yes

**115.81 (b) Medical and mental health screenings; history of sexual abuse**

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

yes

**115.81 (c) Medical and mental health screenings; history of sexual abuse**

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

yes

**115.81 (d) Medical and mental health screenings; history of sexual abuse**

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

yes

**115.81 (e) Medical and mental health screenings; history of sexual abuse**

Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?

yes

**115.82 (a) Access to emergency medical and mental health services**

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

yes

**115.82 (b) Access to emergency medical and mental health services**

If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? yes

Do security staff first responders immediately notify the appropriate medical and mental health practitioners? yes

**115.82 (c) Access to emergency medical and mental health services**

Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? yes

**115.82 (d) Access to emergency medical and mental health services**

Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? yes

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

Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? yes

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

Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? yes

115.83 (c)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	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

<b>115.87 (c)</b>	<b>Data collection</b>	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
<b>115.87 (d)</b>	<b>Data collection</b>	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
<b>115.87 (e)</b>	<b>Data collection</b>	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	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



<b>115.88 (b)</b>	<b>Data review for corrective action</b>	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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	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.) no

**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.) no

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.) yes

**115.401 (h) Frequency and scope of audits**

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

**115.401 (i) Frequency and scope of audits**

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

**115.401 (m) Frequency and scope of audits**

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

**115.401 (n) Frequency and scope of audits**

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

**115.403 (f) Audit contents and findings**

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